

2018 Training Data Analysis

Topic: Access to Specialist Clinics

Background

Trainees in obstetrics and gynaecology need to be able to access specialist clinics for a number of different objectives.

For basic and intermediate trainees (ST1-5), the objectives are to complete relevant modules and items of the RCOG curriculum, which can only be achieved by attending specialist gynaecology clinics (e.g. urogynaecology, reproductive medicine, gynaecology) or specialist antenatal clinics (e.g. HIV antenatal clinics, cardiac antenatal clinics, rheumatology antenatal clinics). Additionally, the ST1-5 trainee should be able to access these clinics to develop their own specialist interests in self-chosen areas in order to develop their own skill set and prepare themselves for their careers as consultants.

In addition to the objectives listed above, the advanced trainees (ST6-7) will need to access specialist gynaecology and specialist antenatal clinics in order to complete their Advanced Training Study Modules.

Therefore, it is imperative that RCOG trainees are allowed access to these specialist clinics. Several factors may hinder their attendance at these clinics; these include moving from scheduled daytime training opportunities to cover short and long-term service gaps and also high workload leading to loss of opportunity in accessing specialist clinics.

There are two TEF questions that address whether trainees can access specialist clinics specifically.

Training issues/Questions

The questions that were identified from the GMC SSQs and the RCOG TEF survey relevant to investigating trainees' access to specialist clinics were:

1. TEF Question 2.14: I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics)
2. TEF Question 3.10: I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)

I. Access to specialist gynaecology clinics

TEF Question 2.14: I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics)

Overall data

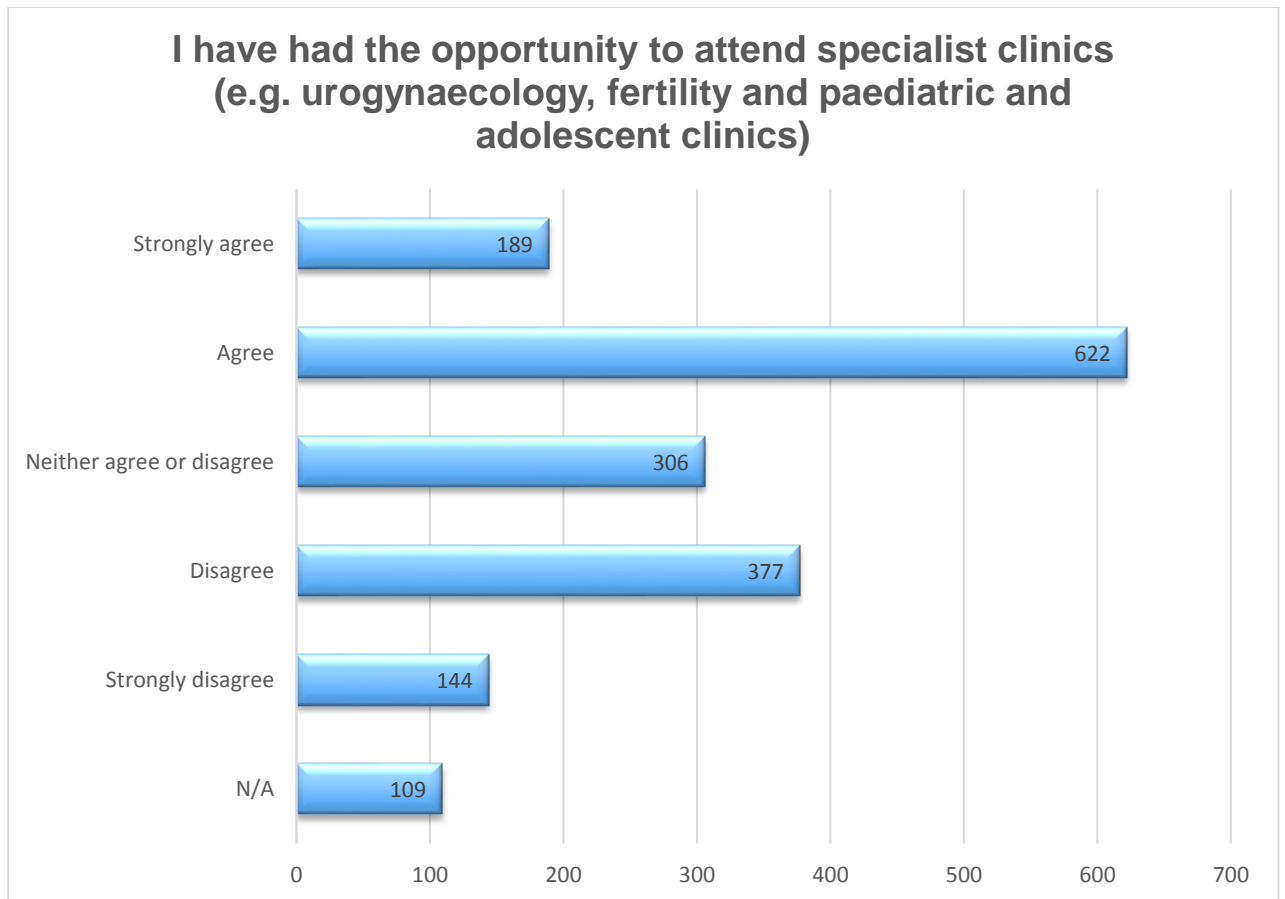
This question directly addresses the question of whether RCOG trainees are receiving adequate opportunities to access gynaecology specialist clinics. Analysing the TEF data shows that there is a substantial proportion of trainees who do not feel that they are receiving enough opportunities to access specialist gynaecology clinics.

811/1747 (46.4% [cf 47.4% in 2017]) trainees strongly agree or agree that they have had the opportunity to attend specialist gynaecology clinics.

521/1747 (29.8% [cf 24.1% in 2017]) trainees either strongly disagreed or disagreed that they have had the opportunity to attend specialist gynaecology clinics.

306 (17.5%) trainees neither agreed nor disagreed.

<i>I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics)</i>	<i>Trainees (%) Total 1747</i>
Strongly agree	189 (10.8)
Agree	622 (35.6)
Neither agree or disagree	306 (17.5)
Disagree	377 (21.6)
Strongly disagree	144 (8.2)
N/A	109 (6.2)



Access to specialist gynaecology clinics: data by deanery

Northern Ireland deanery and East Midlands Deanery have performed well in providing opportunities for trainees to access the specialist gynaecology clinics. It should be noted that Northern Ireland also performed well in the 2017 TEF data.

London, West Midlands and Mersey Deaneries have performed poorly in providing their trainees with opportunities to attend specialist gynaecology clinics.

<i>Deanery/LETB</i>	<i>I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics)</i>	<i>Trainees (%) Total 1747</i>
East Mids n=89	Strongly agree	10 (11.2)
	Agree	42 (47.2)
	Neither agree or disagree	14 (15.7)
	Disagree	15 (16.9)
	Strongly disagree	5 (5.6)
	N/A	3 (3.4)



East of England n=108	Strongly agree	17 (15.9)
	Agree	39 (36.4)
	Neither agree or disagree	18 (16.8)
	Disagree	13 (12.1)
	Strongly disagree	11 (10.3)
	N/A	10 (9.3)
Kent Surrey Sussex n=91	Strongly agree	13 (14.3)
	Agree	36 (39.6)
	Neither agree or disagree	13 (14.3)
	Disagree	14 (15.4)
	Strongly disagree	10 (11.0)
	N/A	5 (5.5)
London N=375	Strongly agree	31 (8.3)
	Agree	136 (36.3)
	Neither agree or disagree	60 (16.0)
	Disagree	88 (23.5)
	Strongly disagree	40 (10.7)
	N/A	20 (5.4)
Mersey N=71	Strongly agree	5 (7.0)
	Agree	19 (26.8)
	Neither agree or disagree	17 (23.9)
	Disagree	21 (29.6)
	Strongly disagree	6 (8.5)
	N/A	3 (4.2)
North West N=123	Strongly agree	16 (13.0)
	Agree	30 (24.4)
	Neither agree or disagree	23 (18.7)
	Disagree	27 (22.0)
	Strongly disagree	13 (10.6)
	N/A	14 (11.4)
Northern N=85	Strongly agree	6 (7.1)
	Agree	36 (42.4)
	Neither agree or disagree	12 (14.2)
	Disagree	24 (28.4)
	Strongly disagree	1 (1.2)
	N/A	6 (7.1)
NI N=57	Strongly agree	9 (15.8)
	Agree	26 (45.6)
	Neither agree or disagree	6 (10.5)
	Disagree	5 (8.8)



	Strongly disagree	3 (5.3)
	N/A	8 (14.0)
Oxford N=62	Strongly agree	6 (9.7)
	Agree	18 (29.0)
	Neither agree or disagree	14 (22.6)
	Disagree	13 (21.0)
	Strongly disagree	7 (11.3)
	N/A	4 (6.5)
Peninsula N=32	Strongly agree	1 (3.1)
	Agree	14 (43.8)
	Neither agree or disagree	8 (25.0)
	Disagree	6 (18.8)
	Strongly disagree	3 (9.4)
	N/A	0 (0)
Scotland N=161	Strongly agree	20 (12.4)
	Agree	61 (37.9)
	Neither agree or disagree	24 (14.9)
	Disagree	37 (23.0)
	Strongly disagree	8 (5.0)
	N/A	11 (6.8)
Severn N=78	Strongly agree	9 (11.5)
	Agree	31 (39.7)
	Neither agree or disagree	17 (21.8)
	Disagree	16 (20.5)
	Strongly disagree	3 (3.8)
	N/A	2 (2.6)
Wales N=57	Strongly agree	3 (5.3)
	Agree	21 (36.8)
	Neither agree or disagree	13 (22.8)
	Disagree	12 (21.1)
	Strongly disagree	5 (8.8)
	N/A	3 (5.3)
Wessex N=71	Strongly agree	18 (25.4)
	Agree	27 (38.0)
	Neither agree or disagree	9 (12.7)
	Disagree	11 (15.5)
	Strongly disagree	1 (1.4)
	N/A	5 (7.0)
	Strongly agree	8 (6.2)

West Mids N=129	Agree	39 (30.2)
	Neither agree or disagree	25 (19.4)
	Disagree	38 (29.5)
	Strongly disagree	10 (7.8)
	N/A	9 (5.4)
Yorkshire N=159	Strongly agree	17 (10.7)
	Agree	47 (29.6)
	Neither agree or disagree	33 (20.8)
	Disagree	37 (23.3)
	Strongly disagree	18 (11.3)
	N/A	7 (4.4)

Access to specialist gynaecology clinics: data by ST year

As expected the ST1 trainees are appropriately accessing the specialist gynaecology clinics the least. And appropriately the ST4-7 trainees are the happiest trainees when accessing specialist gynaecology clinics. As expected the sub-speciality trainees are also happy with their attendance at specialist gynaecology clinics.

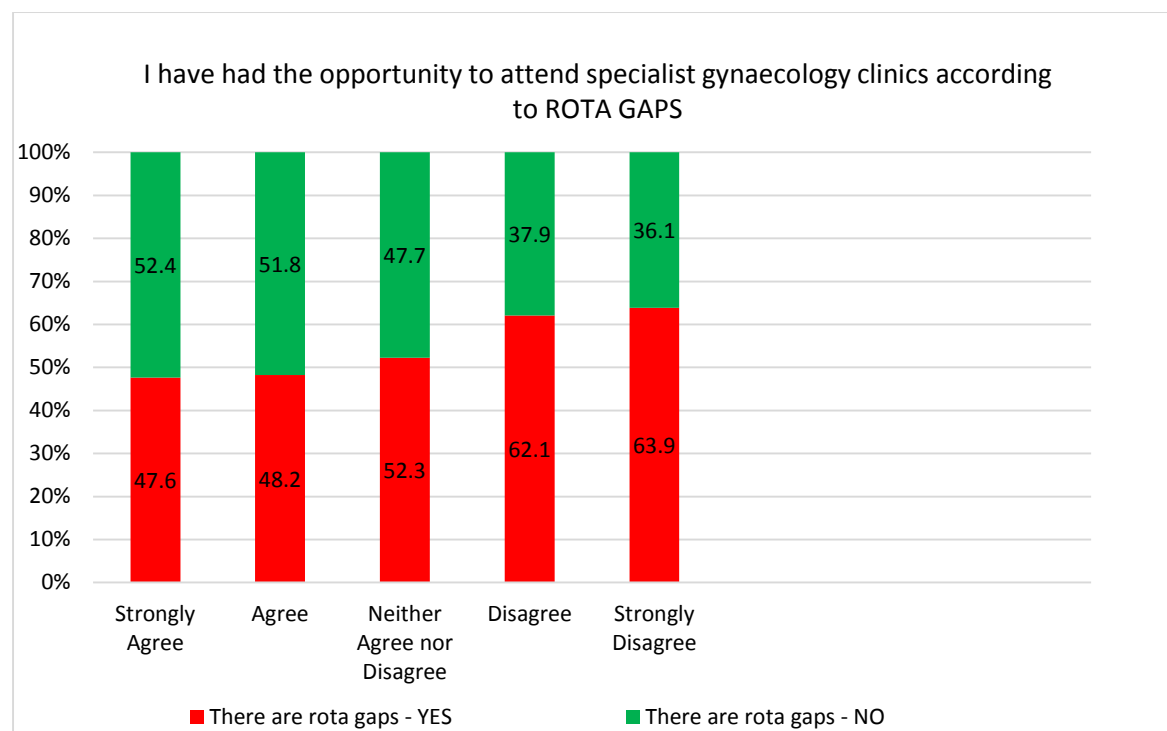
<i>ST year</i>	<i>I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics)</i>	<i>Trainees (%) Total 1747</i>
ST1 N=279	Strongly agree	19 (6.8)
	Agree	86 (30.8)
	Neither agree or disagree	53 (19.0)
	Disagree	77 (27.6)
	Strongly disagree	34 (12.2)
	N/A	10 (3.6)
ST2 N=268	Strongly agree	23 (8.6)
	Agree	103 (38.4)
	Neither agree or disagree	42 (15.7)
	Disagree	60 (22.4)
	Strongly disagree	34 (12.7)
	N/A	6 (2.2)
	Strongly agree	25 (10.9)
	Agree	84 (36.5)

ST3 N=230	Neither agree or disagree	40 (17.4)
	Disagree	58 (25.2)
	Strongly disagree	18 (7.8)
	N/A	5 (2.2)
ST4 N=219	Strongly agree	17 (7.7)
	Agree	93 (42.5)
	Neither agree or disagree	29 (13.2)
	Disagree	51 (23.3)
	Strongly disagree	24 (1.0)
	N/A	5 (2.3)
ST5 N=256	Strongly agree	22 (8.6)
	Agree	100 (39.1)
	Neither agree or disagree	51 (19.9)
	Disagree	63 (24.6)
	Strongly disagree	14 (5.5)
	N/A	6 (2.3)
ST6 N=199	Strongly agree	23 (11.6)
	Agree	72 (36.2)
	Neither agree or disagree	39 (19.6)
	Disagree	33 (16.6)
	Strongly disagree	14 (7.0)
	N/A	18 (9.0)
ST7 N=202	Strongly agree	37 (18.3)
	Agree	66 (32.7)
	Neither agree or disagree	44 (21.8)
	Disagree	26 (12.9)
	Strongly disagree	6 (3.0)
	N/A	23 (11.4)
SST N=62	Strongly agree	19 (30.6)
	Agree	8 (12.9)
	Neither agree or disagree	2 (3.2)
	Disagree	1 (1.6)
	Strongly disagree	0 (0)
	N/A	32 (51.6)
Other N=33	Strongly agree	4 (12.1)
	Agree	10 (30.3)
	Neither agree or disagree	6 (18.2)
	Disagree	8 (24.2)
	Strongly disagree	0 (0)
	N/A	5 (15.2)

Additional Analyses

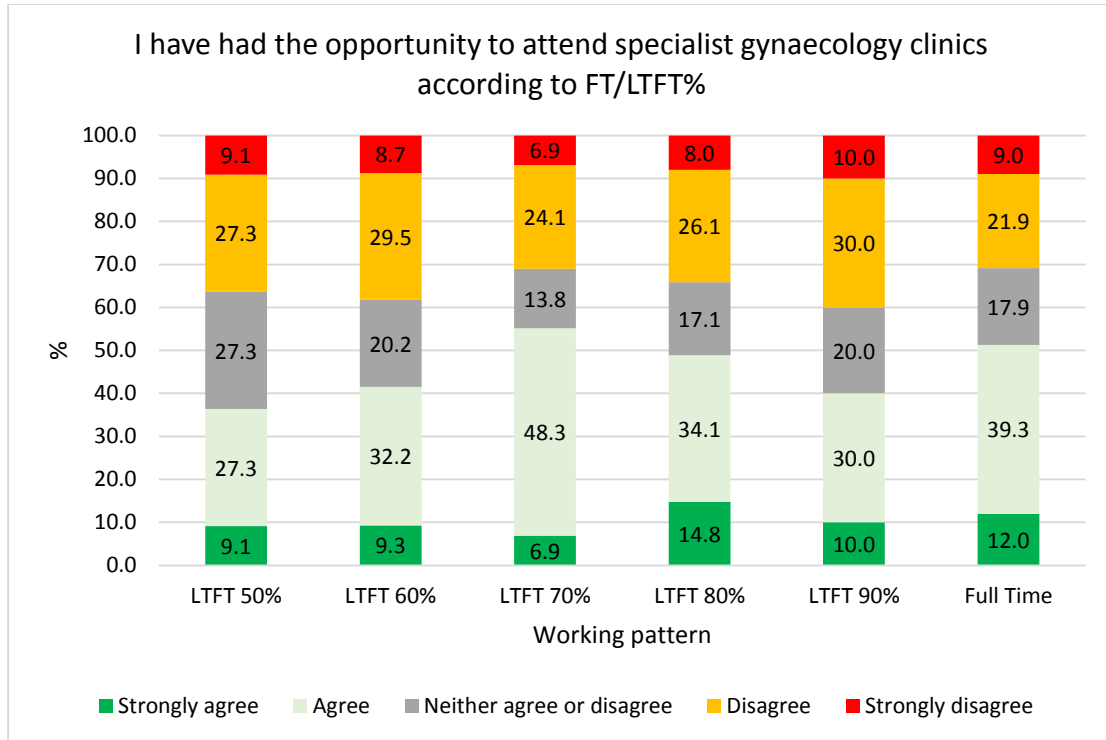
Access to specialist gynaecology clinics according to rota gaps

To ascertain whether rota gaps influence trainees' opportunities to access specialist gynaecological clinics, the TEF data was interrogated. It was found that the trainees were able to go to specialist gynaecology clinics when there was lower proportions of them that had a full rota with less gaps. Similarly, those trainees who have rota gaps where they work are more unlikely to be able to attend specialist clinics.



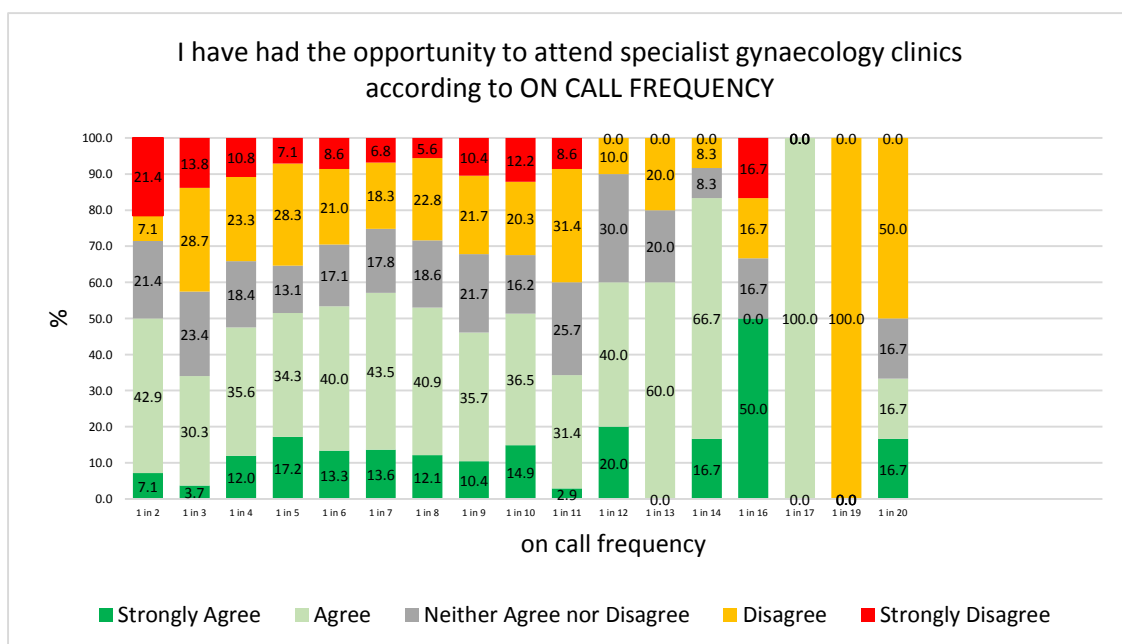
Access to specialist gynaecology clinics according to working pattern (FT/LTFT%)

To ascertain whether working patterns (FT/LTFT%) influence trainees' opportunities to access specialist gynaecological clinics, the TEF data was interrogated. It was found that the working pattern did not seem to influence whether trainees were able to go to specialist gynaecology clinics. One may have expected that those working LTFT would have less opportunities to attend than those working full time.



Access to specialist gynaecology clinics according to on call frequency

To ascertain whether on call frequency influence trainees’ opportunities to access specialist gynaecological clinics, the TEF data was interrogated. It was found that the trainees were more likely to be able to access specialist gynaecology clinics the lower their frequency of on call. As the on call frequency increased, the likelihood of trainees accessing specialist gynaecological clinics diminished. This is to be expected with higher on call frequencies meaning more compensatory rest and reduced opportunities to attend specialist gynaecology clinics.



II. Access to specialist antenatal clinics

TEF Question 3.10: I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)

Overall data

This question directly addresses the question of whether RCOG trainees are receiving adequate opportunities to access specialist antenatal clinics. Analysing the TEF data, the majority of trainees feel that they are accessing specialist antenatal clinics enough. **1049/1754 (59.8% [cf 62.4% in 2017]) trainees strongly agree or agree that they have had the opportunity to attend specialist antenatal clinics.**

521/1747 (10.6% [cf 12.7% in 2017]) trainees either strongly disagreed or disagreed that they have had the opportunity to attend specialist antenatal clinics.

248 (14.1%) trainees neither agreed nor disagreed.

There is no clear definition of a specialist antenatal clinic. Almost all maternity services will have some specialist clinics (for example diabetic ANC) and the results could be interpreted more accurately if a clearer description was included.

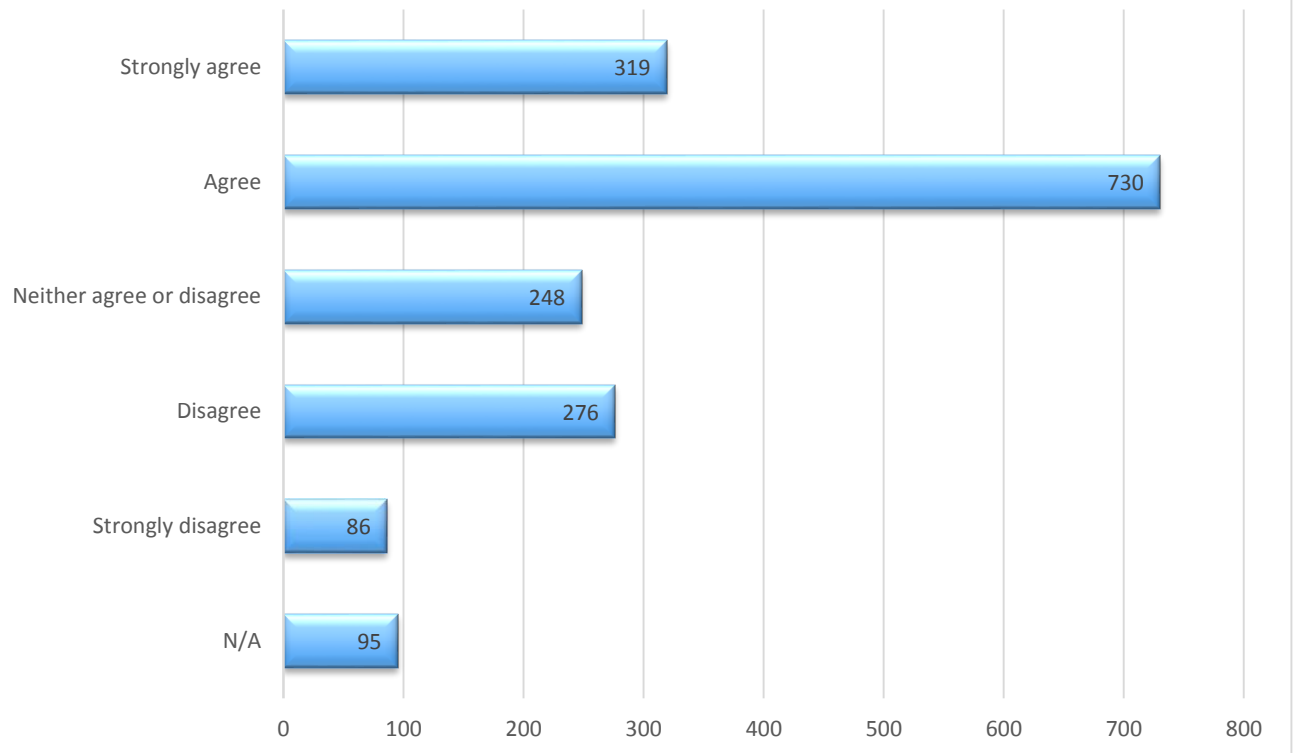
<i>I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)</i>	<i>Trainees (%) Total 1754</i>
Strongly agree	319 (18.2)
Agree	730 (41.6)
Neither agree or disagree	248 (14.1)
Disagree	276 (15.7)
Strongly disagree	86 (4.9)
N/A	95 (5.4)

Access to specialist antenatal clinics: data by deanery

Peninsula and Northern Deaneries have performed well in providing opportunities for trainees to access the specialist antenatal clinics.

London, Yorkshire and Mersey Deaneries have performed poorly in providing their trainees with opportunities to attend specialist antenatal clinics.

I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)



Deanery/LETB	<i>I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)</i>	<i>Trainees (%) Total 1754</i>
East Mids n=89	Strongly agree	16 (18.0)
	Agree	40 (44.9)
	Neither agree or disagree	13 (14.6)
	Disagree	12 (13.5)
	Strongly disagree	6 (6.7)
	N/A	2 (2.2)
East of England n=108	Strongly agree	29 (26.9)
	Agree	36 (33.3)
	Neither agree or disagree	11 (10.2)
	Disagree	19 (17.6)
	Strongly disagree	6 (5.6)
	N/A	7 (6.5)
	Strongly agree	19 (20.9)
	Agree	45 (49.5)



Kent Surrey Sussex n=91	Neither agree or disagree	10 (11.0)
	Disagree	10 (11.0)
	Strongly disagree	4 (4.4)
	N/A	3 (3.3)
London N=378	Strongly agree	57 (15.1)
	Agree	150 (39.7)
	Neither agree or disagree	64 (16.9)
	Disagree	70 (18.5)
	Strongly disagree	22 (5.8)
	N/A	15 (4.0)
Mersey N=71	Strongly agree	10 (14.1)
	Agree	25 (35.2)
	Neither agree or disagree	11 (15.5)
	Disagree	14 (19.7)
	Strongly disagree	6 (8.5)
	N/A	5 (7.0)
North West N=123	Strongly agree	21 (17.1)
	Agree	47 (38.2)
	Neither agree or disagree	15 (12.2)
	Disagree	18 (14.6)
	Strongly disagree	9 (7.3)
	N/A	13 (10.6)
Northern N=85	Strongly agree	16 (18.8)
	Agree	47 (55.3)
	Neither agree or disagree	9 (10.6)
	Disagree	8 (9.4)
	Strongly disagree	0 (0)
	N/A	5 (5.9)
NI N=57	Strongly agree	13 (22.8)
	Agree	23 (40.4)
	Neither agree or disagree	6 (10.5)
	Disagree	7 (12.3)
	Strongly disagree	2 (3.5)
	N/A	6 (10.5)
Oxford N=63	Strongly agree	14 (22.2)
	Agree	25 (39.7)
	Neither agree or disagree	10 (15.9)
	Disagree	9 (14.3)
	Strongly disagree	2 (3.2)
	N/A	3 (4.8)

Peninsula N=32	Strongly agree	8 (25.0)
	Agree	15 (46.9)
	Neither agree or disagree	3 (9.4)
	Disagree	3 (9.4)
	Strongly disagree	2 (6.3)
	N/A	1 (3.1)
Scotland N=161	Strongly agree	32 (19.9)
	Agree	73 (45.3)
	Neither agree or disagree	29 (18.0)
	Disagree	15 (9.3)
	Strongly disagree	3 (1.9)
	N/A	9 (5.6)
Severn N=79	Strongly agree	16 (20.3)
	Agree	35 (44.3)
	Neither agree or disagree	9 (11.4)
	Disagree	10 (12.7)
	Strongly disagree	4 (5.1)
	N/A	5 (6.3)
Wales N=57	Strongly agree	11 (19.3)
	Agree	22 (38.6)
	Neither agree or disagree	4 (7.0)
	Disagree	12 (21.1)
	Strongly disagree	3 (5.3)
	N/A	5 (8.8)
Wessex N=71	Strongly agree	16 (22.5)
	Agree	28 (39.4)
	Neither agree or disagree	9 (12.7)
	Disagree	10 (14.1)
	Strongly disagree	2 (2.8)
	N/A	6 (8.5)
West Mids N=129	Strongly agree	24 (18.6)
	Agree	54 (41.9)
	Neither agree or disagree	20 (15.5)
	Disagree	21 (16.3)
	Strongly disagree	5 (3.9)
	N/A	5 (3.9)
Yorkshire	Strongly agree	17 (10.6)
	Agree	65 (40.6)
	Neither agree or disagree	25 (15.6)

N=160	Disagree	38 (23.8)
	Strongly disagree	10 (6.3)
	N/A	5 (3.1)

Access to specialist antenatal clinics: data by ST year

Similarly to access to specialist gynaecology clinics, as expected the ST1 trainees do not feel that they have access to the specialist antenatal clinics. The ST2-ST5 trainees seem to be fairly content with their access to specialist antenatal clinics. Appropriately and expectedly the ST6-7 trainees as well as the sub-specialist trainees are gaining good access to the specialist antenatal clinics.

It should be noted that the question does not evaluate the type of specialist clinic. It only clarifies that the specialist antenatal clinics are either maternal or fetal medicine clinics. Some trainees may well class GDM clinics to be specialist maternal medicine clinics whereas others may class epilepsy clinics to be specialist antenatal clinics.

<i>ST year</i>	<i>I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)</i>	<i>Trainees (%) Total 1754</i>
ST1 N=279	Strongly agree	26 (9.3)
	Agree	117 (41.9)
	Neither agree or disagree	39 (14.0)
	Disagree	68 (24.4)
	Strongly disagree	23 (8.2)
	N/A	6 (2.2)
ST2 N=268	Strongly agree	43 (16.0)
	Agree	116 (43.3)
	Neither agree or disagree	44 (16.4)
	Disagree	41 (15.3)
	Strongly disagree	20 (7.5)
	N/A	4 (1.5)
ST3 N=230	Strongly agree	40 (17.4)
	Agree	111 (48.3)
	Neither agree or disagree	25 (10.9)
	Disagree	43 (18.7)
	Strongly disagree	8 (3.5)
	N/A	3 (1.3)
	Strongly agree	33 (15.1)

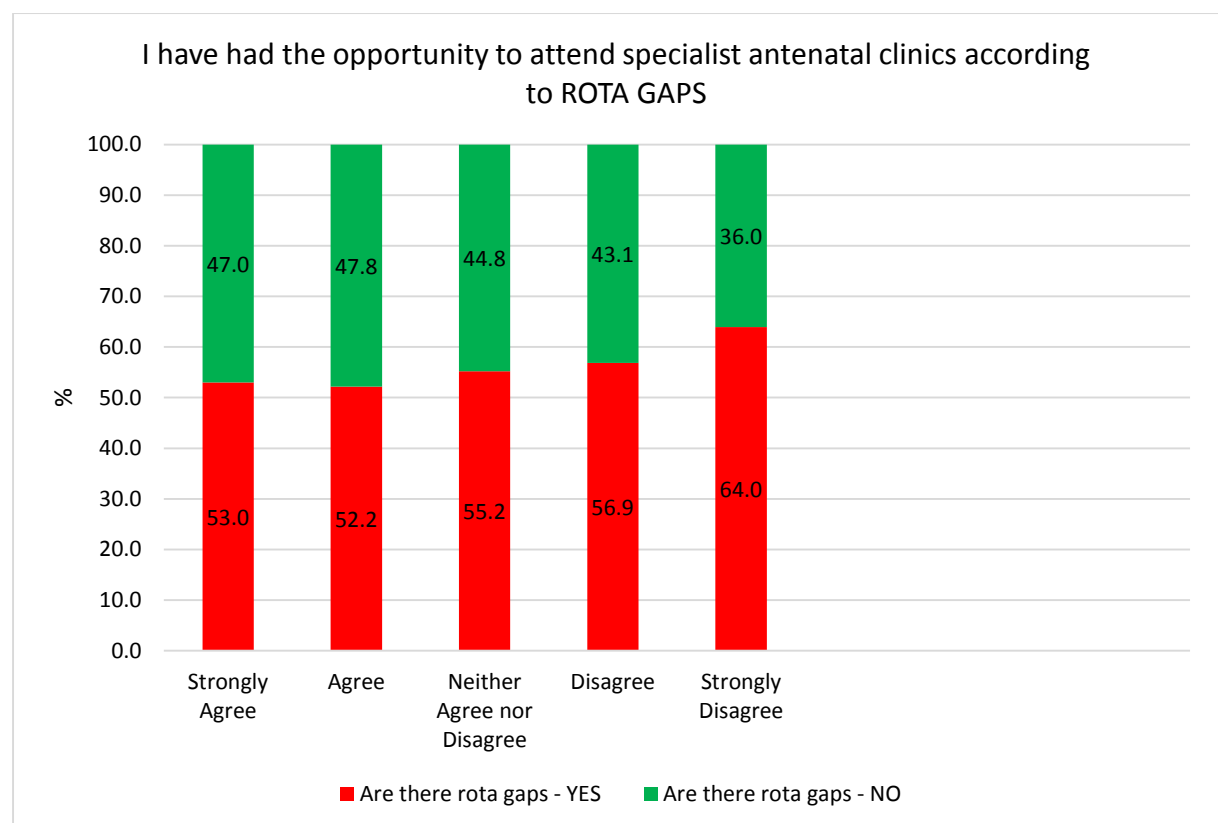
ST4 N=219	Agree	95 (43.4)
	Neither agree or disagree	37 (16.9)
	Disagree	36 (16.4)
	Strongly disagree	12 (5.5)
	N/A	6 (2.7)
ST5 N=256	Strongly agree	48 (18.8)
	Agree	109 (42.6)
	Neither agree or disagree	36 (14.1)
	Disagree	44 (17.2)
	Strongly disagree	11 (4.3)
	N/A	8 (3.1)
ST6 N=199	Strongly agree	47 (23.6)
	Agree	73 (36.7)
	Neither agree or disagree	35 (17.6)
	Disagree	27 (13.6)
	Strongly disagree	5 (2.5)
	N/A	12 (6.0)
ST7 N=202	Strongly agree	56 (27.7)
	Agree	88 (43.6)
	Neither agree or disagree	27 (13.4)
	Disagree	11 (5.4)
	Strongly disagree	5 (2.5)
	N/A	15 (7.4)
SST N=68	Strongly agree	19 (27.9)
	Agree	10 (14.7)
	Neither agree or disagree	0 (0)
	Disagree	1 (1.5)
	Strongly disagree	0 (0)
	N/A	38 (55.9)
Other	Strongly agree	7 (21.2)
	Agree	11 (33.3)
	Neither agree or disagree	5 (15.2)

N=33	Disagree	5 (15.2)
	Strongly disagree	2 (6.1)
	N/A	3 (9)

Additional Analyses

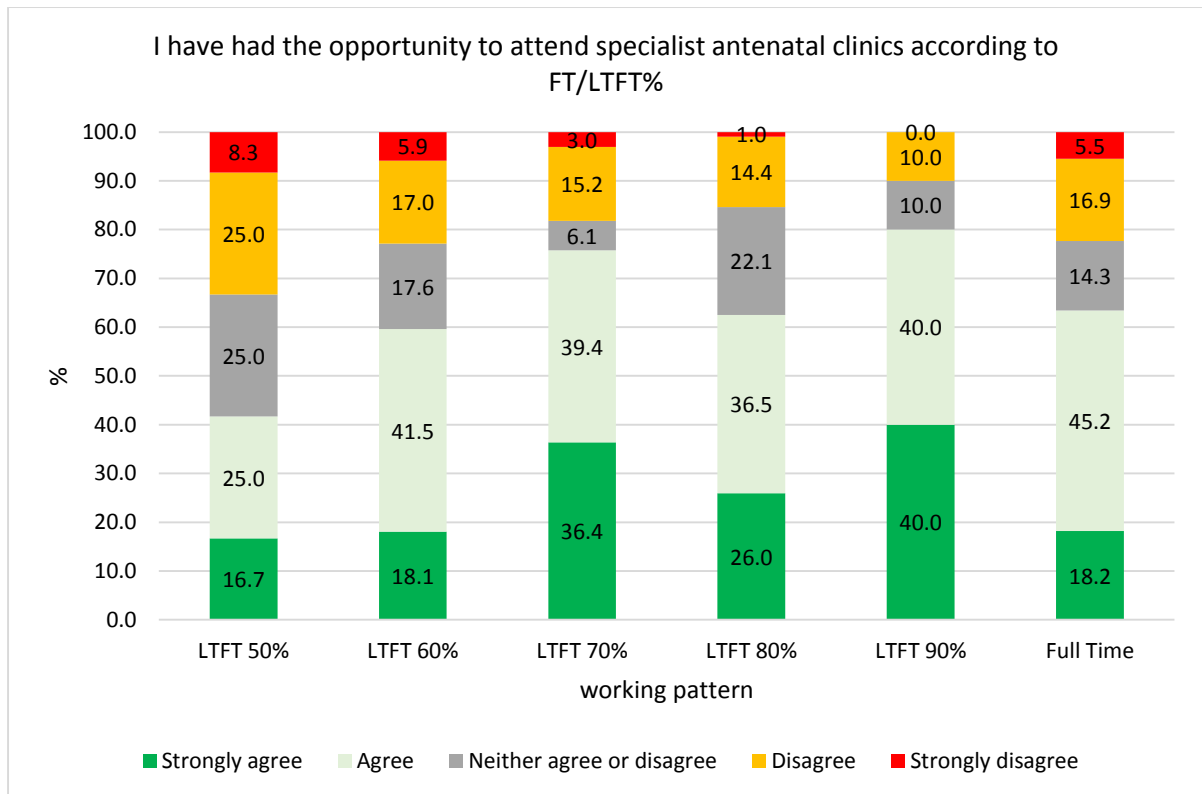
Access to specialist antenatal clinics according to rota gaps

To ascertain whether rota gaps influence trainees' opportunities to access specialist antenatal clinics, the TEF data was interrogated. It was found that the trainees were able to go to specialist antenatal clinics when there was lower proportions of them that had a full rota with less gaps. Similarly, those trainees who have rota gaps where they work are more unlikely to be able to attend specialist clinics.



Access to specialist antenatal clinics according to working pattern (FT/LTFT%)

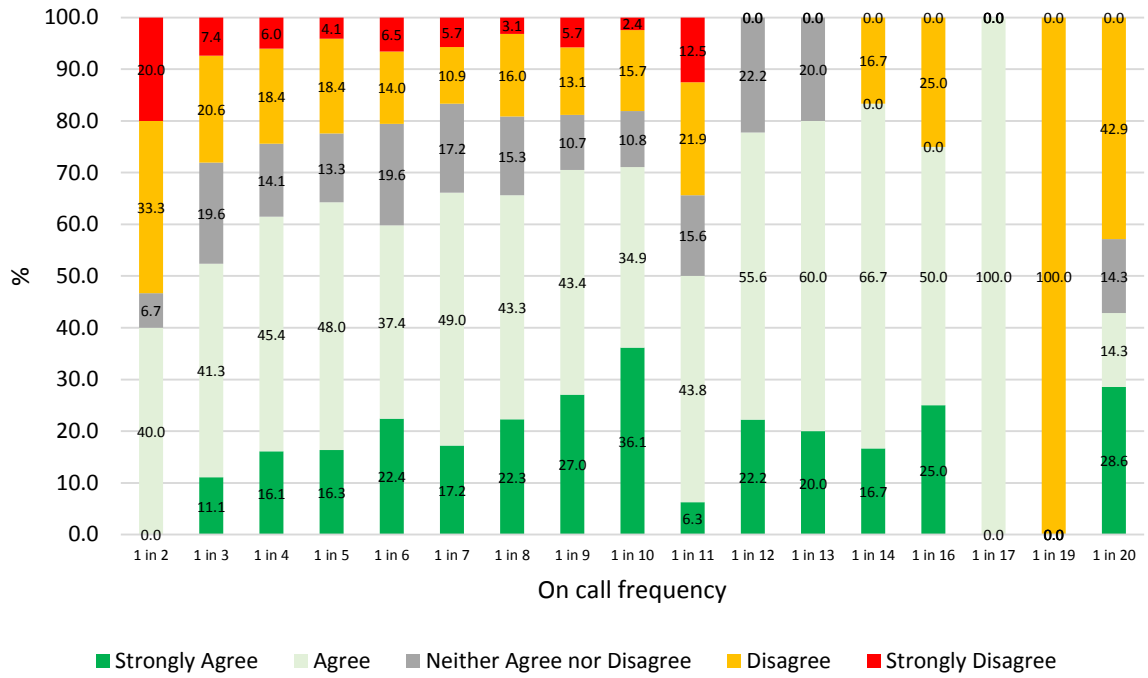
To ascertain whether working patterns (FT/LTFT%) influence trainees' opportunities to access specialist antenatal clinics, the TEF data was interrogated. It was found that the working pattern did not seem to influence whether trainees were able to go to specialist antenatal clinics. One may have expected that those working LTFT would have less opportunities to attend than those working full time.



Access to specialist antenatal clinics according to on call frequency

To ascertain whether on call frequency influence trainees' opportunities to access specialist antenatal clinics, the TEF data was interrogated. It was found that the trainees were more likely to be able to access specialist antenatal clinics the lower their frequency of on call. As the on call frequency increased, the likelihood of trainees accessing specialist antenatal clinics diminished. This is to be expected with higher on call frequencies meaning more compensatory rest and reduced opportunities to attend specialist antenatal clinics.

I have had the opportunity to attend specialist antenatal clinics according to ON CALL FREQUENCY



Conclusions

Overall, the Training Evaluation Form (TEF) data shows that access to specialist clinics is provided to the bulk of trainees.

There has been little change in the access to specialist clinics nationwide since 2016. There is a requirement to still improve access to specialist clinics in certain Deaneries in the UK.

More trainees seem to be able to access specialist antenatal clinics in comparison to specialist gynaecology clinics. This data are similar to what was found in 2017. This may well reflect the nature of service provision, with antenatal clinics (whether they be specialist or not) requiring adequate service coverage for them to function. In contrast, specialist infertility, gynae-oncology clinics and urogynaecology clinics are being better accessed and covered by advanced trainees undertaking ATSMs or subspeciality training.

Importantly, access to specialist gynaecology and antenatal clinics may be limited by the presence of rota gaps and higher frequency on call frequency. Working pattern does not seem to influence access to specialist clinics.

Recommendations

1. Discussion amongst Heads of School and College Tutors in each deanery will encourage improvement.
2. RCOG could inform the poorer performing deaneries highlighted in this report to try and increase their access to specialist clinics to their trainees. Lessons could be learnt from the high performing deaneries.
3. Access to specialist clinics is an important indicator for each Trust and region. Importantly, performing well in providing specialist clinics is likely to improve the overall morale and experience of trainees, who will feel empowered to develop their own careers and to complete their RCOG Training Matrix modules.

Suggestions for changes to TEF questions

Additional examples of specialist obstetric clinics to include diabetic antenatal clinic. This was also suggested in 2017.

Perhaps the question should be the number of times that the trainee has access specialist gynaecological or antenatal clinics rather than, "I have had the chance to.....".

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