



Royal College of
Obstetricians &
Gynaecologists



Obstetrics & Gynaecology Surgical Skills Project **Phase 2 Report**

December 2025



Preface

The RCOG Obstetrics and Gynaecology Surgical Skills Project is a three-year initiative to address current deficiencies in the training and development of surgical skills in our speciality. The rationale for the project is explained in the [Interim Report](#), which was published after Phase 1 of the project. Phase 1 carried out the diagnostic work establishing the current baseline of surgical skills training in the UK, changing trends in operating practices and identified a structure for progressing to Phase 2.

Phase 2 was designed to research and develop potential solutions to improve surgical training and skills development in Gynaecology and Complex Obstetrics.

The five workstreams identified were:

- Workforce of the future
- Investing in the educators
- Reprioritising surgical training
- Simulation and virtual learning
- Lifelong learning

The workstreams were led by senior obstetricians and gynaecologists, all with an interest in Education and Surgical Practice with contributions from a wide range of clinical colleagues, from senior subspecialty consultants to generalist clinicians. Importantly, resident doctors in training and SAS and LE Doctors have made substantive contributions to all the workstreams.

The workstreams involved substantial voluntary commitment from all those that have contributed with regular meetings, mostly in discretionary time, as well as considerable work in between meetings to develop the themes and proposals.

The workstreams have produced recommendations that enable the project to progress to Phase 3. This will involve developing and implementing pilot projects and evaluating and understanding the wider implementation of the findings and recommendations from the Phase 2 workstreams.

This project is a critical opportunity to find solutions to a problem which our specialty faces; the loss of the ability to provide adequate training opportunities through a historical model based on clinical and practical experience gained in a service model that has changed because of changes in working patterns and clinical practice. Phase 3 must continue with the vigour and commitment that have been evident in the project until now.

This report provides an update on the Interim Report, highlighting progress made in Phase 2 and plans for advancing the project over the next 12 months.



We are deeply indebted to all who have contributed to this work. It has particularly been the commitment of the two RCOG Fellows, Hannah Pierce and Naomi Harvey, in supporting the workstreams, that has ensured the workstreams have sustained the progress and produced the outcomes that are highlighted in this report.

Ranee Thakar
President



Ian Scudamore
Vice President for Education



Introduction from the RCOG Surgical Skills Project Clinical Fellows

We are delighted to share the Phase 2 update report for the Surgical Skills Project – an initiative that plays an important role in tackling long-standing challenges in our specialty, improving training opportunities for doctors, and ensuring safe and effective surgical care for obstetric & gynaecology patients in the future. We hope this update resonates with everyone reading it and shows the RCOG commitment to addressing the concerns of our members.

This work has truly been a team effort. The project has grown and strengthened thanks to the expertise, enthusiasm, and commitment of colleagues across the RCOG and the wider O&G community. We are extremely grateful to our co-chairs, consultants, SAS doctors, trainees, and all contributors who have given their time – often during evening workstreams after a busy clinical shift! Their insight, knowledge and energy have shaped both this update and our plans for Phase 3.

We would also like to sincerely thank Hologic for their generous support. Their contribution has allowed us to take a bold and ambitious national approach to meeting educational needs at pace. We hope this partnership will serve as a model for future collaborations in education.

As we now look ahead to Phase 3, we are excited to explore the innovative ideas that have emerged from the workstreams. Our aim is that this project makes a meaningful difference to every doctor working in O&G, at every level, and that its impact will be felt across labour wards and operating theatres throughout the UK. Ultimately, our goal is to strengthen surgical training for the benefit of all O&G doctors and the women and families they care for.

We would particularly like to thank Professor Thakar and Mr Scudamore, whose vision first brought this project to life. We will never be able to fully express the depth of support they have given us. Their unwavering belief in our voices, their readiness to pick up the phone or reply to a message no matter how busy they are, and their genuine kindness have gone far beyond anything we could have expected. They are deeply committed to improving the specialty they love, for all of us, and they embody the truth that the RCOG is our college – made up of dedicated, hardworking O&G doctors who want to leave the specialty better than they found it.

As Professor Thakar reminds us: “The work is only beginning.”

Hannah Pierce and Naomi Harvey

RCOG Surgical Skills Project Clinical Fellows



Overview

In February 2025, the RCOG Surgical Skills Project published its Interim Report summarising Phase 1 findings and proposing solutions to address declining surgical exposure, unequal access to simulation, increased case complexity, and widening regional disparities.

The interim report highlighted systemic pressures on O&G surgical training, including reduced procedural opportunities, unequal access to simulation, insufficient protected training time, and widening disparities across regions. It also emphasised the urgent need to rebalance service demands with learning opportunities, integrate new technologies, and strengthen educator support.

Phase 2 began in May 2025 with five workstreams building on these insights. Each workstream has examined key challenges, developed potential solutions, and progressed activities that will shape Phase 3 of the project.



‘Knot to be Missed’ podcast



As part of Phase 2 of the Surgical Skills Project, the Fellows launched the *Knot to be Missed* podcast series to share insights, innovations and experiences shaping the future of surgical training in obstetrics and gynaecology.

The podcast brings together trainees, surgeons, specialists, educationalists and leaders from across the UK and beyond, exploring topics such as simulation, workforce development, mentorship, robotics and professional wellbeing. It aims to engage the O&G community, promote discussion and inspire the next generation of surgeons.

Workforce of the future

Co-chairs: Andrew Leather and Jenny Barber

This workstream addresses the changing demands of gynaecological and obstetric care: rising patient complexity, fewer surgical opportunities, and the legacy of COVID-19 on workforce capacity. The focus is on scalable solutions that build a flexible, expert workforce equipped for future needs.

1. Preparing for increasingly complex obstetric operating

Phase 1 Highlights

- Rising caesarean rates and complex cases demand enhanced obstetric surgical skills.
- Reduced open surgical exposure limits traditional skill acquisition.
- Units rely heavily on local/regional support for complex obstetrics.
- Need for structured fellowships, resources, and out-of-hours support.

Phase 2 Progress

- Established a complex obstetrics working group.
- Developed a complex obstetric paper outlining:
 - A Special Interest Training Module (SITM)
 - UK and international fellowship models
 - A complex obstetric/caesarean workshop
- SITM feasibility discussed during the 2024 curriculum review; implementation will likely be limited to high-volume units.
- Paper approved by Surgical Skills Project Steering Group, Curriculum Committee and Education Board; presented to Clinical Directors.

Phase 3 Plans

- Scope and pilot the Complex Obstetrics SITM in selected units.
- Pilot a Complex Obstetrics Course with industry partners.
- Publish the Options Paper and pilot findings.
- If proceeding, seek GMC approval for SITM inclusion.



2. Selection for Advanced Surgical Training

Phase 1 Highlights

- A fair, consistent selection system for advanced training is required to ensure high-quality surgical development.
- Simulation and assessed performance should underpin selection rather than case numbers.

Phase 2 Progress

- Formed a UK-wide SITM Matching Working Group.
- Mapped current deanery processes and developed a standardised SITM Matching Paper.
- Presented to the Education Board, SEAC and postgraduate dean leads.
- EDI considerations incorporated, including SAS/LED access.

Phase 3 Plan

- Publish the SITM Matching Paper and national SOP.
- Provide implementation support to regions.
- Engage with statutory bodies to secure time and financial commitment.

3. Career Planning

Phase 1 Highlights

- Trainees need structured early career guidance to navigate a competitive SITM landscape.

Phase 2 Progress

- Workstream repositioned career support as a national – not solely regional – priority.
- Stakeholder feedback highlighted the need for consistent mentorship and guidance.

Phase 3 Plans

- Explore an online career support package with tailored advice and resources.
- Consider recommending regional career planning days at key training points.

4. Review of Operative Trends

Phase 1 Highlights



- HES data highlighted falling operative activity and the need to adapt training accordingly.

Phase 2 Progress

- Engaged GIRFT, NCIP and NHS England to explore available training data.

Phase 3 Plans

- Develop a data-driven framework for aligning trainee numbers with SITM capacity.
- Explore long-term modelling to guide workforce planning.

5. Dedicated team training

Phase 1 Highlights

- Multidisciplinary team training is essential for safety and effectiveness.

Phase 2 Progress

- Developed the Gynaecology Emergency Simulation (GEMS) course with national input.
- Created a comprehensive course prospectus aligned with PROMPT principles.

Phase 3 Plans

- Pilot GEMS centrally before regional rollout.
- Propose integration into the RCOG training matrix.

Simulation and virtual learning

Co-chairs: Melanie Tipples and Justin Clark

This workstream aims to standardise simulation-based training, ensure equitable access, and develop high-quality virtual learning resources, including a surgical video library. Simulation is central to addressing declining surgical exposure and improving consistency and safety.

1. Simulation OSATs and Curriculum alignment

Phase 1 Highlights

- Simulation should be embedded early and progressively.
- Reduces regional variation and supports competence development.

Phase 2 Progress

- Identified priority skills; developed draft simulation OSATs aligned to the curriculum.
- Reviewed and supported by Surgical Skills Project Steering Group and Curriculum Committee.

Phase 3 Plans

- Pilot OSATs for feasibility and reliability.
- Refine and integrate into the Training Matrix (GMC approval if needed).

2. National simulation model

Phase 2 Progress

- Reviewed GESEA, EMIGS and other validated platforms.
- Conducted in-person programme reviews.
- Reached stakeholder consensus for a structured national pilot.

Phase 3 Plans

- Deliver the pilot across selected deaneries.
- Evaluate educational impact, usability and performance outcomes.
- Publish national simulation framework and implementation guidance.

3. Surgical video library

Phase 1 Highlights

- Trainees rely on inconsistent external videos; need for a validated, curriculum-aligned resource.

Phase 2 Progress

- Created a Video Library Working Group.
- Collated, reviewed and quality-assured existing content.
- Identified gaps requiring new recordings.

Phase 3 Plans

- Develop a searchable, indexed platform integrated with RCOG eLearning.
- Pilot with core content and refine based on user feedback.
- Establish governance and regular update processes.

4. Faculty engagement and regional mapping

Phase 2 Progress

- Engaged Heads of School and simulation leads.
- Completed national mapping of simulation access, facilities, and faculty resources.

Phase 3 Plans

- Publish mapping findings and thematic insights.
- Recommend monitoring and quality assurance frameworks.

5. Industry engagement

Phase 2 Progress

- Explored collaboration to develop open and vaginal surgery simulation models.
- Planned an open hysterectomy simulation course for late 2025.
- Began design of vaginal procedure simulation.

Phase 3 Plans

- Support advanced simulation pilots (open hysterectomy, urogynaecology).
- Use findings to shape SITM simulation requirements.
- Build long-term industry partnerships.

Reprioritising surgical training

Co-chairs: Swati Jha and Andrew Pickersgill

This workstream focuses on shifting surgical training earlier, embedding competency-based progression, and preparing trainees for modern surgical practice.

1. AI and emerging technologies

Phase 1 Highlights

- AI can optimise training, assessment, and workforce planning.

Phase 2 Progress

- Secured a national AI research grant.
- Launched two pilots:
 - Adaptive AI hysterectomy training platform
 - AI rota optimisation tool to enhance SITM exposure
- Initiated collaboration with AAGL and ACOG.

Phase 3 Plans

- Analyse and publish findings.
- Develop national framework for AI integration.
- Maintain global partnerships.

2. Surgical training matrix review

Phase 2 Progress

- Expert panel convened to map competencies and identify required updates.
- Reviewed training stages to reflect realistic operative exposure and evolving practice.

Phase 3 Plans

- Finalise recommendations and submit to governance pathways.
- Incorporate into curriculum and seek GMC approval if needed.

3. Surgical trainer support

Phase 2 Progress

- Developed a draft Surgical Trainers Toolkit covering supervision, simulation integration, and effective feedback.
- Shared with stakeholders for refinement.

Phase 3 Plans

- Finalise and publish the toolkit.
- Promote national adoption and integrate into RCOG resources.

Lifelong learning

Co-chairs: Alastair Campbell and Tom Ind

This workstream supports consultants and senior specialists to maintain and advance surgical skills through structured development, mentorship, simulation, and post-CCT opportunities.

1. Post-specialisation surgical development

Phase 2 Progress

- Created a Continued Surgical Professional Development proposal based on other Royal College models.
- Defined benchmarks, accreditation criteria, and equitable distribution plans.
- Engaged stakeholders across training and service leads.

Phase 3 Plans

- Finalise framework; submit for RCOG review.
- Develop national implementation and dissemination strategy.

2. Dual operating

Phase 2 Progress

- Drafted national guidance with examples of successful models.
- Broad stakeholder engagement, including a Knot to be Missed podcast episode.

Phase 3 Plans

- Finalise and publish guidance.
- Promote adoption across trusts and integrate into appraisal/CPD.
- Monitor impact and gather feedback.

3. Simulation for post-specialisation doctors

Phase 2 Progress

- Identified gaps in post-specialisation simulation use.
- Agreed to deliver a Delphi study to build expert consensus.



Phase 3 Plans

- Conduct Delphi study.
- Publish results to inform national strategy and integrate into ongoing education.

4. Mentorship and coaching

Phase 2 Progress

- Explored models for structured surgical mentorship and coaching.
- Engaged professional bodies and industry partners to identify best practice.
- Reviewed international frameworks to identify infrastructure requirements.

Phase 3 Plans

- Develop national recommendations and proposals for implementation.

Investing in the educators

Co-chairs: Paul Mills and Sue Ward

Educators in obstetrics & gynaecology are essential to shaping the next generation of surgeons. Yet they face growing pressures: limited time, burnout, technological shifts (laparoscopy, robotics, AI), and reduced access to simulation. Investing in their development is critical to ensuring high-quality training, patient safety, and workforce sustainability.

1. Supporting investment in surgical educators

Phase 1 Output

- Highlighted the need for formal recognition and support for surgical educators.
- Demonstrated the link between skilled trainers, improved trainee experience, and safer patient care.
- Identified gaps in structured pathways for educator development across O&G.

Phase 2 Work

- Developed the RCOG Accredited Educator Status, a tiered faculty development pathway (Bronze–Silver–Gold).
- Defined structured progression routes – from local teaching roles to national leadership.
- Connected accreditation standards to measurable indicators such as training quality and trainee satisfaction.

Phase 3 Plans

- Finalise tier criteria, evidence requirements, and certification processes.
- Submit for RCOG Education Board approval and integrate into the College CPD portfolio.
- Pilot the scheme with selected units to test feasibility and educational impact before national rollout.

2. Exploring protected time for surgical trainers

Phase 1 Output

- Identified the lack of protected time within consultant job plans as a key barrier.
- Emphasised that sustainable investment in educators is crucial to maintaining standards and morale.

- Highlighted need for national guidance and NHS collaboration to embed education as a core responsibility.

Phase 2 Work

- Ongoing discussions with NHS England, Devolved Nations, and AoMRC to establish mechanisms for protected educator time.
- Exploring consistent standards and funding models across regions.
- Advocating for training activity to be recognised as *essential*, not optional.

Phase 3 Plans

- Continue national advocacy for structured, funded educator time.
- Work with Statutory Education Bodies (SEBs) to develop realistic policy recommendations.
- Explore inclusion of protected time in future national job planning guidance.

3. Enhancing surgical education through faculty development

Phase 1 Output

- Identified need for structured, high-quality training for surgical educators.
- Stressed importance of consistent teaching, constructive feedback, and psychologically safe learning environments.

Phase 2 Work

- Developed the RCOG Teach the Surgical Trainers Course – a new benchmark in surgical educator training.
 - Day 1: Supporting early-stage trainees (ST1–4): supervision, list-based learning, feedback.
 - Day 2: Supporting senior trainees (ST5–7, SITMs, subspecialists): autonomy, decision-making, balancing service vs training.
- Addresses long-standing gaps, elevating standards of mentorship and theatre culture.

Phase 3 Plans

- Submit full proposal to EQAC, SEAC, and the Curriculum Committee for approval.
- Pilot the course and refine based on educator and trainee feedback before scaling nationally.



Expected Phase 3 workstreams and outputs

Group	Outputs
Curriculum	<ul style="list-style-type: none">• Complex obstetrics operating training• Training matrix adaptations• Simulation OSATs• Surgical Technical Training Skills (SuTTS)• Implementation of findings of national simulation pilot-structured sim programme
Courses & Resources	<ul style="list-style-type: none">• Surgical Train the Trainers course• Surgical Train the Trainers pre-course e-learning• Gynaecology Emergency Simulation (GEmS)• Complex obstetrics course• Robotic surgery course• Open hysterectomy simulation course• AI bursary- Open Hysterectomy AI simulation package• Vaginal Hysterectomy course- online package• Surgical video library & masterclass webinar series
Lobbying for change	<ul style="list-style-type: none">• AI- AI rota project• Faculty tiers• Dual-operating guidance• Continued Surgical Professional Development guidance• Exception reporting• Logbook guidance
Engagement with Specialist Societies & Industry	<ul style="list-style-type: none">• National simulation Pilot• Royal College of Surgeons- Mentorship
SITM matching	<ul style="list-style-type: none">• SITM matching Standard Operating Procedure and implementation