



Health Education Thames Valley
Postgraduate Medical & Dental Education

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**Postgraduate School of Obstetrics and
Gynaecology**

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Please take some time to read this and keep it somewhere safe

Letter to all trainees for year August 2021-2022

Dear Trainee,

Welcome to a new year of training in the Thames Valley Deanery. It has been a challenging couple of years and thank you for all you have contributed and for continuing with good humour despite the circumstances we still find ourselves in.

For those of you who are new to the programme – welcome. For those who are not - I hope you have a fantastic year. We will do our best to support you through your training.

Your first point of contact for your training should be your **Educational Supervisor** and **College Tutor**. Your College Tutor will have assigned you an Educational Supervisor as soon as you arrived at your Trust.

The college tutors for the deanery are:

Trust	College Tutor(s)	e-mail address
Stoke Mandeville hospital (Bucks Healthcare Trust)	Miss Deepa Balachandran Nair	deepa.balachandrannair@nhs.net
Wexham Park Hospital (Frimley Health)	Miss Kaajal Barot	k.barot@nhs.net
Milton Keynes University Hospital	Miss Nidhi Singh	Nidhi.singh@mkuh.nhs.uk

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Oxford University Hospitals	Miss Helen Jefferis (ST1/2, FY2, GPVTS)	helen.jefferis@ouh.nhs.uk
	Prof Manu Vatish (ST3-7, SST)	Manu.vatish@wrh.ox.ac.uk
Royal Berkshire	Miss Jasveen Dhami	Jasveen.dhami@royalberkshire.nhs.uk
	Mr Saleh Hazbun	Saleh.hazbun@royalberkshire.nhs.uk

Recovery of Training

Covid has impacted training. To what extent varies between trainees and stage of training. The school is working with local, regional and national bodies to address the training needs of our trainees. Everyone has slightly different needs. We will need a sustained period to address individual's specific needs through a variety of actions and resources.

What are we doing as a school?

- 1) If you have not done so already please meet with your ES and have a **training recovery conversation**. The conversation should cover 2 important aspects of your training:
 - Are you OK? Are there any pastoral issues that your ES, college tutor or I should know about so that we can support you and where needed signpost or refer on for appropriate help?
 - Secondly, are there areas where you are behind for your stage of training? Make a list of any gaps and with your ES make a realistic plan of how to address these gaps in manageable bites (PDP). If additional training resources eg sim courses, training sessions, exam support, PSWS etc are required let your ES and college tutor know.
- 2) The TPDs will ask for feedback from ES/college tutors so they can collate themes/ priorities that have come up in these conversations. This will help us as a school prioritise our efforts and resources where they are needed. Recovery will take a sustained effort.
- 3) I met a while ago with our trainee reps and we put together a list of ideas that will work for us in TV and these were shared with RCOG as well as with our Dean. Other deaneries did the same and the RCOG collated this into a helpful recovery plan. Please take time to read this and encourage your ES to read it too and use it to help meet your individual training needs. <https://www.rcog.org.uk/en/careers-training/resources--support-for-trainees/education-and-training-in-the-context-of-covid-19/>
- 4) At deanery level Mrs Black Assoc Dean, the Head of Schools, DMEs and TAC have been working together on recovery plans and actions. There have been extra funds for postgrad education and these are being spent on simulation, training courses, equipment, a professional webinar platform for online learning etc.

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- 5) ES support. It's really important your ES is supported so they can support you. We all know how challenging the new e-portfolio is. In some Trusts there is an ES development programme. This is being expanded across the deanery and I will send all college tutors details to share with their Education Supervisors. In addition the school will run O and G specific ES development sessions across the academic year.

- 6) I need your input. If you have an idea that will improve training for you and your colleagues please discuss with your college tutors and me know. These may be local solutions or innovations that will work across the deanery. Clearly resources are limited but we want to use what we have wisely. Trainees are in the best position to advise on what will work best so speak to your reps, TPDs, college tutors and me. The school board will be reviewing our local response and actions in our next meeting in September.

2019 Curriculum- training matrix and e-portfolio

Please complete the 2019 curriculum and e-portfolio training at <https://elearning.rcog.org.uk/new-curriculum-2019-training-resource/training-eportfolio>

The Training Matrix

Your training requirements for the year are clearly set out in the Training Matrix which is available on the RCOG website <https://elearning.rcog.org.uk/tutorials/supporting-training/curriculum-2019-online-resource/curriculum-2019-training-resource>

To receive an outcome 1 at your ARCP, you need to complete all the requirements set out in the RCOG Training Matrix.

The Training Matrix is updated every year. There will be a new one on the RCOG website on 1st August which will apply for the whole year. Last year's matrix was temporarily amended to reflect the difficulties of getting some elements completed due to covid but these elements have not been removed and will still need to be done. Please regularly review any updates on the curriculum, matrix and e-portfolio on the RCOG website.

Please note that there will be no local derogations. When the new curriculum was first introduced, there was concern that trainees may not get adequate exposure to some of the procedures eg surgical management of retained products of conception (obstetrics). This has not proved to be the case and therefore 3 OSATS confirming competence are now required.

The e-portfolio

Everyone should now be on the new e-Portfolio. For our new trainee, please learn to embrace it, or at least use it to your advantage. We are looking for trainee engagement with the training process – i.e. WPBAs, reflective practice, CBDs etc. uploaded **on a regular basis**. We are also looking for high quality focussed evidence to support your learning. All entries should be anonymised – i.e. no patient or staff should be identifiable, especially in your reflective pieces.

TOP tips the ARCP panels learnt from this year's ARCPs looking at about 80+ e-portfolios:

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- The new e-portfolio is about collection of **qualitative evidence not quantitative**. For ST3 and above who are familiar with the old numbers based sign offs, this will take a little while to get used to. Think QUALITY in every learning opportunity.
- Meet you ES regularly (monthly or pro-rata if LTFT). At each ES meeting make a **new PDP** for the following month. Discuss what **focused, level appropriate evidence** you will gather to show that you have met the target set in your PDP and focus on the WPBA and other appropriate evidence to demonstrate this. Your ES can document they agree you have met that target. Then write a new PDP for the following month and repeat. The e-portfolio is designed that the PDP is integral to showing evidence of progress and doesn't work without it.
- Limit the number of times you use the same evidence to a maximum of 3-4 times for different key skills. It reduces the e-portfolio to a tick box and doesn't help your learning. The same episode eg a challenging CS could be used more than once for different aspects of learning rather than attaching the same OSAT form against multiple key skills.
- Case example: a category 1 CS may provide useful evidence of being able to do the procedure or working towards competence in the procedure but also covers communication, MDT working, taking consent etc. To benefit from the learning from this one procedure you need to fill in a different WPBA for each aspect and reflect on the learning and make a do-able useful personalised learning plan on how you will continue to develop. Try and avoid using "do more" – it means nothing. Once you have discussed and used the WPBA to support your learning look at the feedback your supervisor has taken the time to do and reflect on that too. If your supervisor's feedback could be improved – tell them (kindly!). We want to get better at teaching, and feedback is difficult to get right. We learn from each other.
- Do please fill in your reflection and learning plan on any WPBA. It's your learning, not mine. What I think of as important may be irrelevant to what you wanted to get out of the experience. Personally I reject any WPBA where these sections haven't been filled in.
- Keep up with all the changes being made to the e-portfolio. Thankfully the e-portfolio is evolving and lots of people are trying to make it better to use. Do all the e-learning (can be used as evidence for CIPS) available on the RCOG e-portfolio training page and read the regular updates on functionality. Caroline Prentice ST7 is not only e-portfolio champion but is also national trainee rep on the steering group advising the RCOG on what trainees and trainers need from the e-portfolio. cprentice@doctors.org.uk
- Some ES find the e-portfolio even more difficult than you do. They should have all done the online learning but encourage them to look at all the updates. Everyone is busy so we sometimes need a nudge. If they seem to need help send them links to the updates and if asking the e-portfolio champions questions, copy them in. If you're still struggling tell your college tutor and they will support you both.
- For every sign off there must be appropriate evidence linked to show that you have achieved that skill at a level appropriate for your training level. No evidence = not done and the ARCP panel will not be able to recommend an outcome 1. The ARCP panel are quality assuring that you have met GMC standards. We put you and your patients at risk if we don't do our job thoroughly.

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- Use of **NOTTS**. These are invaluable at developing the non-technical aspects of training. Learning to make the right decisions, using your team effectively, communicating effectively, re-grouping frequently so the team dynamics work to be stronger than the individuals is as important as doing a procedure. In the last ARCPs it was clear that people are not using or don't know how to use NOTTS to enhance learning. Like an OSAT they need thought before you start about what you want to learn if you are to benefit from the opportunity. Discuss with your supervisor before you do it. Reflection is essential. Please read the section on the RCOG website written by HEE TV's own Mrs Black. Mrs Black is a gifted educator and has helped multiple trainees achieve greatness. Mrs Black will also be running a session in September at ST3-5 teaching on the use of NOTTS. This will be recorded and made available to all trainees to access.
- Please sign off competencies **at the appropriate level**. For example, by the end of ST5, it is expected you will have signed off at intermediate level but not at advanced level. The curriculum matrix gives specifics on what level have to be achieved by each way point (end ST2, end ST5, end ST7 for CCT)
- The progress bars (the bars that turn green when you add evidence) are reset on completion of ST2 and ST5. Whilst I don't like the fact that this is a sort of tick box and doesn't assess quality of evidence, you will need to add evidence against all key skills in each CIP by the end of these two way points. The TPDs or I will reset the progress bars (turn them all red again – sorry) post ARCP on satisfactory completion of ST2 and ST5. This can be easily missed so please email me if this has not happened.
- If you have a query: first check the RCOG website <https://elearning.rcog.org.uk/new-curriculum-2019-training-resource/training-eportfolio> The menu on the left hand side of the page has FAQs and a link to recent updates. If you still have a query ask the e-portfolio champions : Caroline Prentice cprentice@doctors.org.uk or Julia Lord jil52@hotmail.co.uk The e-portfolio team at the RCOG are also there to support but to avoid long waiting times for answers check that your question hasn't already been answered in the FAQs on the website.
- If you find an answer to an e-portfolio issue, please post on the O and G WIX training hub or trainee WhatsApp so everyone can share.
- If there is anything you are unclear about please talk to your Ed Supervisor, College Tutor, Training Programme Director or ask at teaching.

Case study

Example of how to make the e-portfolio work for your learning:

Case chosen: Preterm CS for transverse lie and multiple fibroid uterus.

ST6 trainee asks if they can do the case with the clinical supervisor. This is a good example of a level appropriate learning opportunity – try and focus on level appropriate training opportunities rather than a 'scattergram' approach.

The trainee talks through the pre-op preparation for the operation with the supervisor: what needs to be included in the consent, what additional precautions eg blood products, neonatologist, anaesthetic concerns; detailed plan A (and plan B) for the surgery, mitigation of risks and post op plan.

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Trainee consents patient, leads at the WHO with important information sharing with the obstetric, theatre, anaesthetic, midwifery and neonatal team members. Trainee does the surgery supported by the consultant and leads on the post op WHO and post op planning.

This one case offers so much more than an 'OSAT for advanced CS' and can be used to provide evidence for e-portfolio of many aspects of the curriculum. What isn't useful to your learning is if you simply use one OSAT form and stick it against multiple key skills. Learning requires thinking and reflection not just the doing. This case is ideal for a **CBD** on management of transverse lie, fibroid and preterm intrapartum care. There is so much non-technical skills learning - human factors, communication and effective use of the MDT – ideal for a **NOTTS**. And finally, a **reflection** on what you have learnt from the experience and a reflection on the feedback your supervisor gives. This will consolidate and embed your learning.

If you're doing this, your training is already on an exponential curve, it will be outcome 1s all the way and more importantly when you start your first day as a consultant you will be ready!

Covid 19 and health and wellbeing

These remain exceptional times. The situation may change and guidance may also change at short notice.

- HEE has up-to-date guidance and information for trainees in response to coronavirus (COVID-19) on their website. Please check it regularly <https://www.hee.nhs.uk/coronavirus-information-trainees>
- All trainees should do a risk assessment and speak to the Dept lead if they have any health issues. Most trusts have an online risk assessment tool (check the trust intranet for local arrangements or ask your ES or the college tutor) and if any risk factors are highlighted, you will be directed to occ health / Dept lead. For any trainees that have been shielding the SuppoRTT team at HEE TV are leading on supporting these trainees. Please let your college tutor and me know asap and we will refer you. The SuppoRTT information has already been circulated to you.
- Your Trust will have a covid guidance page for staff on their website - look at it regularly. Everyone must be fit tested for level 2 PPE FP3-masks. If this was not covered in your induction ask your ES or the college tutor how to arrange this.
- Your unit will have local Covid 19 safety guidance – your college tutor should supply you with information at induction and your clinical supervisors will guide you in safety precautions in each clinic area.
- The RCOG has produced regularly updated evidence based guidelines for Drs and women under our care and is a useful resource. <https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/>
- Your health and wellbeing is important. If you are off sick for any reason or isolating please let your ES or college tutor know as well as following the usual sickness arrangements at your

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hospital eg First care. This is so that we can check up and make sure you are OK. Some of you may live alone and if you are ill having someone just check in regularly with you is important.

- Wellbeing. It's important that you look after yourself and we look after each other. These have been stressful times and are likely to continue. Being a trainee is often stressful enough even without Covid. We are here to help. Talk to your ES, college tutor, fellow trainees, TPDs and me. We have access to PSWS, a Deanery Occupational Health service as well as your trust Occ Health and I hope all of you have a GP. If not, please register with one ASAP. There are also multiple wellbeing resources available to trainees. All of them are listed on the deanery PSWS page on the HEETV website or your ES can signpost you.
<https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/>
- Most trusts have a wellbeing team in each dept and there are lots of resources available to NHS staff on trust intranets.

Rotations

Thames Valley Deanery postgraduate training in O and G is at 5 Trusts across the deanery. These are:

- Oxford University Hospitals NHS Foundation Trust
- Frimley Health NHS Trust (Wexham Park Hospital)
- Bucks Healthcare NHS Trust
- Milton Keynes University Hospital NHS Trust
- Royal Berkshire NHS Foundation Trust

It is a popular deanery and there is strong competition for places, so we are able to attract very able trainees. We are proud of the training we offer and of the success our trainees have in achieving the consultant posts they want for themselves. Many of our trainees in recent years have been successful in achieving consultant posts within the deanery.

You will rotate through at least 4 of the 5 Trusts during your training programme. All hospitals have aspects of training where they excel and others where they are weaker. By rotating across different trusts during your 7 year training programme your training will benefit from the different opportunities offered across the deanery.

The School of O and G in Thames Valley unlike many deaneries is supportive of our trainees taking OOP time, category 3 LTFT working, as well as the usual LTFT for caring responsibilities. However there is a pay-off for this flexibility. Rotation planning is complicated! I need your support otherwise we will have to be less flexible to requests.

We have historically tried to plan the first 3 years so that trainees know where they are rotating. However in recent years this has become harder to accommodate even at ST1-3 due to the number of trainees taking maternity leave or working LTFT. It is even harder to plan fixed rotations for ST 3-7 due to OOPs, maternity leave, LTFT and accommodating particular ATSMs. There are only 3 fixed rules:

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- 1) Trainees remain at the same hospital for 2 years over ST2 and 3. For trainees working LTFT we still aim to keep you at the same hospital for 2 calendar years covering the transition from ST2 to ST3.
- 2) Milton Keynes had until this year, a single tier middle grade out of hours rota and therefore after listening to your feedback we took the decision that only ST1 and ST5 or above will rotate to MK. After a huge amount of work by many people, MK has provided funding for a second tier on the out of hours rota. This is a welcome development. We will monitor your feedback and if this year goes well we may rotate more junior registrars to MK in the future.
- 3) You will spend at least one year of your training at OUH.

Please feel free to let me know your preferences, if you have any, for your next rotation and the school board will do our best to accommodate people's wishes if it is possible to do so. However I cannot guarantee anything other than you will rotate through at least 4 of the 5 Trusts during your training. We have to balance everyone's training needs, be equitable and have the flexibility to occasionally accommodate exceptional circumstances.

Allocations for the following training year are done at the end of March and trainees are notified soon after. I write to everyone individually to let them know their rotation for the following year. The rotations are allocated taking into consideration the stage of training, individual training needs and where you have worked before to ensure the best training we can provide as well as taking into consideration your preferences and personal circumstances whilst also being fair and equitable to everyone. I have spent hours trying to design 'fixed' rotations to give trainees certainty about their rotations to help people plan ahead. So far I have failed to find a solution that works and still allows the required flexibility. We have managed to do this to some extent at ST1-3 and at ST6/7. I am open to suggestions and if, with your trainee reps you can come up with something better that works and is acceptable to everyone, I am receptive to change.

If you are returning after maternity leave or OOP, it is not always possible to place you at the Trust you were at before your leave /OOP started. Please contact me as early as possible (at least 3 months before your RTW) to let me know your preferred placements. Each Trust has a fixed number of deanery funded training posts so it will depend on where there is a space at the time you are due to return.

Rotas

All the rotas you work should be compliant with your contract. Within the timetable, you should be able to access sufficient training to address the curriculum. There is a change in focus in O & G practice with less surgical intervention which is reflected in the RCOG curriculum. Senior trainees doing surgical ATSMs will need priority for theatre sessions. Senior trainees doing the Advanced Labour Ward Practice ATSM may be given priority for daytime obstetric sessions.

Trainees doing ATSMs should have at least one session per week allocated to the ATSM curriculum but some ATSMs may require more than 1 session per week. This is likely to be a clinical session such as labour ward, maternal medicine, ANC, specific theatre session etc. but will also include time to get to a specific specialist sessions. Please discuss with your ES and where needed the college tutor about your individual needs. The success of our trainees in achieving outcome 1 and outcome 6 and importantly consultant posts is evidence that as a deanery we are able to provide the training opportunities needed to cover the whole curriculum. Do be proactive and maximise the opportunities available in your units.

The timetable will include "zero" days in order to be compliant. Each Trust organises these in a different way – some interspersed in the week to provide rest, others as a block. They are not part of

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your annual leave or study leave and are for you to recover. Sometimes trainees choose to use some of them for study, audit or research; and this is allowed provided you do not get too tired. The blocks of days can be used if you wish to attend special interest sessions/ultrasound etc. However, it is your choice as to how you use the time and you should be in an observation capacity and not doing clinical work.

We are very proud of the teaching we offer in the deanery. We have consistently scored in the top 3 deaneries nationally for quality of teaching offered in the TEF survey and a green outlier on the GMC survey. We want to keep this up. Time should be assigned for you to attend teaching appropriate to your level. It is mandatory to attend at least 60%. If you are having problem attending due to rota issues please let the teaching leads know as soon as possible so that we can ensure you are able to attend.

Your Educational Supervisor, College Tutor and the Guardian of Safe Working Hours in your Trust should be able to help with any rota queries you may have.

Exception reporting

Exception reporting helps maintain training standards and keeps patients safe. You should have received information on how to log in and exception report. If you have not yet please ask your college tutors to do so. Exception reporting is encouraged in the school of O and G at all Trusts. You are fresh eyes and can help improve training standards and patient safety. Exception reporting can be used for both unexpected extra hours worked and for education issues.

Raising patient safety or workplace concerns

This should have been covered in your Trust inductions. If you have a patient safety or workplace concern, please tell us. The usual pathway within your trusts is to report your concern to your educational supervisor or college tutor and where required the department CD / head of service. Trainees may also report concerns to the DME. All Trusts have a Freedom-to-speak-up Guardian and a guardian for safe working. The contact details and information about how to raise concerns are on the Trust intranet.

In addition to, or if you prefer, you can raise any concerns you have through the school either directly to me or the TPDs. Concerns can also be raised directly through the Quality Team at the deanery.

Educational Supervisor (ES)

You will have an Educational Supervisor for the whole year but different clinical supervisors during the year. You should have regular (monthly or pro-rata if LTFT) education meetings with your ES. The induction meeting should be within the first 2 weeks. If this is not possible – please discuss with your College Tutor. Your final annual review and Education supervisor report (ESR) should take place in May in time to get your paperwork to the Deanery.

Please **prepare** for your meetings with your ES. It is very helpful if you can pre-populate the relevant form and save it as a draft in advance – this saves a lot of time for your ES and you can use the time together more constructively! Think about your PDP.

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Schedule of meetings with ES – trainee to arrange

Month of placement		
1	August	Induction appraisal. Discuss handover from previous ES, ARCP report and recommendations and training needs for this year. Sign education agreement with ES in e-portfolio.
		Recovery conversation: if you have not already done one, please do so. ES please report any themes to the college tutor for collation to aid with our school recovery response.
2	September	Education meeting and write PDP. Discuss what evidence you will need to show progress
3	October	Ditto
4	November	Ditto
5	December	TO1 sent out (minimum of 10)
6	January	Mid-term appraisal & TO2
7	February	Education meeting and write PDP. Discuss what evidence you will need to show progress
8	March	Ditto
9	April	2 nd set of TO1 sent out. Fix date for ESR report meeting. It is often helpful to have one short preliminary meeting and one longer one for the ESR.
10	May	Final appraisal, ESR and discuss likely ARCP outcome. If outcome 1 not expected ES to let HOS know.
11	June	ARCP
12	July	Post ARCP meeting to discuss training needs for next ES at new placements

Number of TO1s: the minimum number required is 10. Your ES will give you a list of specific people to include. Educational Supervisors will collate the TO1s into a TO2 on the ePortfolio. Two TO2s are required per year. This was derogated to one but I am anticipating that this will go back to 2 for this year.

Audit/QI: A minimum of one per year needs to be **completed and presented**.

These are essential to pass your ARCP.

ATSMs

Miss Ruth Houlden is the ATSM director for the deanery (ruth.houlden@ouh.nhs.uk)

I would encourage you to consider your choice of ATSMs early. Use ST4 and 5 to find out more and perhaps align audits and QI projects with your ATSM choices.

Miss Houlden will send out details of the application process usually in January and ATSM applications and interviews are held at the start of March for anyone entering ST6 during the following academic year. We are able to accommodate almost all ATSMs and ASMs within the deanery but some ATSMs have limited capacity and are allocated via a competitive application and interview process.

You will be given the necessary time for your ATSM, usually at least one session a week per ATSM. Discuss with your ATSM ES and ensure you book onto any necessary courses. Much of the training is within your daily clinical sessions as you will likely be working for a team with the ATSM focus.

Please contact Miss Houlden if there are any queries with your ATSMs (ruth.houlden@ouh.nhs.uk)

ATSM Registration + Final Sign Off Tips

ATSM Educational Supervisor/preceptor – should be assigned by college tutor at the start of your training year – if you have a particular ES in mind and have approached them this should also be agreed by the college tutor.

If you are not working in a training post then your form should additionally be signed by the clinical director for your unit.

Registration of ATSMs

You must register **prospectively** for the ATSM. **Please do not delay registering.** This should be no later than 2 weeks after the date of completion of ST5. In recent years one or two trainees have delayed registration. Your CCT date will not change and delay may jeopardise an outcome 6. Two ATSMs must be completed to gain CCT. The 2 ATSMs cannot have a combined intensity score of more than 3.

The ATSMs you register for must be the **same** as those which you applied for and were agreed at the ATSM Interviews.

Please email the registration form with all other signatures completed to ATSM director – linda.fletcher@ouh.nhs.uk

The completed form will be emailed back to you for submission to the college

Completion of ATSM

Make an appointment with the ATSM director to have your portfolio reviewed for completion sign off (Linda.fletcher@ouh.nhs.uk)

Be aware that you need to allow sufficient time prior to your ARCP

Prior to your ARCP a completion certificate will need to be uploaded to your library to confirm that you have completed your ATSMs. This a requirement for awarding an outcome 6.

OXSFOG 2022

We have an annual trainee regional scientific forum. Elective work is cancelled to allow all trainees as well as consultants, SAS doctors, Trust Drs and fellows to attend. There is a mix of invited keynote talks and trainee presentations. This is an excellent opportunity for trainees to present research, QI projects or significant audits. It is the highlight of the training year and each Trust takes turn to host the meeting and dinner afterwards. Next year it will be on **Friday 13th May in Milton Keynes**.

Regional teaching

Teaching leads:

Miss Baljinda Chohan for ST1/2

Miss Helen Jefferis for ST3-5 (this post has just been advertised so there will be a new ST3-5 teaching lead soon)

Miss Aparna Reddy ST6/7

Miss Ruth Houlden for obstetric simulation

Mr Kirana Arambage for gynae simulation (a new lead will take over from Mr Arambage in November 2021)

See separate letters of teaching schedule for 2021-2022 and on 'WIX' O and G trainee hub

ST1-5s will be sent a record of teaching attendance. Please complete this regularly. You will be expected to attend 60% of the sessions. For ST1/2 and ST3-5 **the denominator is the total number of sessions up to and including the 31st May 2021**, not the number of sessions you are able to attend. The 60% already takes into account time allocated for nights and annual leave. For ST 1/2 there are 10 regional training days per year, and for ST 3-5 there are 33 Friday afternoons including induction and 5 all day regional training days. Occasionally you will be asked to stay in your Trust to cover the rota, but if this becomes a frequent problem, please discuss with your College Tutor, Miss Jasveen Dhama (TPD for ST1/2) and Miss Baljinder Chohan (teaching lead ST 1 /2), or Miss Aparna Reddy (ST3-7 TPD) or Miss Helen Jefferis (ST3-5 teaching lead).

ST1-2 teaching – all day

This teaching will be co-ordinated by Miss Baljinder Chohan from RBH. Details will be sent to all ST 1-2s. Please contact Miss Baljinder Chohan if you have any queries.

The sessions will cover aspects of the basic log book including some of the required courses - details will be sent to you.

There should also be teaching provided for you at your own Trust to include the necessary annual skills and drills, CTG training and basic life support.

ST3-5 teaching

The regular Friday afternoon sessions have moved to online but may go back to some face to face sessions at the John Radcliffe, Stoke Mandeville Hospital or Royal Berkshire Hospital. We will update you if this is the case. These will be organised by Helen Jefferis, ST 3-5 teaching lead. A timetable should have been sent to you, and will also be available on the teaching website:

www.st3to5teaching.wix.com/heetv

Teaching is from 2.30 – 4.30pm and all ST3-5s are expected to attend either in person or via TEAMS. These sessions count as part of your annual study leave allocation. If you cannot attend you must send your apologies to Miss Helen Jefferis, ST 3-5 Teaching Lead (helen.jefferis@ouh.nhs.uk).

ST6/7 teaching

There will be two local study days plus OXSFOG. Please make every effort to attend.

November 2021 Details of programme and venue will be sent to you
The day will be divided into simulation training, plus a session to include aspects of professional development.

June 2022 Details of programme and venue will be sent to you
This day will address preparation for applying for consultant posts

If there are any curriculum courses you have not completed – try to go to a ST3-5 study day when covering that topic.

You should look on the HEE / Thames Valley Deanery website for other useful courses and attend a management course.

All ST6/7 need to have completed educational supervisor training by the end of ST7

This is good to have on your CV. The requirements are completion of the recognised e-learning modules on the e-learning for health website, 4 hours educational CPD annually and signing

Study leave

The organised regional teaching counts within your 30 days study leave available per year.

This leaves the following number of days available to be taken – but at your Trust College Tutor's discretion:

ST1/2:	22	days
ST3-5:	5	days
ST6/7:	27	days

The budget for study leave is now managed centrally from the deanery. On the deanery website there is a table of essential and desirable courses for the school of O and G. The budget is finite and once used up there will be no other study leave budget available for anyone. Educational supervisors will have to complete the supporting documentation for study leave. In order to allocate study budget fairly, a list of essential and desirable courses will be prioritised for study leave budget ahead of any other courses. Please refer to the website for the list of courses and write to either Miss Dhimi (TPD ST1/2) or Miss Reddy (TPD ST3-7) if you have any queries. **For any course over £350 the TPD and HOS will both have to sign agreement of support to obtain funding.** Without this, applications will be declined. To be equitable to everyone, an individual's previous years study budget allocation will be considered when allocating further funds.

Many essential courses are offered in-house eg ROBUST, STEP UP, USS course. These are generally offered at near cost so are much cheaper compared to the same external course. Any small profit is used to provide additional training resources for you. For example we have funded external course providers to cover particular curriculum items or personal development courses. The majority of trainees will be expected to book onto these in-house courses. If you are unable to attend due to A/L or sickness we have a reciprocal agreement with Wessex to attend their courses. If you need to attend an alternative please speak to TPD or HOS.

Ultrasound training

Miss Mustabshera Fayyaz is the deanery ultrasound coordinator and may be contacted at Mustabshera.Fayyaz@royalberkshire.nhs.uk

Ultrasonographers and consultants can sign off OSATS. For basic ultrasound training your ES can sign off the curriculum once you have sufficient evidence of competency.

If you wish to progress to intermediate level scan training this will need to be agreed with Miss Fayyaz as the deanery coordinator for ultrasound. There are a limited number of training places available. To ensure equity, priority is given to trainees planning or undergoing ATSMs which require intermediate level scanning eg fetal medicine, early pregnancy care or where scanning is a significant part of the ATSM eg advanced antenatal care.

Competency in ultrasound scanning is an integral part of the curriculum and matrix. Please take time to read the RCOG guidance for trainees at the start of the academic year so that you know what training and evidence of competency you require. <https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/ultrasound-training/>

We run a blended ultrasound course each year open to all ST1 and ST 2s which covers all technical aspects of USS and has a combination of hands on simulation training on a sophisticated virtual ultrasound trainer and supervised patient scanning. Details will be sent to you as soon as a date for 2021-22 course has been finalised

We are fortunate to have a virtual ultrasound simulator for the school of O and G located in a secure room in the postgrad centre at Stoke Mandeville hospital. It is only for the school of O and G. Please look after it. It cost £60,000. To use it, you first have to book a training session on how to use the equipment. Once you have done this you can book sessions and work at your own pace through the obstetric and gynaecology virtual modules. The training and sessions are booked through the deanery ultrasound trainee rep. For 2020-21 this is Miss Mariana Tomes (marianatome@doctors.org.uk) ST6 at Bucks. We are very grateful to Mariana and her predecessors who have volunteered to do this important job for all our trainees. The room can be booked for anytime providing it isn't already being used. Once you have completed the training session you will be given instructions on how to access the room. Please switch everything off and lock after use.

ARCP

The February ARCPs will be held on **Friday 4th February 2022** and the summer ARCPs will be in **June 2022 on the 8th, 16th and 24th**. Please ensure that you have everything completed and form R submitted at least 2 weeks before your ARCP. All trainees have an annual ARCP even if you are OOP. Last year some trainees on OOP didn't expect an ARCP so please note the dates now. The only exception is if you are on an OOPP or OOPC, or are on maternity leave when an N code will be issued.

The ARCP takes place in the morning and the outcome is decided from your documentation. The panel only has the evidence provided on the e-portfolio. If they can't see it they have to assume it's not there.

Due to covid the usual afternoon face to face feedback to trainees has not been possible and feedback has been given either by email for outcome 1 or in person by the college tutor, TPD or HOS for all other outcomes. I am anticipating the process will be similar for 2022 but I will update you if the situation changes. The college tutor will arrange to meet any trainee with anything other than an outcome 1 and will also give information on how to appeal should you wish to do so. The HOS will be available to discuss the outcome for any trainee that wishes to do so.

You will be sent details of what you need to submit well in advance of your ARCP. Revalidation information is collected annually for trainees and your returning officer is the Dean, Prof Michael Bannon. Your electronic form R (revalidation form) must be submitted two weeks in advance of your ARCP. You will need to have the following available on your ePortfolio in advance of your ARCP:

- i. Educational Supervisor's form (ESR), completed by your ES and signed by you and your ES. It needs to be signed as completed and not in draft.
- ii. TO2 x 2
- iii. Updated CV including the year's achievements
- iv. Log of teaching attendance
- v. Evidence of completion of the TEF and GMC surveys
- vi. Enhanced form R which includes information for revalidation (Now electronic – the Deanery will send you instructions on how to complete this).

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- vii. For academics - a report from your academic supervisor and submitted to the academic rep Miss Christina Aye
- viii. For anyone on an OOP, a report from your supervisor and fill in a full scope of work form

If you find difficulties in accessing assessments, or fulfilling any part of the Training Matrix – then discuss it early with your Educational Supervisor / College Tutor. We are here to help you but would prefer it if you do not turn your crises into ours; forward planning is very helpful.

The Education Programme officer for the school of O and G at HEETV is Irrum Idris (SchoolofOandG.TV@hee.nhs.uk) and Irrum is available for any queries about the ARCP process.

Academic trainees

Your academic representative is Miss Christina Aye christina.aye@ouh.nhs.uk
Please contact her with any queries you may have.

Miss Aye would like to meet with each of you early in the year to ensure that you have all the support you need and appropriate plans in place for the future. Please email her to arrange a meeting **before the end of October**.

Miss Aye and Prof Manu Vatish also oversee the Advanced Professional Module (APM) in clinical research. If you wish to register for this, please contact either of them

The Academic trainees, including ACF, ACL, Clinical Lecturers and those OOPR from the Deanery, e.g. DPhil students and Clinical Fellows, should read the guidance on the RCOG website <https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/academic-training/>

The GMC has approved the academic curriculum and therefore you must follow it and give evidence of adherence at your ARCP; the academic log book should be signed by your Academic Educational Supervisor (AS) and be on your ePortfolio.

Through the year, please ensure that:

1. You have a separate academic induction with your AS, setting your training goals from the curriculum / matrix. You should complete the Personal Development Plan (Annexe A) together.
2. Trainees in research for more than a 3 month block should have a mid-term academic appraisal.
3. At the end of the year you must have a final assessment with your Educational Supervisor. You also need an academic ARCP. This will result in a 'report of Academic progress' (Annexe B) being issued which has to be submitted to the Deanery in advance of your clinical ARCP (upload to ePortfolio, profile section).

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Absences

Absence from work/sick leave must be notified immediately to your Trust using their system of reporting.

You must document all absences on your ePortfolio (including sick leave, study leave and maternity leave). There is discretion for the ARCP panel to extend training time where it would support training for any cumulative absence of over 20 days in one academic year.

Maternity Leave, OOP, extended sick leave and the SuppoRRT programme

Before you go on maternity leave or OOP, you are strongly advised to meet with your ES and complete an Educational Supervisor's report before you go; it will help with planning and your ARCP when you come back.

Please email me Deborah.harrington@ouh.nhs.uk **AND** the school programme manager at the deanery schoolofandg.tv@hee.nhs.uk with your intended maternity leave dates as soon as possible so that we can plan for your leave.

If you are on maternity leave, it is useful if you can keep in touch with your College Tutor or me. Knowing when you intend to return can help us to make plans for you. If you wish to train less than full time (LTFT) then again please let us know so that I can give you information about the application process.

Before you return to work from maternity leave you are entitled and encouraged to use keeping in touch (KiT) days. If you are able to return in August or February, or at least attend the induction sessions run at that time, then that can be extremely helpful for your Trust and College Tutor, and helps make the transition back to work easier for you.

Depending on timing you may return to a different hospital than the one you were at when your maternity leave started. Your KiT days will be at the trust paying your maternity leave. I know this seems illogical when you may be starting at a new trust when you return but it is because KiT days are paid, and the hospital paying your maternity leave will pay and indemnify you for your KiT days.

Please arrange to meet with your college tutor at least 6-8 weeks before you plan to return to work after any prolonged time away from training to discuss your training needs, agree days of work if you are LTFT and a plan for RTW.

The **SuppoRTT** programme at HEE-TV is for trainees returning after a period away from training for any reason – maternity leave, prolonged sick leave, OOP. The deanery funds 3 supernumerary days when you start work to aid your induction, but the college tutor needs to give the deanery and dept notice to arrange this. Please contact them early at least 2 months before your return to work. SuppoRTT also runs returning to work training days (with funded crèche facilities) and webinars to support returning to work. For trainees who for any reason may need a longer period of supported return to work there is discretionary funding to do this. Please contact me (early) to discuss and I will apply for funding where needed.

Trainee representation

Miss Nadia Muspratt-Tucker is the School of O and G trainee rep chair for Thames Valley Deanery. nadiamtucker@gmail.com and attends school board meetings as the trainee representative.

The trainees in each trust nominate a trainee rep(s). The reps provide confidential support and will raise issues for you to the college tutor, TPDs, HOS and School Board. Please use them for advice or as a source of useful information.

In addition the trainee reps for each Trust meet 4 times a year and as part of the standing agenda feedback any issues to the HOS.

There should also be a joint trainees' committee in each Trust, open to all trainees to attend with a lead representative. This enables issues, both positive and negative, to be fed back to the College Tutor at regular intervals.

We encourage each Trust trainee rep(s) to meet with the college tutor and Dept operations manager each month to address any issues as they arise.

Career Advice

This is available from your Supervisors, College Tutor, TPDs, or me. The Deanery can also help with career counselling and coaching via the Professional Support and Wellbeing Service (PSWS). Academic advice is available from Miss Christian Aye or from Prof Manu Vatish.

Useful contact numbers/email:

Deborah Harrington	Head of School	01865 222969	deborah.harrington@ouh.nhs.uk
Irrum Idris	HEE TV school programme officer	01865 785552	SchoolofOandG.TV@hee.nhs.uk
Linda Fletcher	Secretary to head of school	01865 222969	Linda.fletcher@ouh.nhs.uk
Aparna Reddy	ST 3-7 TPD Deputy HOS		aparna.reddy1@nhs.net
Jasveen Dhani	ST 1/2 TPD		Jasveen.dhani@royalberkshire.nhs.uk
Ruth Houlden	ATSM lead and obstetric sim lead		Ruth.houlden@ouh.nhs.uk
Helen Jefferis	ST 3-5 teaching lead		Helen.jefferis@ouh.nhs.uk
Baljinder Chohan	ST 1/2 teaching lead		baljinder.chohan@royalberkshire.nhs.uk
Haido Vlachos	Associate Dean for school of O and G		Haido.vlachos@hee.nhs.uk
Christina Aye	School board academic rep		Christina.aye@ouh.nhs.uk

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Mustabshera Fayyaz	Deanery ultrasound coordinator		mustabshera.fayyaz@royalberkshire.nhs.uk
Kirana Arambage	Gynaecology simulation lead		Kirana.arambage@ouh.nhs.uk
PSWS	Professional Support and wellbeing service		https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/

We will keep you in touch with you - most of this will be via e-mail. Please make sure you have a functioning and secure e-mail address and check it regularly. If you change it for any reason, please let Linda Fletcher and the deanery using the school email address know immediately.

A copy of this letter, and details of the teaching programmes, will be posted onto the HETV website http://www.oxforddeanery.nhs.uk/specialty_schools/school_of_obstetrics_gynae.aspx.

We hope you have a fantastic year.

Yours sincerely,

Deborah Harrington

Head of School of Obstetrics and Gynaecology
Health Education England working across the Thames Valley

Consultant Obstetrician
Subspecialist in Maternal and Fetal Medicine

Deputy Director of Medical Education
Oxford University Hospitals NHS Foundation Trust

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