

Subspecialty Training

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Background

The RCOG undertakes annually a detailed analysis of select key areas of training. This is according to current priorities identified by the Specialty Education Advisory Committee (SEAC) and the Trainees' Committee. All available data is analysed and combined into reports that are then fed back to SEAC, Heads of School, the Trainees' Committee and the GMC via the Annual Specialty Report. The information is used to reward good training, as a driver for change and to identify ways to improve training. In addition, the analysis is used to inform changes to the Training Evaluation Form (TEF) and the GMC survey program-specific questions.

There was no TEF in 2020. This is because the RCOG postponed it due to the Covid-19 pandemic. The last TEF for comparison was in 2019. This report is an analysis of the 2021 TEF. The categories for the thematic reports for TEF 2021 cover:

- i. *Gynaecology training - lack of access to surgical procedures*
- ii. *Subspecialty training - effects on progression of training*
- iii. *Workplace Behaviours - promote understanding and consistency across regions*
- iv. *Differential Attainment - deferments, regional teaching issues*
- v. *Covid effect - clinical and non-clinical which would overlap with above categories*
- vi. *New curriculum - to include the educational supervision component*

The focus of this report is **Subspecialty Training**.

Recommendations from 2019 report

The following recommendations were made in the 2019 report and have been actioned:

2019 TEF recommendations	Comments about actions
1. SST assessment panels to remind SSTs that non-completion of the TEF in the previous 12 months may impact their ARCP outcome and centralised assessment outcome.	<i>The 2020 TEF was postponed owing to the Covid pandemic.</i>
2. O&G trainees feel that they have an inadequate opportunity to fulfil their gynaecological training requirements. This is an on-going problem that can only	<i>There is currently a review of advanced training underway</i>

<p>be addressed at a higher level within the RCOG but more importantly the GMC. One suggestion that should be looked at more closely is splitting training from ST5 level onwards into two pathways: a more obstetric focused and a more gynaecology focused pathway depending on trainees' long term wishes. It is an issue that must be addressed because of the knock-on effect on the two surgical subspecialties of gynae-oncology and urogynaecology.</p>	
<p>3. Following on from recommendation 2 above, the commencement of SST training should also be addressed. If training is to be split from ST5 level onwards into a more obstetric focused and a more gynaecology focused pathway, then SST training could commence earlier and could comfortably fit in within a 3 year period without causing pressure on service provision. This would agree with the more surgical specialities such as gynaecological oncology.</p>	<p><i>There is currently a review of advanced training underway</i></p>
<p>4. For units identified as having specific concerns: a) to request centre specific data; and b) to record these concerns in the Action Log of SST centres</p>	<p>All TEF are recorded by STC admin team and concerns investigated by STC</p>
<p>5. OOH duty is still an issue with regards to SST training. With reported high figures demonstrating a negative impact on actual training, the problem should be addressed by each individual centre in conjunction with ESs, TPDs and SSTs at that centre to see what would be feasible for all sides.</p>	<p>OOH Impact on all training is difficult to balance. This has been more of an issue during COVID</p> <p>All SST programmes are required to ensure that their trainees have NO day time on call commitments.</p> <p>Concerns with individual units raised by trainees are taken up by STC with local teams</p>
<p>6. Centres need to consider establishing a proper programme of simulation training to allow GO SSTs to improve laparoscopic technical skills. This would supplement, and not replace, their ongoing laparoscopic surgical training.</p>	<p>Curriculum review is looking into the role of Robotics both in ATR and in GO SST</p>
<p>7. ESs and TPDs to ensure SSTs taking necessary rest in the form of annual leave and zero days in order to ensure no detriment to health in the long run</p>	<p>Any trainees reporting having to attend on AL/Zero days is investigated by STC</p>

2021 Training issues / Questions

1. Are training programme directors and clinical supervisors supportive, available and satisfactory trainers?
2. Is operative experience in each centre deemed to be acceptable?
3. Does OOH commitment still negatively impact on SST training?
4. Is undermining and bullying an issue with SSTs?

RCOG SST data

In 2021 there were 98 SSTs in the UK, with 36 in GO, 31 in MFM, 19 in RM and 12 in UG.

The centralised subspecialty outcomes in 2021 for each of the four subspecialties are as follows:

March 2021

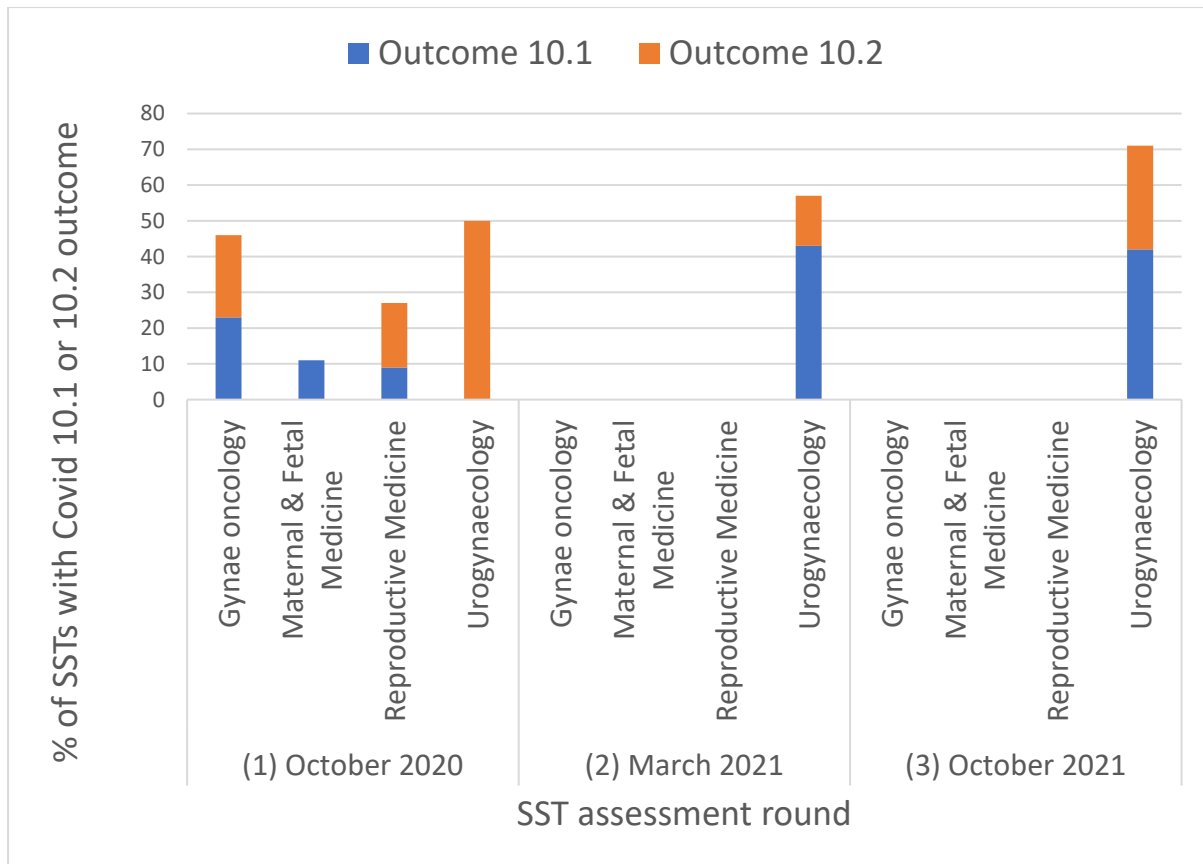
Subspecialty	Number assessed	Number requiring extra time	Number completing training
GO	18	0	5
MFM	18	0	2
RM	10	0	3
UG	7	1 (Covid outcome 10.2)	1
Total	53	1	11

October 2021

Subspecialty	Number assessed	Number requiring extra time (outcome 3 or 10.2)	Number completing training (outcome 6)
GO	23	2	5
MFM	12	0	3
RM	9		5
UG	7	2 (Covid outcome 10.2)	0
Total	51	4	13

Of those 5 requiring extra time across the two assessment diets, 3 were outcome 10.2, that is, extra time owing to the Covid-19 pandemic. Covid outcomes at the three subspecialty assessment panels that occurred following the start of the pandemic are illustrated in Figure 1.

Figure 1: Covid outcomes at centralised SST assessments since the onset of Covid outcomes in October 2021



Training Evaluation Form

Demographics

SSTs represent just under 10% of advanced trainees and around 2% of all trainees. The following statistics are a brief overview of demographic data for SST trainees who completed the TEF, compared with ST6-7 trainees who completed the TEF:

	SST	Notes / n	ST6/7 non-SST	Notes / n
Age in years Mean (SD)	38 (2.2)	54	37.6 (4.4)	363
1.4 Would you describe yourself as:		54		363
Female	38 (70.4%)		276 (76.0%)	
Male	16 (29.6%)		79 (21.8%)	
Non-binary	0 (0%)		3 (0.8%)	
Prefer not to say	0 (0%)		5 (1.4%)	
1.5 Which of these best describes your ethnic group? (summarised)		53		363
White	33 (62.3%)		202 (55.6%)	
Asian	7 (13.2%)		65 (17.9%)	
Black	0 (0%)		25 (6.9%)	
Mixed	5 (9.4%)		17 (4.7%)	
Other	6 (11.3%)		44 (12.1%)	
Prefer not to say	2 (3.8%)		10 (2.8%)	
1.6 Where is your Primary Medical Degree awarded from?		54		363
UK	46 (85.2%)		273 (75.2%)	
1.7.1 Do you consider yourself to have a disability, long-term illness or health condition?		54		363
Yes	3 (5.6%)		8 (2.2%)	
1.12 ST Year		54		363
ST 6	7 (13.0%)		186 (51.2%)	
ST 7	47 (87.0%)		177 (48.8%)	
Other	0		0	

This demographic data is broken down by SST as follows:

SST	Total TEF responders (% response rate)	Male gender (% male)	Age Mean (SD)	White ethnicity (% white)	Undergraduate medical training in UK (% in UK)
GO	16/36 (44.4%)	6 (37.5)	39.3 (2.0)	10 (62.5)	12 (75.0)
MFM	22/31 (71.0%)	3 (13.6)	37.9 (1.9)	15 (68.2)	21 (95.5)
RM	9/19 (47.4%)	4 (44.4)	37.5 (2.0)	6 (75.0)	9 (100.0)
UG	7/12 (58.3%)	3 (42.9)	36.0 (1.8)	2 (28.6)	4 (57.1)
Total	54/98 (55.1%)	16 (29.6)	38.0 (2.2)	33 (62.3)	46 (85.2)

Responses demonstrated wide geographical distribution: East Midlands (n=5) / East of England (n=2), KSS (n=1) / London (n=13) / North West (n=9) / North East (n=2) / Thames Valley (n=4) / Scotland (n=7) / South West (n=3) / Wessex (n=1) / West Midlands (n=2) / Yorkshire & Humber (n=5)

Effect of rotas on SST

SST	Total TEF responders (% response rate)	10.2 Do you participate in an out of hours (OOH) rota? – Yes (% of subspecialty)	10.5 Spends sessions doing non-subspecialty training (%)	10.6 Loses SST sessions as a result of zero days / compensatory rest (%)	10.7 Do not take zero days in order to attend training opportunities (%)
GO	16	13 (81.3%)	2 (12.5%)	9 (56.2%)	8 (50%)
MFM	22	22 (100%)	19 (86.4%)	20 (90.9%)	14 (63.6%)
RM	9	8 (88.9%)	8 (88.9%)	9 (100%)	8 (88.9%)
UG	7	7 (100%)	4 (57.1%)	7 (100%)	5 (71.4%)
Total	54	50 (92.6%)	33 (61.1%)	45 (83.3%)	35 (64.8%)

- 66.1% (33/54) spend sessions (half days) doing non-subspecialty sessions (monthly).
- 83.3% (45/54) lose subspecialty sessions as a result of zero days / compensatory rest (range: 1-24 half days per month; numbers lower in GO than other SSTs)
- 64.8% (35/54) do not take zero days / compensatory rest in order to attend training opportunities (range: 1-15 half days per month; lowest in GO, highest in RM)

SST	Total TEF responders (% response rate)	10.8 Has your subspecialty training programme been extended? (%)	10.10.1 My OOH commitment does not have a negative impact on training (agree/strongly agree)(%)	10.10.2 The rota allows the opportunity to undertake all aspects of my subspecialty training programme (agree/strongly agree)(%)	10.10.3 I rarely miss specific training sessions to cross cover commitments for others' planned leave (agree/strongly agree)(%)
GO	16	7 (43.8%)	6 (37.5%)	13 (81.3%)	13 (81.3%)
MFM	22	2 (9.1%)	12 (54.5%)	16 (72.7%)	17 (77.3%)
RM	9	1 (11.1%)	0 (0%)	6 (66.7%)	5 (55.6%)
UG	7	1 (14.3%)	3 (42.9%)	7 (100%)	5 (71.4%)
Total	54	11 (20.4%)	21 (38.9%)	42 (77.8%)	40 (74.1%)

Perceptions of training programme

SST	Total TEF responders (% response rate)	10.11.3 My subspecialty training programme director has been approachable (agree / strongly agree)(%)	10.11.4 My subspecialty training programme director has been a good teacher (agree / strongly agree)(%)	10.11.5 My subspecialty training programme director has been supportive (agree / strongly agree)(%)	10.11.6 My subspecialty training programme director has taken part in regular and constructive appraisals (agree / strongly agree)(%)	All things considered I would recommend this unit to other subspecialty trainees in [insert SST name] (agree / strongly agree)(%)
GO	16	16 (100%)	16 (100%)	16 (100%)	16 (100%)	14 (87.5%)
MFM	22	22 (100%)	22 (100%)	21 (95.5%)	22 (100%)	Not asked
RM	9	8 (88.9%)	8 (88.9%)	8 (88.9%)	8 (88.9%)	9 (100%)
UG	7	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)
Total	54	53 (98.1%)	53 (98.1%)	52 (96.3%)	53 (98.1%)	

GO 1/16 did not have access to a box trainer and 11/16 did not have a formal programme of simulation training in gynaecological procedural skills

UG 1/7 did not have access to a box trainer and 6/7 did not have a formal programme of simulation training in gynaecological procedural skills

Conclusions

TEF completion rates were 55% which is down from 73% in 2019 and 76% in 2018. Nearly half of SSTs did not complete their TEF. This may be partially explained by: (i) derogation of the TEF from the matrix following the Covid pandemic; (ii) post-CCT SSTs, who do not complete the TEF; (iii) or SSTs not finding the time to complete it. However, TEF non-completion may indicate underlying problems. There are very small numbers of SSTs per subspecialty / region which may mean SSTs are concerned about being identified from their responses, particularly where they have negative comments. This however was also the case in previous surveys, so does not explain the reduction in responses from previous surveys.

This is the first TEF report that has compared demographic features of SST trainees with other advanced trainees. We are concerned that there may be differences in gender, ethnicity, country of medical training and other qualities including other protected characteristics. It is important to caution that given the low response rate to the TEF this year, this may not be representative of the whole trainee cohort. However, given the importance of ensuring equality, diversity and inclusion (EDI) in the O&G workforce including future subspecialists, we will use this as justification of a more in-depth examination of EDI issues in SST further, working with HEE and the RCOG.

Simulation training was raised as an issue in the 2019 report. Despite good access to box trainers, most did not have a formal programme of simulation training in gynaecological procedural skills. Given the pressures on surgical exposure arising from the pandemic, and the need for training recovery, this is disappointing and an area to be addressed.

As in the 2019 survey, there are overall high levels of satisfaction reported by SSTs with clinical supervision, the trainers teaching them, the SST training programme directors, and the majority of responders would recommend their centre to other potential SSTs (this question was not asked of MFM SSTs). Some concerns were flagged about specific opportunities in certain centres not being available. For example, in MFM, 8/22 did not agree they had had adequate opportunity to observe higher level procedures such as IUTs or lasers, and 8/22 did not have adequate exposure to neonatal surgery. In UG, 3/7 did not have adequate opportunity to develop their laparoscopic urogynaecology skills and 3/7 did not agree that opportunities for major procedures had been available. This is likely to reflect the greatest issue with the Covid pandemic, which had been ongoing for ~18 months at the time of this survey.

Out-of-hours (OOH) commitments have been previously raised as an issue. This continues in this survey, with 66% of SSTs doing non-subspecialty sessions, and 93% participating in OOH commitments. 83% lose subspecialty sessions as a result of zero days or compensatory rest, and 65% do not take zero days in order to attend training opportunities. These figures are similar to the 2019 survey. 61% think the OOH commitment has a negative effect on training. Despite raising these issues as actions following the previous TEF, there does not appear to have been significant change. Given changes in working practices owing to the Covid pandemic it is not possible to say if previously noted issues have been addressed, however this will remain a priority in future TEF analyses.

No reports of undermining were documented in the 2021 TEF.

Actions

Recommended actions for SSTC and SST TPDs:

- Continue to monitor COVID impact on training
- Work with HEE and RCOG to look at EDI data
- Continue to monitor outcomes from centralised assessments and monitor trends
- Work with RCOG on Advanced Training Review (ATR) and new SST curriculum