2018 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.

Training issues/Questions

1. Does the OOH commitment impact on subspecialty training?
2. Are clinical supervisors / STPD’s supportive and good trainers?
3. Is procedural / operative experience deemed to be adequate?
4. Are there any specific areas of concern?
Analysis

RCOG Detailed Training Analysis: Subspecialist Training
RCOG Subspeciality Committee
September 2018

ARCP Outcomes

<table>
<thead>
<tr>
<th>Year</th>
<th>WW</th>
<th>WW4</th>
<th>WW5</th>
<th>WW6</th>
<th>WW7</th>
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76% completion of TEF

Participation in OOH rota
- 60/65 respondents doing OOH
- 52/90 doing general O&G on calls

<table>
<thead>
<tr>
<th>ID</th>
<th>WW</th>
<th>WW4</th>
<th>WW5</th>
<th>WW6</th>
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Has SST been extended?
- Extension of training:
  - 3 GG
  - 1 year to ODH - Year 2 mandatory leave to ODH
  - 2 MF U
  - 1 year to ODH - Even a basic session/month
  - 3 RM
  - 1/unit attendance enough time in OOH
  - 3 ID
- 1 year to ODH

Average sessions/week lost due to OOH (i.e. compensated rest, nights)

08/10/18
**STPD**

- Good teacher
  - >95% agree or strongly agree
- Approachable
  - >95% agree or strongly agree
- Supportive
  - >95% agree or strongly agree
- Provide regular constructive appraisal
  - >95% agree or strongly agree
- Number of trainers in addition to STPD = 0
  - GO 1, MFM 4, RM 2, LGS 2

**GO – Experience**

- General surgical
- Obstetric surgery
- Obstetric haematology
- Pelvic floor
- Open
- Laparoscopy
- Gynae oncology surgery
- Elective surgery
- Other

**Number of sessions/month lost to cover non-subspec activity**

<table>
<thead>
<tr>
<th>Number of sessions/month</th>
<th>GO</th>
<th>WM</th>
<th>Ita</th>
<th>(O)</th>
<th>Overall</th>
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**Rarely miss training to cover planned leave**

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<th>Overall</th>
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**OOH commitment does not impact negatively on training**

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**Rota allows opportunities to undertake all aspects of training programme**

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<th>WM</th>
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Undermining Data

- I would recommend this placement to other trainees at my level (9% disagreed vs. 6.5% of all trainees)

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<tr>
<th></th>
<th>OD</th>
<th>SME</th>
<th>PM</th>
<th>LG</th>
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<tr>
<td>Single defects</td>
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<td>Aims</td>
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<td>Single defect</td>
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Summary

- Increase in TEF completion - 79% (52% 2017)
- Predominantly positive feedback
- Isolated areas of deficiency in clinical training
- 9 trainers said no other trainees apart from STPD

Majority fulfilling GDH commitment
- 7 trainers reported training extended due to GDH (11%)
- 6 of whom were UG trainees (56%)
- 22 trainees out 2-3 sessions/week due to GDH

- 11 trainees doing 4-5 non-subspec sessions/month (17%)
- 4 of whom were UG trainees (36%)

Action Points

- To ask for concerning units to be unanonymised
- To record specific concerns in Action Log
- Trainee data to be considered in centre applications for reaccreditation
- Consider adding guidance for time spent on non-subspec activity to accreditation criteria
Conclusions

Increase in TEF completion from 52 to 76% was noted on last year. Some subspecialty trainees are post CCT and therefore do not complete the TEF, however 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.

Overall high levels of satisfaction were reported with training and clinical supervision; most 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 only the 2nd year Subspecialty data has been available.

30% of responders felt their OOH commitments had a negative impact on their training. 34% reported losing 2 or more subspecialty session per week due to OOH commitments.

Following analysis of last year’s training data additional questions were added to the TEF. These reported that 17% of subspecialty trainees were losing 5 or more sessions per month on non-subspecialty activity, with urogynaecology trainees being overrepresented. 7 trainees reported their training had been extended due to their OOH commitment, with urogynaecology trainees being overrepresented.

The reported rates of undermining were comparable with all other trainees (4.8% vs. 4.6% overall), with problems identified in reproductive medicine (n=2) and urogynaecology (n=1).

Recommendations

1. To request centre specific data for units identified as having specific concerns
2. To record these concerns in the Action Log of Subspecialty Training centres
3. RCOG Subspecialty Committee to consider updating criteria for reaccreditation to include:
   a. Satisfactory trainee feedback
   b. Maximum number of sessions that can be spent on non subspecialty activity
4. RCOG Subspecialty Committee to longitudinally track programmes identified by subspecialty trainees as having specific problems, and to challenge repeated problems.
5. 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.
Authors
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On behalf of the RCOG Subspecialty Committee