

Gynaecology Training

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Background

Trainees have worked in unprecedented times throughout the Covid-19 pandemic. It is unsurprising that training, and particularly gynaecology training has been severely impacted. In the initial stages gynaecology clinics and elective operating lists other than those serving cancer pathways were disrupted and cancelled. Because of the pandemic, a gynaecology training report has not been produced for the last couple of years. To assess gynaecology training, and the views and experiences of trainees, the results from the 2022 Training Evaluation form (TEF) and GMC survey have been included in this report. In total 1415 trainees responded to the TEF survey, and 304 trainees responded to the GMC survey.

Training issues/questions

- Have trainees been able to complete their gynaecology training requirements for the year and developed experience and clinical competency in gynaecology operating and practical procedures?
- Have trainees attended gynaecology and specialist gynaecology clinics?
- Are they supported, supervised, and given appropriate and useful feedback?
- Have trainees been impacted by the Covid-19 pandemic and have been able to make up what they have lost in gynaecology training?
- Do trainees have access to box trainers, virtual reality simulators and/or formal simulation programme?

Analysis

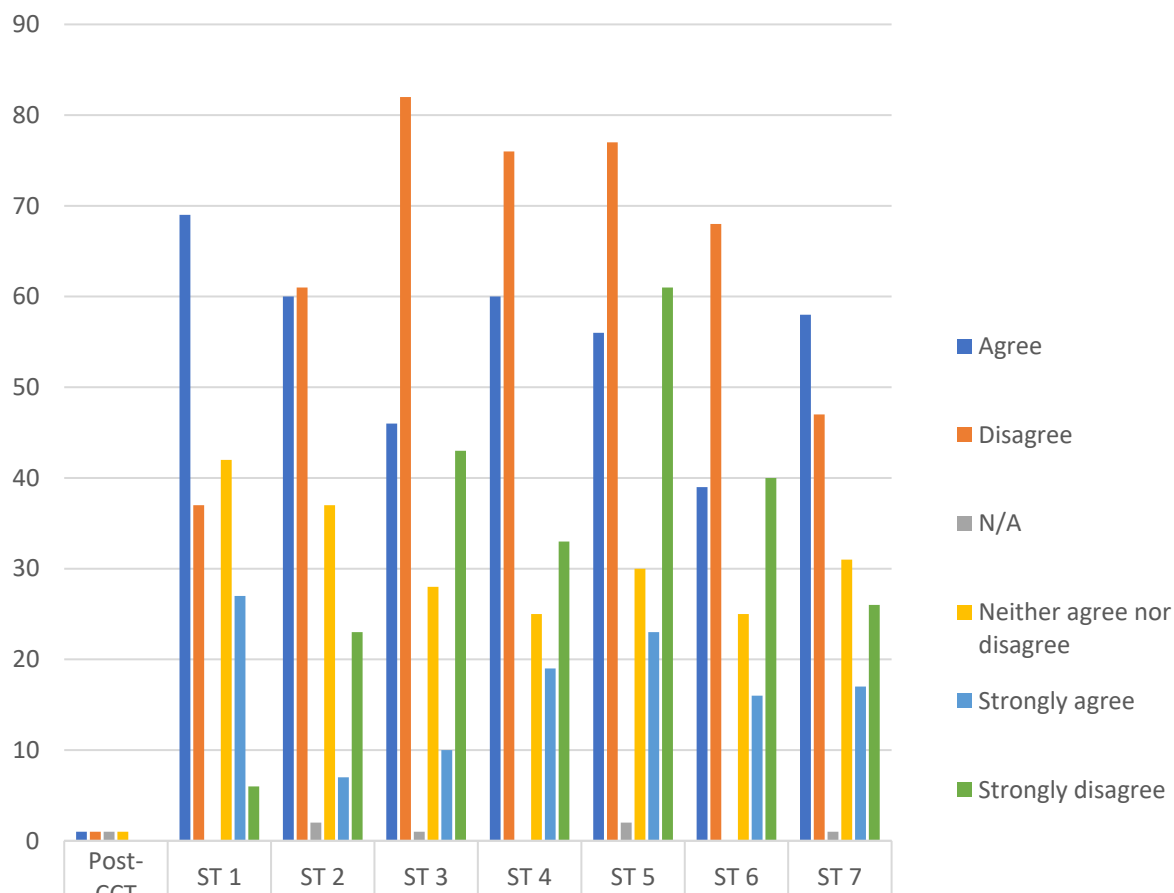
1. TEF question:

‘I had appropriate opportunity to fulfil my training requirements for the year in gynaecology?’

53% of ST1s and 41.6% of ST7s 'agree' or 'strongly agree' that they had been able to appropriately fulfil their training requirements for the year in gynaecology. ST1s and ST7s had more trainees answer 'agree' or 'strongly agree' than any other training grade. ST3s and ST6s has the lowest proportions of 'agree' and 'strongly agree' with 26.6% and 29.2% respectively.

The North-East (42.1%), Thames Valley (29%) and Scotland (33.4%) had the highest proportions of 'strongly agree' and 'agree' of all the deaneries. The North-East which had the highest proportion of 'agree' and 'strongly agree' overall, also had the lowest proportion of ST3+ trainees respond that the Covid-19 pandemic had impacted on their operative and procedural competencies.

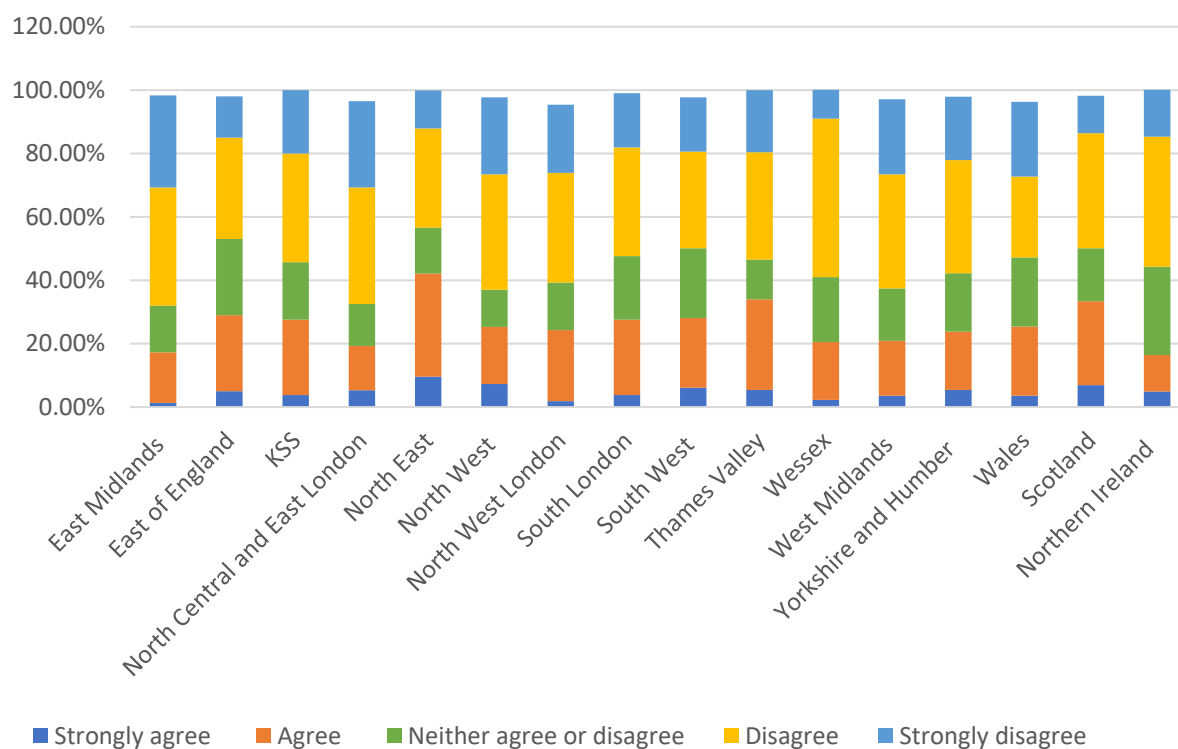
**I have had appropriate opportunity to fulfil my training requirements for the year in
gynaecology, responses by training grade**



	Post-CCT	ST 1	ST 2	ST 3	ST 4	ST 5	ST 6	ST 7
Agree	1	69	60	46	60	56	39	58
Disagree	1	37	61	82	76	77	68	47
N/A	1		2	1		2		1
Neither agree nor disagree	1	42	37	28	25	30	25	31
Strongly agree		27	7	10	19	23	16	17
Strongly disagree		6	23	43	33	61	40	26

The same three deaneries, North-East, Thames Valley and Scotland, also had some of the highest mean scores in supportive environment and clinical and educational supervision in the GMC survey. The North-East and Thames Valley were in the top three deaneries for highest scores for regional teaching. Scotland, Thames Valley and the North-East came first, third and fifth respectively on overall satisfaction.

**I had appropriate opportunity to fulfil my training requirements for the year in
gynaecology, responses by deanery**



2. TEF question:

‘I had sufficient opportunities based on my curriculum needs and stage of training to develop my Gynaecological surgical skills in: basic, intermediate, advanced, emergency and outpatient and office procedures’

More than 50% of all trainees in every stage of training responded with ‘agree’ or ‘strongly agree’ to the question ‘I had sufficient opportunities based on my curriculum needs and stage of training to develop my Gynaecological surgical skills in: basic procedures’. ST1s had the lowest proportion of trainees respond with ‘agree’ or ‘strongly agree’ but presumably this is because at this stage they are still acquiring these competencies.

Senior trainees ST6 and ST7 were most likely to respond with ‘agree’ or ‘strongly agree’ to the same question regarding intermediate procedures, advanced procedures, and

emergency procedures. There was a positive trend with increasing seniority and may reflect focused, targeted training to ensure these trainees achieved completion of training (CCT).

Less than 50% of trainees at ST5 responded with 'agree' or 'strongly agree' regarding intermediate procedures when by this stage of training they are expected to be competent.

55% of ST7s responded with 'agree' or 'strongly agree' regarding advanced procedures when they are expected to be competent by the time, they have completed their training.

51.4% of ST7s chose 'agree' or 'strongly agree' in relation to outpatient and office procedures. This was a lower percentage than for basic, intermediate, advanced, and emergency procedures. Apart from insertion of IUCD/IUS and endometrial biopsy, the training matrix does not include any other specific summative competencies in outpatient and office procedures. Trainees who complete obstetric ATSMs will not have been required to complete OSATs in outpatient procedures as part of advanced training and may account for this lower percentage.

Agree and strongly responses to the question: 'I had sufficient opportunities based on my curriculum needs and stage of training to develop my Gynaecological surgical skills in basic, intermediate, advanced, emergency and outpatient and office procedures

	Basic procedures	Intermediate procedures	Advanced procedures	Emergency procedures	Outpatient and office procedures
ST1	54%	22%		39.2%	34%
ST2	64.7%	18.9%		35.7%	28.4%
ST3	67%	22.3%	14.3%	38.5%	33.3%
ST4	76%	39.4%	23%	53.8%	44%
ST5	74%	40.9%	25%	52.6%	32.5%
ST6	82%	47%	33.6%	57%	39.5%
ST7	76.5%	58.6%	55%	62.5%	51.4%

3. TEF questions:

‘I have had appropriate supervision for my level of training in gynaecology theatre – elective cases supervision’

‘Trainers were supportive in completing the required gynaecology workplace-based assessments’

‘My clinical supervisors have provided me with feedback that is constructive and helpful’

‘I have had appropriate supervision for my level of training in gynaecology outside of normal hours’

Most trainees at every level of training reported they had the appropriate supervision in elective gynaecology theatres and outside of normal hours. Most trainees responded that trainers were supportive in completing work-based assessments and that they provided constructive and useful feedback.

4. TEF questions:

‘I have had opportunities to attend gynaecology clinic frequently enough to fulfil my learning needs’

‘I have had the opportunity to attend specialist clinics (e.g., urogynaecology, fertility and paediatric and adolescent clinics)’

55.2% of ST1s and 57% of ST2s responded with disagree or strongly disagree to the question ‘I have had opportunities to attend gynaecology clinic frequently enough to fulfil my learning needs’. From ST3+ increasing proportions of trainees responded with ‘agree’ and ‘strongly agree’ and that they had been able to attend gynaecology clinics.

From ST1-ST5 most trainees disagreed that they had had the opportunity to attend specialist clinics. However, higher proportions of ST6 and ST7 level trainees agreed that they had had enough opportunity to attend specialist clinics.

5. TEF question:

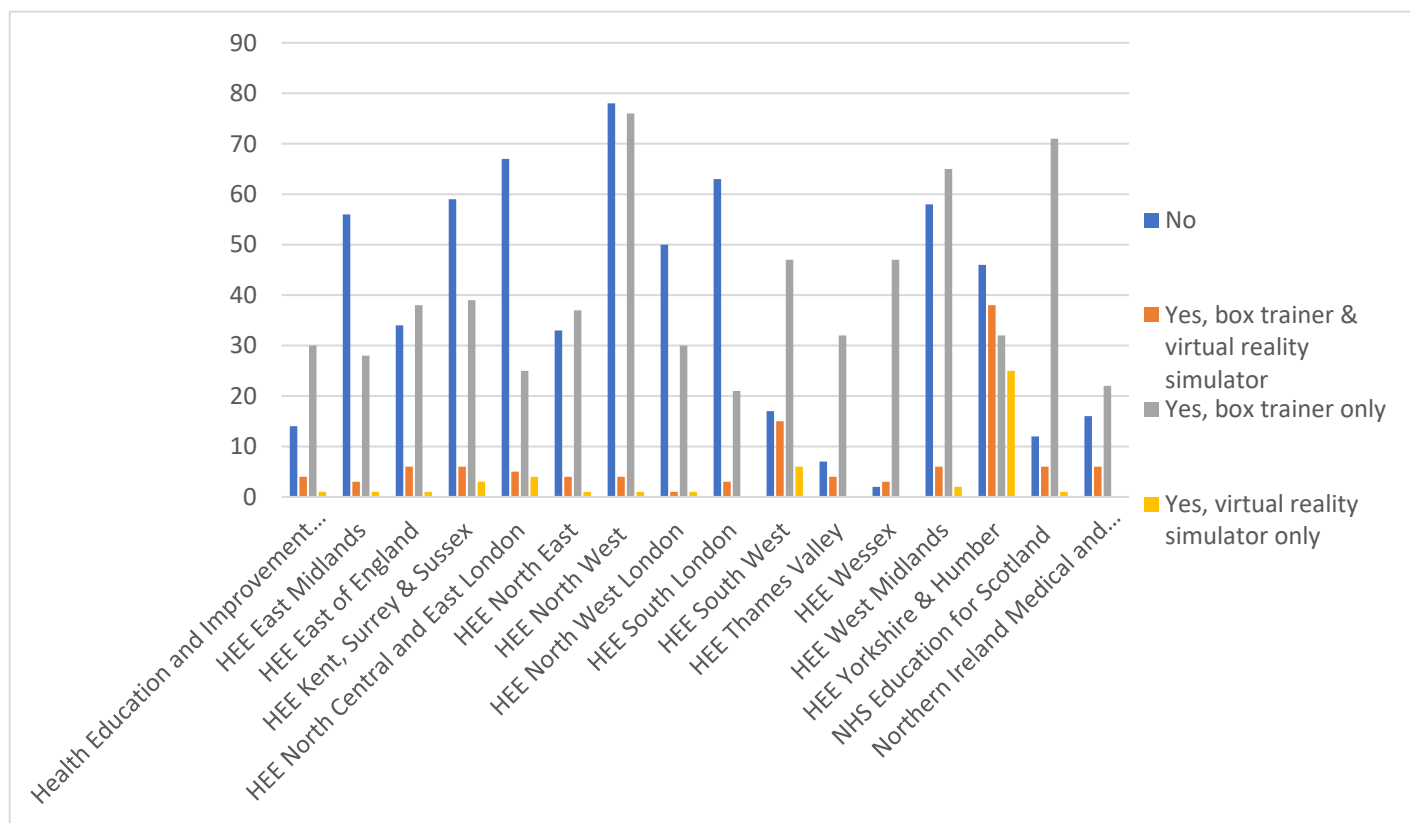
‘I have had access to a laparoscopic box trainer or virtual reality simulator’

‘There was formal programme of simulation training in gynaecological procedural skills’

More trainees responded yes than no to having access to a box trainer in Scotland, Wessex, Thames Valley, Southwest, and Wales. Trainees in the East Midlands, Kent, Surrey, and Sussex, North Central and East London, South London, Northwest London were less likely to have access to a box trainer.

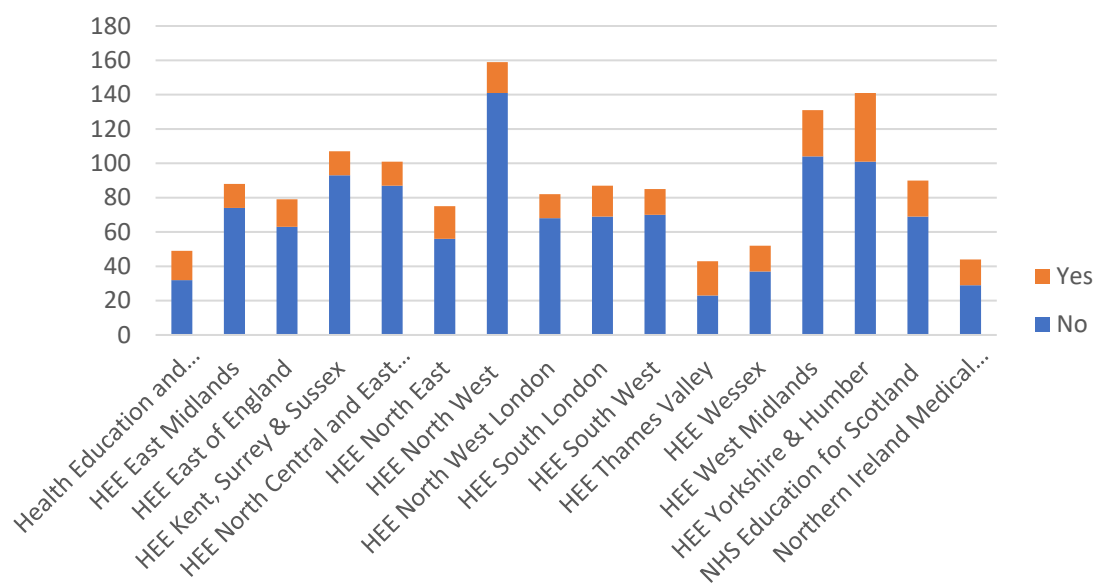
Out of all the deaneries Yorkshire and Humber had the highest proportion of trainees respond that they had access to both a laparoscopic box trainer and virtual reality simulator.

I have had access to a laparoscopic box trainer or virtual reality simulator



Most trainees in every deanery responded that they did not have access to a formal simulation training programme in gynaecology procedural skills.

There was formal programme of simulation training in gynaecological procedural skills



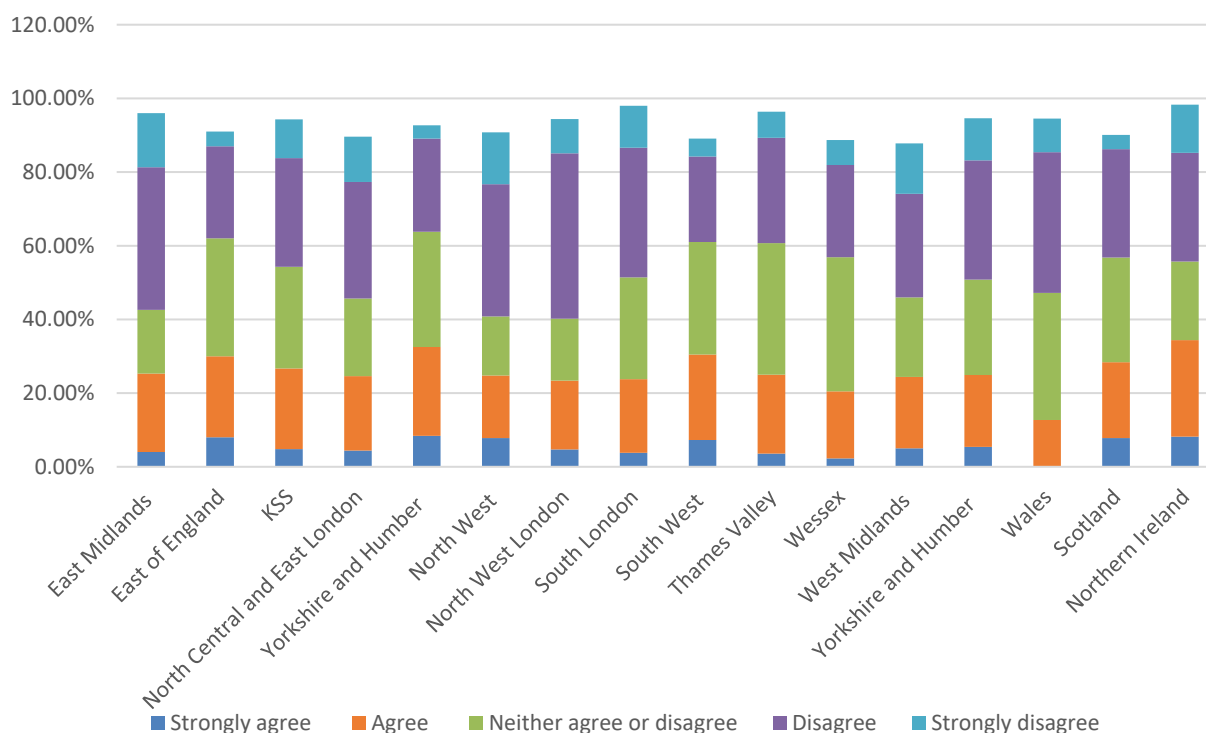
6. TEF question 'Impact of Covid-19 on gynaecology training'

The Covid-19 pandemic had the biggest impact on operative and procedural competencies and experience in operating and practical procedures compared to any other area of training. The results were similar across all deaneries.

16.3% to 21.5% of trainees in each region felt there were gaps in their training in operative and procedural *competencies* because of the covid-19 pandemic. 14.7% - 18.6% of trainees felt there were gaps in their *experience* of operative and practical procedures because of the covid-19 pandemic. In all regions high proportions of trainees responded that they had not be able to make up on lost opportunities.

18.1% to 42.9% in each region answered that they had ‘worked in a service provision role that slowed down my training’ because of the pandemic.

I have been given enough opportunity to backfill what has been lost due to the Covid-19 pandemic



Conclusion

As trainees increase in seniority, they are reporting that they have more opportunity to develop skills and competency. There is a positive correlation between level of training and

experience and competency, which is to be expected. Overall, however, less than 42% of ST7s and 29% of ST6s felt they had completed the training requirements for the year in gynaecology.

Higher proportions of trainees in the North-east, Thames Valley and Scotland reported they had completed their training requirements in gynaecology for that year. These three deaneries also had some of the highest scores in supportive culture, clinical and educational supervision, and overall satisfaction.

Less than 50% of trainees in both ST5 and ST6 felt they had had sufficient opportunities in intermediate procedures, by the end of ST5 trainees are expected to be competent in intermediate procedures although certain procedures such as endometrial ablation were derogated because of the pandemic. ST7 trainees felt they had fewer opportunities to develop skills in outpatient and office gynaecology when compared to basic, intermediate, advanced, and emergency procedures.

The Covid-19 pandemic has had the biggest impact on operating and practical procedures. There was increased service provision during the pandemic and thus far trainees have not been able to compensate for the opportunities and experiences lost. This may also be one of the reasons why ST1 and ST2 have not been able to attend gynaecology clinics as junior trainees were more likely to be redeployed. It is, however, reassuring that most trainees feel that they have been appropriately supervised during elective operating and out of hours. They also report that trainers were supportive completing WBAs, and trainers provided useful and constructive feedback.

There appears to be disparity accessing box trainers. In 50% of deaneries more trainees reported that they had access to a box trainer than didn't. However, still, in 50% of deaneries more trainees report they do not have access to a box trainer than do. Trainees in very few deaneries have access to virtual reality simulators, Yorkshire and Humber being one of the only deaneries to have them. Over 50% of trainees in every deanery reported that there was no formal simulation programme.

Recommendations

- 1) Mandatory attendance in gynaecology clinic from ST1 level in the training matrix. We would suggest a minimum attendance of two gynaecology clinics per month.
- 2) Gynaecology champion in each individual unit to support and develop trainees with their operating and practical procedural experience and competency.
- 3) The development of a train the trainers' course in gynaecology operating
- 4) Gynaecology training and simulation lead and gynaecology trainee representative in every deanery to develop free and accessible simulation programme alongside blended learning programme with access to box trainers and virtual reality simulators.
- 5) If outpatient and office procedures other than insertion of IUD/IUS and endometrial biopsy are to be part of gynaecology ATSMs rather than core curriculum we suggest not including specific questions on this in the gynaecology part of the TEF survey but under the ATSM section.
- 6) Development of best practice training lists within individual departments, with appropriate cases for the level of trainee and time per case

GMC survey speciality specific questions

None

TEF

- 1) Specify types of emergency procedures as per the training matrix and level of training
- 2) Include question asking trainees if they are being pulled from gynaecology operating lists to cover absences/service provision
- 3) Remove outpatient and office procedures questions from the gynaecology section of the TEF survey if not part of the core training matrix