

2018 Training Data Analysis

Topic: ATSM/APM training

Background

In the last two years of the training programme, trainees undertake Advanced Training Skills Modules (ATSMs) to develop the high-level skills they will need for a consultant post in their specialist area of interest. Trainees are advised that the majority of consultant jobs in the future will have a significant obstetric component and it is therefore recommended that they have a minimal level of competence on labour ward. It is intended that ATSMs are delivered within the normal working week during normal service hour commitments and only rarely should time be ring-fenced for completion of the modules. ATSM Educational Supervisors undertake the day-to-day, hands-on training of trainees in any aspect of the curriculum and should have the clinical skill in the area being taught. ATSM Preceptors are responsible for the deanery-wide provision and quality control of their ATSM. They ensure the appropriate educational support is provided and assessments are performed. Where the ATSM requires course attendance, the ATSM Preceptor decides which courses are suitable, with reference to the relevant course syllabus. ATSM Directors are responsible for all ATSMs within their deanery, including the standard and delivery of training. The ATSM Director coordinates trainee attachments to ensure all trainees fulfil their ATSM requirements. The ATSM Director acts as the link between the deanery and the RCOG and must sign all ATSM registration forms. Non-trainees who are eligible can also register for ATSMs with the support of local trainers ensuring that there is no adverse impact on trainees.

In April 2018, the RCOG introduced changes to the delivery of the obstetric ATSMs. The advanced labour ward practice, maternal medicine, fetal medicine, labour ward lead and advanced antenatal care modules have been re-written and restructured so as to avoid duplication with the core curriculum and other ATSMs. As the 2018 TEF was completed prior to these changes, the results will reflect the old curriculum.

Training Issues/Questions

Do trainees have two protected weekly sessions for completion of their ATSM?

Do trainees feel they will achieve level 3 competences?

Do trainees feel supported by their supervisors?

Are they satisfied with the training provided in their current unit?

Analysis

In the 2018 TEF analysis there were 431 responses to the ATSM questions. There were 216 trainees at ST6 and 236 at ST7. In total there were 671 ATSM registrants indicating a significant number of registrants who were either in their Period of Grace or who were not trainees. Such doctors did not receive the survey.

Of the trainees registered for ATSMs, the most popular ATSM is advanced labour ward practice (365 trainees – 82.5% of all ST6/7) followed by benign abdominal surgery (open and laparoscopic) with 87 trainees (19%), acute gynaecology and early pregnancy (61 trainees - 13%). Benign gynaecological surgery: hysteroscopy was undertaken by 11% of trainees and then about 10% trainees registered for either urogynaecology and vaginal surgery & Maternal medicine. Advanced antenatal care, Fetal medicine, Oncology, Subfertility each have about 8-9% of trainees registered. A small number undertake Advanced laparoscopic surgery (3%), Labour ward lead (5%), Medical education (4%) and Abortion care (3%). Colposcopy, Vulval disease, Menopause, Sexual health and Paediatric & Adolescent gynaecology remain minority ATSMs with less than 1% of trainees. There were no trainees registered for forensic gynaecology this year.

TEF analysis of ATSMs

For the analysis, the total number of trainees for each ATSM were taken as those who responded to question 1 of the survey. Not all trainees who said they were doing the ATSM then gave feedback for the remaining of the survey. The response rate was taken as the number of trainees who then gave feedback to the remaining TEF questions. When assessing if trainees were able to get 2 ATSM sessions/gain level 3 competencies/recommend their unit, the results reflect responses that scored 'strongly agree' or 'agree'.

Abortion care (n=11)

There has been an increase in the number of trainees registered for this ATSM compared to 2017 (n=4). Of the 11 trainees who registered, 73% responded to the TEF survey. 63% were getting 2 protected sessions for ATSM. 75% felt they were able to achieve level 3 competencies. Overall 88% will recommend their unit for training in this ATSM.

Acute gynaecology and early pregnancy (n=61)

There has been a small increase in the number of trainees registered for this ATSM compared to 2017. Out of the 61 trainees who registered, 80% responded to TEF survey. Most of the respondents had their induction meeting. 56% were regularly getting 2 protected sessions for ATSM training. The main reasons provided for this were rota gaps and needing to cover essential services. 52% of trainees felt they were able to achieve level 3 competencies. 70% would recommend their unit for training in this ATSM.

Advanced antenatal practice (n=30)

The number of trainees undertaking this ATSM has decreased slightly compared to 2017. Of the 30 trainees who registered, 90% responded to TEF survey. Trainees have induction meetings and have their clinical skills assessed but only 40% get 2 sessions a week for their ATSM. 70% were able to gain level 3 competencies and 74% would recommend their unit for training in this ATSM.

Advanced Labour Ward Practice (n=365)

The number of trainees who registered for this ATSM has increased This is likely to reflect the trend that most consultant jobs advertised require evidence of competence in the management of labour ward. The response rate for this ATSM is 88%. Majority of trainees have had an induction meeting with their ATSM supervisor where their clinical skills and competence were assessed. 56% were able to get 2 ATSM sessions a week. 68% felt they were able to achieve level 3 competencies. Overall the trainees were satisfied with the provision of this ATSM with 81% recommending the unit that they are training in.

Advanced laparoscopic surgery for excision of benign disease (n=13)

There was a 92% response rate of trainees for this ATSM module. 75% are getting 2 ATSM sessions a week. However, compared to 2017, there has been a significant decrease in the number of trainees stating they are gaining level 3 competencies. Only 33% gave a positive response compared to 90% in 2017. Trainees have stated in the feedback that increased rota gaps, winter pressures and cancellation of elective lists have impacted on their training. Despite this 75% recommend their unit for training in this ATSM.

Benign abdominal surgery - open and laparoscopic (n=87)

There has been an increase in the number of trainees registered for this ATSM compared to 2017 and an 89% response rate. The majority of trainees either strongly agree or agree they have been adequately supported with induction meetings where their skills have been assessed, they attend clinic frequently and have sufficient supervision for operating. However, only 57% were getting 2 ATSM sessions with 46% feeling that they are able to gain level 3 competencies. Winter pressures and rota gaps were again cited as reason for gaps in training. 68% would recommend their unit for training in this ATSM.

Benign gynaecological surgery –hysteroscopy (n=48)

The number of trainees registered for this ATSM has increased since 2017. TEF response rate was 88%. Trainees agreed that their induction meeting took place with assessment of their skills and competence. There was adequate supervision and sufficient caseload, however only 26% were getting 2 ATSM sessions a week. There was variable opportunity to attend clinic, operate and uncertainty whether they would achieve level 3 competencies. Only 43% felt positive that they were able to achieve level 3 competencies. Despite this 64% would recommend their unit for training in this ATSM.

Colposcopy (n=6)

The number of trainees registered for this ATSM has decreased compared to 2017. Response rate was 83%. Trainees feel well supported by their supervisors and have had induction meetings which assess their clinical competence. They are divided in their response to whether they have adequate clinic opportunities and being able to achieve level 3 competencies. None of the trainees reported being able to have 2 protected ATSM session a week. Overall 80% recommend their unit for training in this ATSM.

Fetal medicine (n=31)

The number of trainees for this ATSM has increased since 2017. TEF response rate was 97%. Trainees had induction meetings and were able to meet with their trainers regularly. 60% were able to get 2 ATSM sessions a week and 53% felt they could achieve level 3 competencies. 87% will recommend their unit for training in this ATSM.

Labour ward lead (n=20)

There has been an increase in the number of trainees registered for this ATSM compared to 2017. The response rate was 95%. Trainees agree they have good supervision, access to clinical and operating sessions 37% were getting 2 ATSM sessions. Rota gaps were the most commonly cited reason. 58% felt they could achieve level 3 competencies and 63% recommend this ATSM in the unit they are training in.

Maternal medicine (n=51)

The number of trainees registered for this ATSM has increased since 2017. The response rate for this ATSM was 86%. They were able to have induction meetings and had good supervision. Trainees were able to have induction meeting and had regular meetings with their supervisor. 66% were able to get 2 ATSM sessions a week. 77% were able to gain level 3 competencies. 84% will recommend this ATSM in their current training unit.

Medical education (n=18)

The number of trainees registered for this ATSM has remained the same. The response rate was 74%. Trainees report induction meetings where their competencies and skills are assessed and have regular meetings with their ATSM supervisor. 36% were getting 2 ATSM sessions a week and 42% were able to achieve level 3 competencies. The feedback for clinical supervision in this ATSM has improved this year. Overall the feedback is positive and 71% would recommend this ATSM in their unit.

Menopause (n=7)

There is a small increase in the number of trainees. The response rate for this ATSM is 60%. Trainees are generally satisfied with 80% getting 2 ATSM sessions a week and being able to achieve level 3 competencies. 80% would recommend their unit for training.

Paediatric and Adolescent gynaecology (n=2)

This is a minority ATSM with only 2 trainees registered for this. Out of these only 1 provided feedback. The feedback obtained was overall very positive.

Oncology (n=40)

There has been a small decrease in the number of trainees for this ATSM. The response rate was 82%. Overall, Trainees are satisfied with their experience in this ATSM. They have sufficient access to clinic and surgical training; they are well supervised. They have regular meetings with their ATSM supervisors and have induction meetings where their skills and competencies are evaluated. 75% were able to have 2 ATSM sessions a week. 60% felt they were able to achieve level 3 competencies. 73% were happy to recommend the unit where they trained.

Sexual health (n=5)

There has been a slight increase in the number of trainees registered for this ATSM. The response rate was 100%. Unlike last year where most trainees were ambivalent about their training, in 2018, the feedback was positive in all areas.

Subfertility and reproductive health (n=37)

There has been a slight increase in the number of trainees registered for this ATSM. The response rate is 86%. They are adequately supervised, with access to clinic and surgical training. They have regular meetings with their ATSM supervisors and induction meetings occur with evaluation of their skills and competencies. 59% were able to have 2 ATSM sessions a week with similar numbers reporting they are able to achieve level 3 competencies. 59% would recommend their unit for the ATSM.

Urogynaecology and vaginal surgery (n=43)

There is an increase in number of trainees choosing this ATSM. The response rate was 84%. Trainees report sufficient caseload for their training with good supervision and access to clinic and surgical training. They meet with their ATSM supervisor regularly and induction meetings are held with assessment of past competence and skills. 61% were able to get 2 sessions a week for their ATSM and 50% felt they were able to gain level 3 competencies. Feedback obtained included rota gaps contributing to difficulties although the national controversy over mesh surgery could be a contributing factor despite the ban on the use of mesh coming after this survey was completed. 81% would recommend the unit they are training in.

Vulval disease (n=3 respondents)

There were fewer trainees registered in 2018 compared to 2017. 2 of the 3 trainees gave feedback. Overall the response to this ATSM is very positive.

Forensic Gynaecology n=0

Conclusions

The advanced labour ward ATSM remains the most popular ATSM with a large number of trainees undertaking this. We asked the question last year if this should remain a standalone ATSM or be incorporated into the core curriculum. Changes to the obstetric ATSMs were introduced in April 2018 to reduce duplication of competencies between core curriculum and labour ward ATSM. These will not be reflected in this analysis and we anticipate that the TEF for 2019 will reflect how trainees feel about the new curriculum.

From the survey it appears that Induction meetings with assessment of competences and training needs are taking place appropriately. For the majority of the ATSMs, trainees find it difficult to have 2 protected sessions a week. The most commonly reported reason is staff shortages due to existing rota gaps. This is more notable this year than last and Winter pressures across the NHS with subsequent cancellation of elective operating lists could have also negatively impacted on the provision of ATSM training particularly in those modules that include gynaecological surgery. This may also be accounting for trainees not achieving the required level 3 competencies.

According to the TEF responses, there were 121 trusts where trainees had registered for ATSM. In 29 of these trusts (24%) there were no rota gaps. In 50% of these 29 trusts, trainees recorded no concerns with getting ATSM sessions and would recommend the unit that they are in. Even when rota gaps are filled, trainees report having difficulties with gaining time for ATSMs as a result of having to cover other essential services or that their rota pattern means they miss out on sessions. We attempted to look at the frequency of on-call pattern and whether it might impact on provision of ATSM training. However, it was difficult to make a meaningful interpretation as within the same trusts, trainees were reporting different frequency of on-call pattern.

The TEF specifically asked about access to 2 protected sessions for an ATSM and yet College guidance suggests that ATSM competences should be obtained within the normal working week. With these increasing pressures it is even more important that trainees and their Educational Supervisors meet regularly to ensure that the weekly timetable meets the trainee's needs and that competences are gained. This is particularly the case with the ATSM for advanced laparoscopic surgery which does require protected operating and clinic time. Trainees should meet with their educational supervisor at the beginning of each rotation to determine how their timetable might be best arranged.

It is reassuring to see that sexual health module which was receiving poor feedback from trainees in the last TEF has now improved with most trainees being positive about their experience. There are still very small numbers of trainees undertaking ATSMs in colposcopy, vulval disease, menopause, paediatric and adolescent gynaecology. No trainees registered for the forensic gynaecology module. Perhaps these ATSMs are less popular because they are rarely required for consultant posts.

Such modules may fit together to form an “office gynaecology” module although the colposcopy numbers are likely to be low due to the coexistence of BSCCP accreditation which more trainees undertake.

Recommendations

1. It remains contentious if advanced labour ward should be a standalone ATSM or incorporated into the core curriculum. Next year’s TEF Survey may give a clearer idea of trainees’ views regarding this.
2. There is a need to review middle grade rota gaps across the UK as it appears to be impacting on trainees receiving their training sessions. However, it remains the trainee’s responsibility to have an agreed and achievable training plan with their educational supervisor at the beginning of their rotation. This should be reviewed at regular intervals to ensure that competencies are achieved at a required rate. It should be agreed at their induction meeting the reasonable number of sessions that a trainee can expect to achieve over a stated period of time.

Suggestion for GMC survey program specific questions (PSQs)

Since the GMC survey only publishes analysis where 3 or more trainees in a unit have responded it is unlikely that any ATSM specific questions will be relevant.

Suggestions for changes to TEF questions

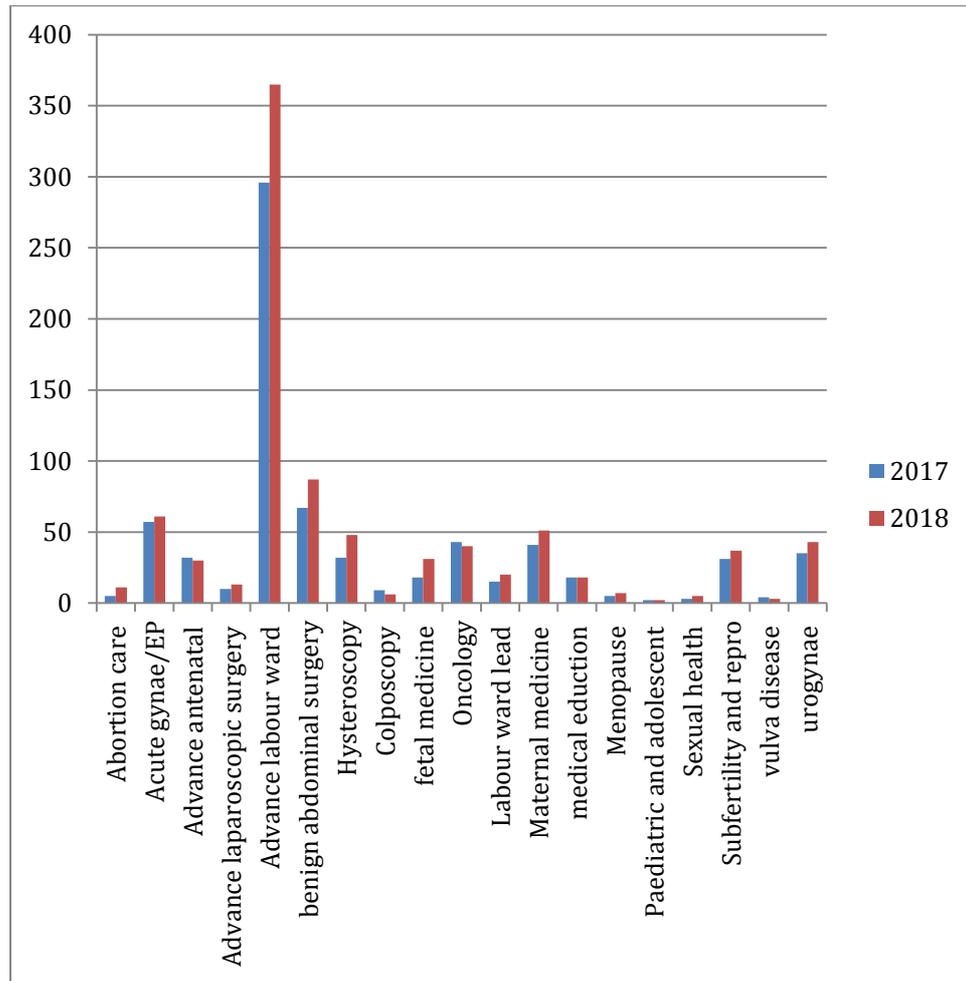
‘Neither agree or disagree’

There is a need to review the inclusion of this option in the TEF. In some cases such as Question 1 where trainees were asked if they were able to have an induction meeting, this question is irrelevant, as one would either have had or not have an induction meeting. The question about 2 protected weekly sessions could be rephrased to ask how many sessions a trainee is getting a week. Otherwise it would probably be most appropriate to leave the questions for 2019 so that the effect of the changes to the modules can be appreciated.

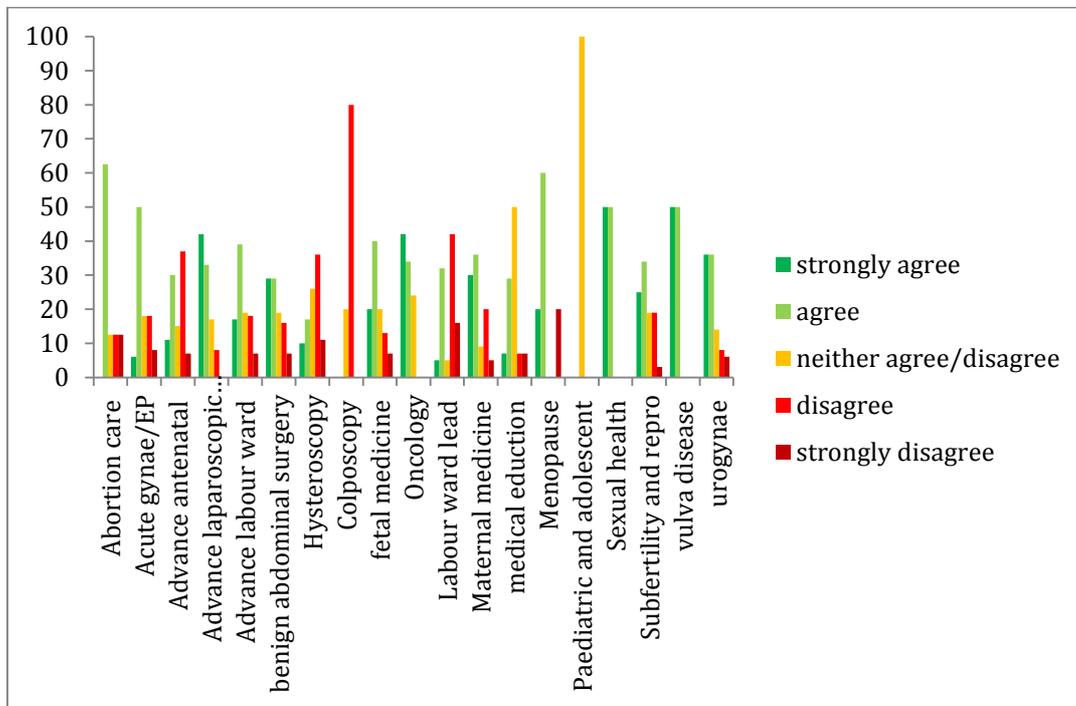
Authors

Dr Andrea Liu
Mrs Sarah Reynolds

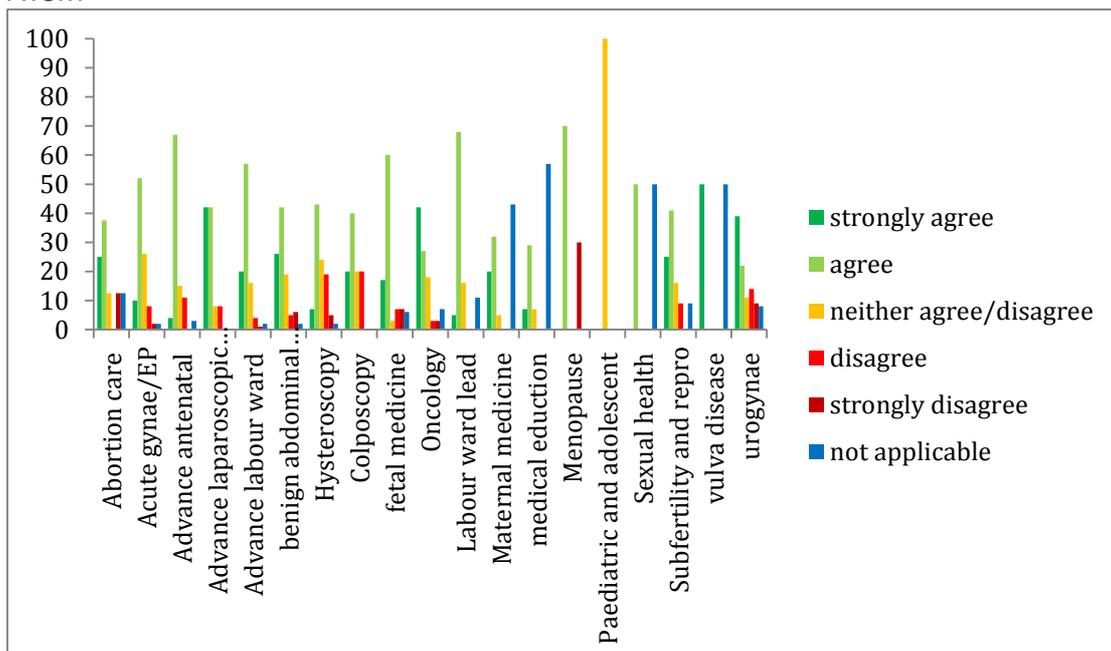
Comparison of number of trainees by ATSM



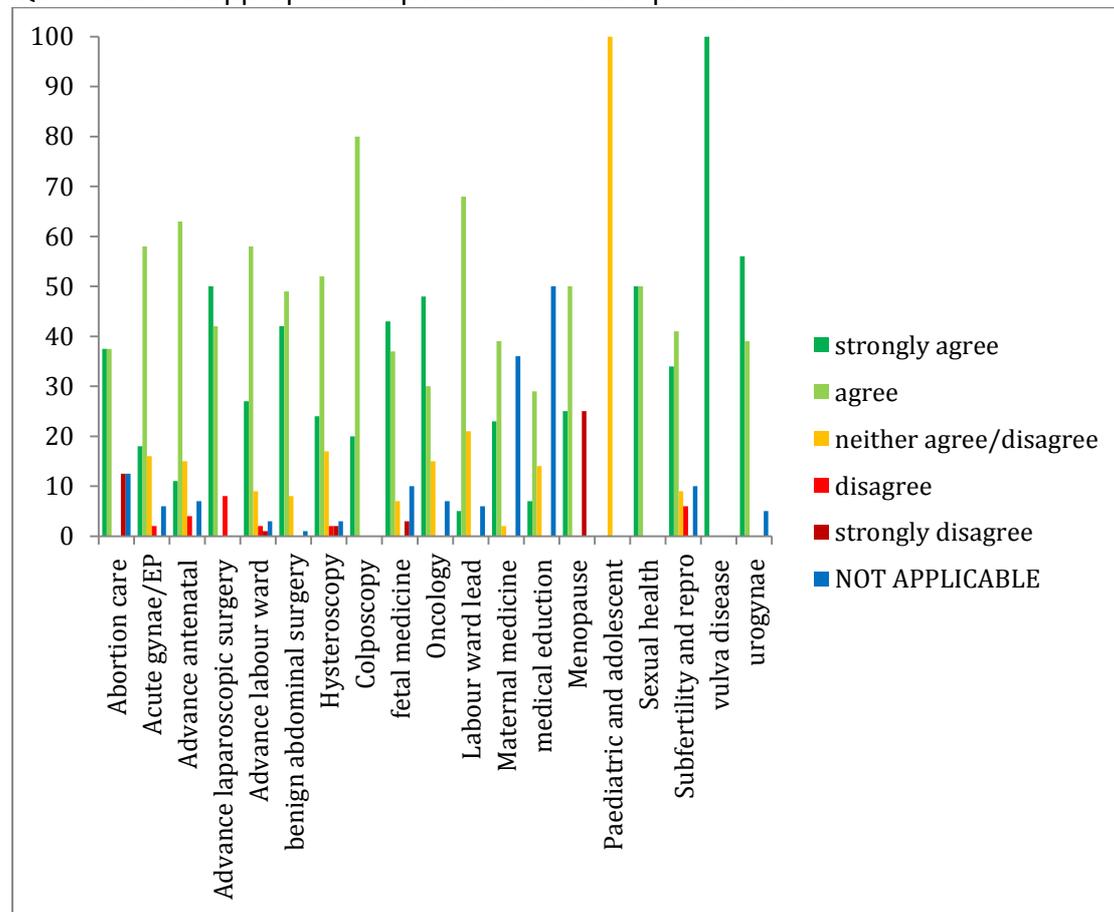
Q4 I have had a minimum of 2 sessions per week (pro rata) protected in order to attend my ATSM training



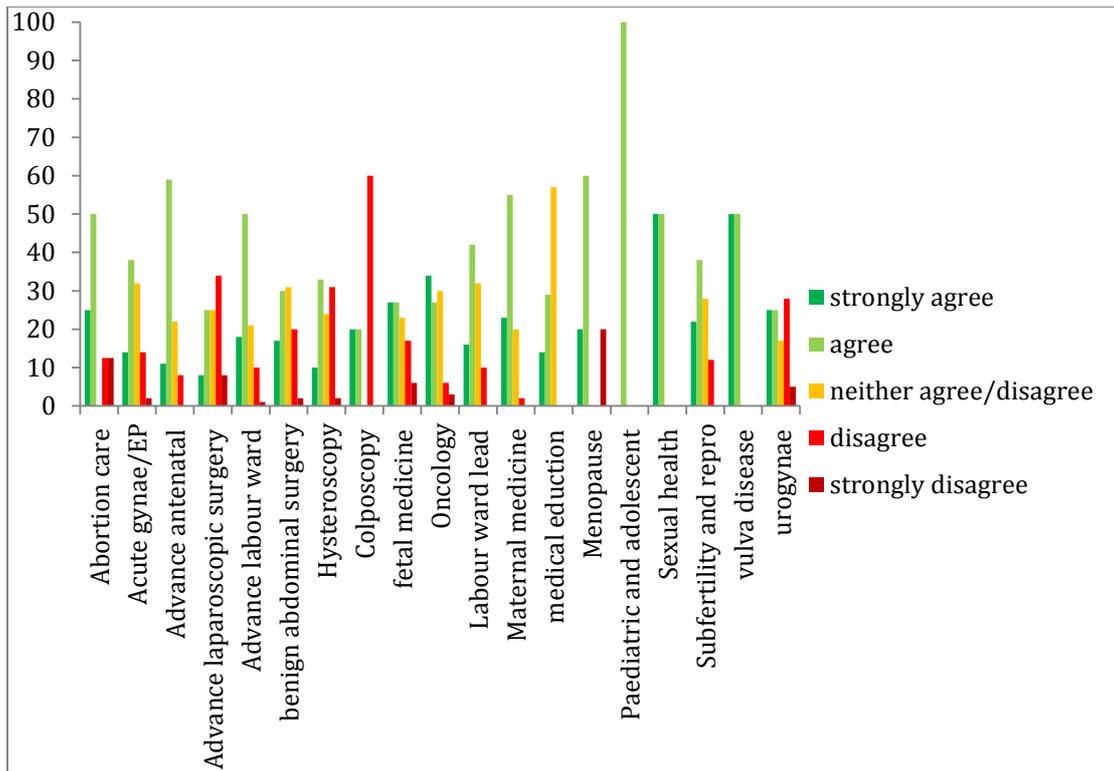
Q5 : I have sufficient opportunity to perform surgical/practical procedure for this ATSM



Q6: I have had appropriate supervision for these procedures



Q7: I have developed level 3 competencies for ATSM



Q11: All things considered I would recommend this unit to other trainees completing the same ATSM

