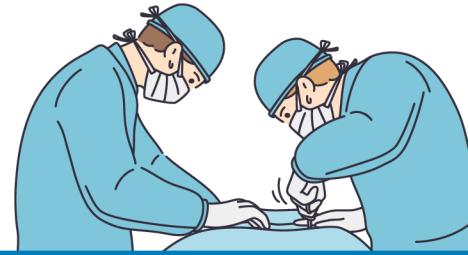


In the UK, only  
**50%**

of senior O&G residents  
who undertake operative  
ATSMs feel ready for  
independent practice



The RCOG recognises that there are significant difficulties and increasing challenges to gain surgical training competencies in the current climate.

A three-year project has been established as a presidential priority to review surgical skills training for every doctor in O&G. The interim report shows the initial findings of the project and highlights the exciting work commencing in early 2025.

## Defining the gap

Read the full report



More about the project

### Our doctors



- 86% of residents surveyed feel gynaecology training needs to be focused on to the same extent as obstetrics
- 50% of doctors report rota gaps and coming in on rest days to complete their training programme
- Less than 40% of ST1s feel they can develop their foundation surgical skills
- 38% of residents have access to a formal simulation programme

### Our operating trends



- Approximately 5000 fewer hysterectomies were performed in the UK in 2022 compared to 2012
- Our rates of laparoscopic hysterectomies have doubled, whilst the open route has halved over the last 10 years
- Robotic surgery is increasing rapidly in gynaecology
- Vaginal surgery has been the worst affected area with half the number of vaginal hysterectomies being performed compared with 10 years ago
- Caesarean births have increased by 26% in the last decade

### Our specialty



- Gynaecology waiting lists have been the worst affected of any surgical speciality with a 112% increase from pre-pandemic levels
- Over 750,000 women are currently waiting list for a gynaecological procedure
- In 2024, 1 in 10 NHS procedures occurred in the private sector, a 50% increase since the pandemic

# What will we focus on?



Royal College of  
Obstetricians &  
Gynaecologists

## Workforce of the future

Our future workforce faces significant challenges in meeting the demands of an evolving healthcare landscape and the increasing complexity of patient needs. We must be strategic in supporting our workforce to match changing trends by developing strong progressive career support for each resident doctor and ensuring we proactively develop a workforce capable of managing increased surgical complexity.



## Simulation and virtual training

Simulation training has become a vital tool for surgical skills acquisition, providing a safe, controlled environment where doctors can practice procedures without risking patient safety. We will examine how we can embed simulation training into the RCOG curriculum and will establish a Simulation Working Group to ensure equal access to training.



## Re-prioritising surgical training

Long gynaecology waiting lists, workforce shortages and the increasing complexity of surgeries have limited residents' exposure to surgical skills practice and training. We need to reprioritise surgical training through earlier focus on endoscopic training, by increasing adaptability in training and through investment in innovative technologies that support residents in accessing training opportunities.



## Lifelong learning

New consultants and specialists often face the challenge of continuing their surgical skills acquisition in an environment where surgical opportunities may be limited by clinical responsibilities, rota pressures and increasing patient demands. Protected time and support are required for ongoing surgical skills maintenance and development. The next phase of the project will explore the role of fellowships, buddy-operating and mentorship to support new consultants and specialists.



## Investing in educators

Investing in gynaecology surgical trainers and mentors is vital for the development of highly skilled, confident, and competent surgeons in the field. It is crucial that protected time and funding be provided by deaneries and trusts to allow educators to continue delivering high-quality training.

