

2018 Training Data Analysis

Topic: Gynaecology Training

Background

The 2017 training data analysis for gynaecology training showed a perception of inadequate access to gynaecology training.

In 2017 it was suggested simulation training / box trainers become compulsory as an important resource for gynaecology training.

Training issues/Questions

We aim to determine whether the perception of sufficient access to gynaecological training varies between region or trainee grade.

We will assess the perception of training for gynaecology procedures, opportunities for outpatient training, clinical supervision and access to simulation training.

We will determine whether simulation training is being used to supplement conventional skills training in gynaecology.

Analysis

Using data from the TEF we grouped together responses when trainees “strongly agreed” or “agreed” as positive responses thus suggesting adequate training. We excluded missing data. We further analysed responses to gynaecology training specific questions according to training region and grade.

1. “I have had appropriate opportunity to fulfil my training requirements for the year in gynaecology.”

- TEF data: positive responses by training grade

ST1 - 2		ST 3 - 5		ST 6 - 7	
n	%	n	%	n	%
371	64	353	50	225	56

Only half of all ST3-5 trainees and just over half of ST6-7 trainees perceived there was appropriate opportunity to fulfil their training requirements in gynaecology.

2. Perception of sufficient training opportunities in gynaecological procedures

- TEF data: positive responses by training grade and region

Sufficient opportunities in gynaecological procedures by training grade						
	ST1 - 2		ST3 - 5		ST 6-7	
	n	%	n	%	n	%
Minor	394	68	543	77	321	80
Intermediate	232	40	360	51	273	68
Major	151	26	197	28	172	43
Emergencies	215	37	289	41	245	61
Office	290	50	303	43	209	52

Sufficient opportunities in gynaecological procedures by region										
	Minor		Intermediate		Major		Emergency		Office	
	n	%	n	%	n	%	n	%	n	%
East midlands	54	61	42	47	29	33	27	30	41	46
East of England	72	67	59	55	35	32	52	48	59	55
Kent, Surrey and Sussex	72	79	44	48	29	32	38	42	34	37
London	283	75	159	42	79	21	151	40	155	41
Mersey	49	69	41	58	26	37	36	51	37	52
North Western	85	69	62	50	36	29	57	46	50	41
Northern Deanery	31	36	38	45	48	56	75	88	72	85
Northern Ireland	47	82	36	63	27	47	40	70	38	67
Oxford	41	65	30	48	17	27	22	35	16	26
Peninsula	22	69	18	56	7	22	16	50	16	50
Scotland	118	73	81	50	47	29	72	45	89	55
Severn	71	90	45	57	30	38	44	56	40	50
Wales	44	77	35	61	29	51	23	40	31	54
Wessex	61	86	46	65	32	45	44	62	46	65
West midlands	102	79	68	53	43	33	55	43	54	42
Yorkshire & Humber	110	69	85	53	48	30	78	49	75	47

*Percentages highlighted indicate regions with the highest results (1, 2, 3)

The perception of sufficient opportunities for all gynaecology procedures increased with seniority of trainee, with the exception of office-based procedures, where the opportunities were consistent over all levels of training. Opportunities for major procedures were lowest for all levels of trainee.

Trainees perceiving opportunities in gynaecology procedures as most sufficient were in Northern Deanery, Northern Ireland and Wessex.

3. Perception of appropriate supervision

- TEF data: positive responses by training grade and region.

Appropriate supervision for gynaecological procedures & emergency admissions by training grade						
	ST1 - 2		ST 3 - 5		ST 6 - 7	
	n	%	n	%	n	%
Elective theatre	493	85	486	90	333	88
Emergency theatre	402	69	557	79	349	87
Emergency admissions	481	83	337	84	345	86

Appropriate supervision for gynaecological procedures & emergency admissions by region						
	Elective gynaecology theatre		Emergency gynaecology theatre		Emergency gynaecology admissions	
	n	%	n	%	n	%
East Midlands	75	84	62	70	74	83
East of England	95	88	85	79	90	83
Kent, Surrey & Sussex	81	89	69	76	73	80
London	314	83	280	74	306	81
Mersey	60	85	53	75	58	82
North Western	100	81	85	69	93	76
Northern	72	85	73	86	63	74
Northern Ireland	48	84	50	88	52	91
Oxford	56	89	46	73	49	77
Peninsula	31	97	28	88	30	94
Scotland	138	86	132	82	142	88
Severn	76	96	66	83	68	86
Wales	53	93	41	72	47	82
Wessex	64	90	62	87	66	93

West Midlands	108	84	101	78	108	84
Yorkshire & Humber	142	89	126	79	142	89

Appropriate clinical supervision in theatres and for emergency admissions is consistently high in all regions and across all levels of training.

*Percentages highlighted indicate regions with the highest results (1, 2, 3)

4. Perception of adequate completion of gynaecology work based assessments and constructive feedback from trainers

- TEF data: positive responses by training grade and region.

Perception of adequate completion of WBAs & constructive feedback						
	ST1 -2		ST 3 - 5		ST 6 - 7	
	n	%	n	%	n	%
Work-based assessments	447	77	508	72	301	75
Constructive feedback	493	85	606	86	349	87

Perception of adequate completion of WBAs & constructive feedback				
	Supervisors complete WBAs		Supervisors provided constructive feedback	
	n	%	n	%
East Midlands	66	74	79	89
East of England	82	76	91	84
Kent, Surrey & Sussex	66	73	79	87
London	253	67	321	85
Mersey	53	75	58	82
North Western	86	70	101	82
Northern	64	75	73	86
Northern Ireland	44	77	47	82
Oxford	45	71	50	79
Peninsula	27	84	29	91
Scotland	116	72	132	82
Severn	69	87	70	88
Wales	42	74	49	86

Wessex	59	83	64	90
West Midlands	104	81	114	88
Yorkshire & Humber	123	77	139	87

There were consistently high levels of reported constructive feedback and completion of work based assessments across all levels of training and throughout the regions.

*Percentages highlighted indicate regions with the highest results (1, 2, 3)

5. Perception of sufficient opportunity and appropriate supervision in gynaecology clinic to fulfil learning needs

- TEF data: positive responses by training grade and region

	ST1 - 2		ST3 - 5		ST6 - 7	
	n	%	n	%	n	%
Frequency attendance at gynae clinic	354	61	564	80	333	83
Opportunity to attend specialist clinics	244	42	338	48	196	49
Appropriate supervision in clinic	435	75	592	84	349	87

	Frequency of attendance at gynae clinic		Appropriate supervision for training level		Opportunity to attend specialist clinics	
	n	%	n	%	n	%
East Midlands	61	69	71	80	52	58
East of England	75	69	85	79	56	52
Kent, Surrey & Sussex	63	69	68	75	49	54
London	287	76	299	79	170	45

Mersey	58	82	59	83	24	34
North Western	93	76	101	82	46	37
Northern	42	49	45	53	34	40
Northern Ireland	42	74	47	82	35	61
Oxford	41	65	53	84	25	39
Peninsula	24	75	26	81	15	47
Scotland	122	76	137	85	81	50
Severn	49	62	56	71	40	51
Wales	47	82	54	95	24	42
Wessex	58	82	60	85	45	63
West Midlands	92	71	106	82	46	36
Yorkshire & Humber	115	72	123	77	64	40

Perceived sufficient opportunity to attend gynaecology clinic increased with seniority of training grade. Mersey, Wales and Wessex trainees perceived highest opportunity to attend gynaecology clinic.

Opportunity to attend specialist clinics was similar across all levels of training with the highest reported in Wessex deanery.

There was adequate perceived appropriate supervision across all grades of trainee in gynaecology outpatients, with highest levels of supervision reported in the Wales deanery.

*Percentages highlighted indicate regions with the highest results (1, 2, 3)

6. Perception of sufficient access to box trainers or virtual reality simulators and provision of simulation training in gynaecology.

- TEF data: positive responses by training grade and region.

Perception of sufficient access to box trainers and provision of simulation training						
	ST1 - 2		ST 3 - 5		ST 6 - 7	
	n	%	n	%	n	%
Access to box trainer or VR simulator	313	54	353	50	233	58
Formal programme of simulation training	162	28	99	14	64	16

Perception of sufficient access to box trainers and provision of simulation training				
	Access to box trainer / VR simulator		Formal programme of simulation training	
	n	%	n	%
East Midlands	53	60	71	80
East of England	67	62	23	21
Kent, Surrey & Sussex	74	81	13	14
London	125	33	45	12
Mersey	37	52	42	11
North Western	50	41	18	15
Northern	57	67	34	40
Northern Ireland	39	68	20	35
Oxford	36	57	18	29
Peninsula	23	72	3	9
Scotland	72	45	27	17
Severn	74	94	25	32
Wales	26	46	6	11
Wessex	54	76	57	8
West Midlands	46	36	21	16
Yorkshire & Humber	122	76	48	30

There is consistently poor access to box trainers or VR simulators across all levels of seniority of training. There is disparity between deaneries in terms of access to simulators, with Severn reporting highest levels of perceived opportunities.

There is consistently poor provision of formal simulation training programmes in gynaecology across all levels of training and all deaneries, except East Midlands, which is a significant outlier with the highest reported rate.

*Percentages highlighted indicate the regions with the highest results (1, 2, 3)

7. Recommendation of unit to other trainees for the development of gynaecology skills

- TEF data: positive responses by training grade and region

	ST 1 - 2		ST 3 - 5		ST 6 - 7	
	n	%	n	%	n	%
I would recommend my unit to	365	63	381	54	265	66

other trainees						
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	I would recommend my unit to others for development of gynaecology skills	
	n	%
East Midlands	50	56
East of England	66	61
Kent, Surrey & Sussex	62	68
London	193	51
Mersey	47	66
North Western	66	54
Northern Deanery	57	67
Northern Ireland	41	72
Oxford	31	49
Peninsula	21	66
Scotland	93	58
Severn	51	65
Wales	38	67
Wessex	54	76
West Midlands	81	63
Yorkshire & Humber	94	59

Trainees from Wessex deanery are most likely to recommend their unit to others for the development of their gynaecology skills.

***Percentages highlighted indicate the regions with the highest results**

(1, 2, 3)

Conclusions

Only half of all ST3-5 and just over half of ST6-7 trainees perceived they had adequate opportunity to fulfil their training requirements in gynaecology for the year.

Trainee opportunity for performance of gynaecological procedures increased with level of seniority, apart from opportunities for office-based procedures, which were low across the board. The perception of sufficient opportunity in gynaecology procedures was lowest across all levels of training for majors operating.

Clinical supervision for gynaecological procedures, emergency admissions and gynaecology outpatients largely appears adequate.

Opportunity to attend gynaecology outpatients appears adequate.

Completion of work based assessments in gynaecology by supervisors and constructive feedback was consistently high.

There is poor access to box trainers or virtual reality simulators in the majority of deaneries across all levels of training. Provision of formal simulation training in gynaecology skills is very low throughout the regions apart from the East Midlands who score highly.

Recommendations

1. All deaneries consider investing in laparoscopic trainer boxes and or VR simulators for use by trainees to supplement clinical training opportunities or identify areas where these can be accessed to inform trainees. Regular training days can be facilitated by deaneries at sites where VR training is available.
2. Encourage deaneries to support structured simulation training programmes. These will allow trainees to develop practical skills in gynaecology from an early stage, meaning clinical opportunities are fully utilised as both trainees and supervisors have confidence in levels of competence and safety.
3. BSGE have created a handbook to assist in implementing a basic laparoscopic training programme at Trust level. This has proven to be a valuable resource and should be explored.
4. BSGE adopted the structured Gynaecological Endoscopic Surgical Education and Assessment (GESEA) programme in 2017. BSGE have held two practical skills courses and two examinations with plans to offer this opportunity regularly throughout the year. There has been enthusiastic uptake from trainees.
5. Explore the simulation programme provided by East Midlands Deanery to learn if and how this has improved training in gynaecology skills.
6. Explore gynaecology training in Northern Ireland as they consistently score well.
7. Encourage more trainee involvement in office procedures as excellent training opportunities especially as the trend is for ambulatory gynaecology.

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