2017 Training Data Analysis

Topic: Subspecialty Training

Background
Every year the RCOG undertakes a detailed analysis of a few key areas of training according to current priorities identified by Speciality 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, this year’s analysis will be used to inform changes to the Training Evaluation Form (TEF) and the GMC survey program specific questions.

Training Issues/ Questions
1. Does the OOH commitment impact on subspecialty training and what is the OOH commitment?
2. Are clinical supervisors / STPD’s supportive and good trainers?
3. Is procedural / operative experience deemed to be adequate?
4. Is the unit able to offer all aspects required for completion of subspecialty training / would the trainee recommend the unit to other trainees?
Analysis

ARCP 2017

Completion of TEF

Would recommend this centre to other trainees

Participation in OOH rota

- 39/44 respondents doing OOH
- 37/39 doing general O&G on calls
- 17 reported an OOH frequency > 1:8
- 35 reported an OOH frequency ≤ 1:8

Frequency of OOH rota

On average how many sessions/week lost due to OOH
STPD
- Good teacher
  - 100% agree or strongly agree
- Approachable
  - 100% agree or strongly agree
- Supportive
  - 95% agree or strongly agree
- Provide regular constructive appraisal
  - 95% agree or strongly agree

Clinical supervisors have provided feedback that is constructive and helpful

GO – Experience

GO – Supervision

- Teachers communicate effectively
- Opportunity to examine mentally
- Appropriate supervision in theatre
- Appropriate supervision in clinic
- Opportunity to do training reg
Conclusions
Less than 100% completion of TEF was noted. Although some subspecialty trainees are post CCT and therefore do not complete the TEF, non-completion may be indicative of underlying problems. Subspecialty trainees may be concerned about anonymisation of their feedback due to small numbers of SST’s per subspecialty/LETB. Incomplete data was also available for the GMC Survey; non-completion of the GMC survey may reflect SST’s who are registered as OOP and are therefore ineligible to complete it.

Overall high levels of satisfaction were reported with training and clinical supervision; 96% of responders would recommend their unit to other potential subspecialty trainees. Certain units were identified as having specific issues, however in the interests of trainee confidentiality and to enable a generalised rather than a snapshot judgement of the training provided within individual centres more longitudinal data is required. This is the first year Subspecialty data has been available.

41% of responders felt their OOH commitments had a negative impact on their training. 58% reported losing more than one subspecialty session per week due to OOH commitments. 21% of responders reported losing 3 or more subspecialty sessions per week. 16% reported their rota did not allow the opportunity to undertake all aspects of their training programme, but it is unclear what respondents meant by this from the data. On call commitments varied significantly from not partaking in an OOH rota (n=5) to being on a 1:20 rota (n=1); 17 reported working OOH more frequently than 1:8, 35 reported being on an OOH rota with a frequency of 1:8 or less.

Interpretation of some questions may be variable, meaning responses to “number of sessions lost”, for example, may not be a good indicator of actual impact on training. The impact on length of training is not evaluable from the data available. The Subspecialty Committee discussed introducing maximum on call frequency and maximum sessions missed per week to the criteria for future accreditation and reaccreditation of subspecialty training centres. The committee are also planning to monitor TEF responses longitudinally to identify recurring problems identified with training centres that need to be addressed, and also to aid the assessments of applications from centres requesting accreditation or reaccreditation.

Recommendations
1. To liaise with the GMC regarding SST’s who are OOP not having their training assessed by the GMC survey as OOP trainees do not get access to complete the survey.
2. Subspecialty training assessment panels to remind SST’s that if there is no evidence of completing a TEF in the previous 12 months within the eportfolio this may impact on their ARCP outcome.
3. RCOG Subspecialty Committee to consider adding to criteria for subspecialty training centre accreditation and reaccreditation that the on call frequency must not exceed 1:8 and that loss of subspecialty training due to daytime service provision must not equate to more than 1 session per week.
4. RCOG Subspecialty Committee to longitudinally track programmes identified by subspecialty trainees as having specific problems, and to challenge repeated problems (this is the first year of subspecialty questions being included in the TEF and therefore a “snapshot”)

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**Suggestion for GMC survey program specific questions (PSQs)**
The GMC survey should be extended to all subspecialty trainees, to include those who are OOP or post CCT

**Suggestions for changes to TEF questions**
1. What is your daytime on call / non subspecialty service commitment on average per month (1 session = ½ day)?
2. How many sessions are “zero hours” sessions per month?
3. How many zero hours sessions per month do you use to attend training opportunities?
4. Has your subspecialty training been extended beyond your initial projected completion date?
5. If you feel your rota does not allow opportunities to undertake all aspects of training programme is this because:
   1) have not been permitted to undertake modules due to rota problems
   2) the OOH frequency too great to complete training within the given time period
   3) other

**Authors**
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On behalf of the RCOG Subspecialty Committee