



# **Education and training TEF awards 2025**

**What we can learn from our  
top performing units!**

**December 2025**



## Introduction

For the seventh consecutive year, the RCOG has recognised the top training units in obstetrics and gynaecology across the UK. These awards are based on the 2025 Training Evaluation Form (TEF), where trainees assessed units in four evaluation categories – professional development, obstetric training, gynaecological training, and overall performance. All responses are averaged for each eligible hospital, and this year we introduced new categories to ensure that the awards are based on hospital size.

The award winners receiving top rankings were:

- Small hospital category: **Hinchingbrooke Hospital** – Overall, and Professional Development
- Medium-sized hospital category: **Royal United Hospital Bath** – Overall, Professional Development, Obstetrics Training, and Gynaecological Training
- Large hospital category: **Lancashire Women and Newborn Centre** - Overall, and Obstetrics Training

Additionally, this year also marks the introduction of a new TEF award in recognising the hospital that has shown the greatest improvement in scores compared with the 2024 TEF results, where the winner is **Kingston Hospital**.

For details on the TEF award winners and highly commended units for 2025, please view the results here

<https://app.powerbi.com/view?r=eyJrIjoiodk5M2FmNDQ0ZTlkNC00ZTczLTg0MDEtZTQxMjFhZjA5MzYzliwidCI6IjYwMzBiZjg1LTRIYTItNDE1MC1hZmVhLWZmZDhINmZlNDZmMzJ9>

As part of the awards process, high performing units were invited to share what they were particularly proud of and tips on how they provided such good training. Additionally, they were asked what they could do to make the training they provide even better.

## Areas of Good Practice that stand out

### 1. Strong Culture of engagement and collaboration

- Clear emphasis on collaborative working between consultants, resident doctors, and the wider multidisciplinary team.
- Active involvement of specialist nurses, midwives, sonographers, rota coordinators, and educators in delivering training.



- Units describe a shared ownership of training, rather than it being consultant-led alone.

## 2. Resident Doctors engagement

- Regular fora, engagement groups, and trainee meetings used to:
  - Raise concerns
  - Provide feedback
  - Shared learning and drive improvements
- Evidence that trainee feedback directly informs change (e.g. rota fairness, training opportunities).

## 3. Structured and protected teaching

- Well-developed teaching programmes including:
  - Weekly or daily teaching
  - Fortnightly or regular ultrasound scan lists
  - Structured induction programmes
- Attempts to protect teaching time and reduce clinical clashes highlight a commitment to education.

## 4. Focus on wellbeing, pastoral care, and psychological safety

- Strong examples of:
  - Open-door policies
  - Debriefs after serious incidents
  - Wellbeing resources and follow-up
- Recognition that pastoral support is integral to training, not separate from it.

## 5. Clear support, escalation, and civility training

- Defining clear pathways for escalation of concerns, particularly around workplace behaviour and civility.
- Introduction of innovative roles such as Workplace Behaviour Champion, showing proactive cultural leadership.

## 6. Use of Simulation and skills development

- Expansion of simulation training in:



- Ultrasound
- Laparoscopy
- Obstetric emergencies
- Simulation used to complement clinical exposure and improve confidence and competence.

### **7. Leadership and Professional development opportunities**

- Trainees given opportunities to develop leadership through:
  - Teaching roles
  - Representative roles (e.g. trainee rep, CTG rep, simulation rep)
  - Involvement in management meetings and quality improvement projects
- Building confidence, self-belief, and preparing trainees for consultant roles.

### **8. Fairness and transparency in training opportunities**

- Monitoring of special interest sessions to ensure equitable access.
- Regional sharing of training opportunities to improve exposure and experience.

## **Areas of Common Good Practice Across Units**

The following common themes of good practice emerge:

### **Listening to Trainees:**

- Valuing feedback
- Acting on concerns
- Maintaining regular, structured communication

### **MDT Involvement in training**

- Recognition that high-quality training depends on the whole team
- Structured teaching and Induction
- Formal teaching programmes
- Regular educational meetings
- Clear learning structures

### **Supportive and compassionate culture**



- Emphasis on kindness, care, and psychological safety
- Strong pastoral support, especially during difficult incidents

#### **Responsive and approachable leadership**

- Open-door policies
- Prompt communication (e.g. responsiveness to emails)
- Visible educational leadership

#### **Commitment to continuous improvement**

- Units reflect honestly on what could be improved
- Clear plans for development (simulation, ultrasound, MDT learning, protected teachings)

## To improve training in any unit

Standout good practice is the combination of structured education with a genuinely supportive, trainee-centred culture. Units consistently demonstrate that high-quality training is achieved through engagement, fairness, wellbeing support, and collaboration, rather than relying solely on formal teaching sessions.

Find out more at  
[rcog.org.uk](http://rcog.org.uk)



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