

New Curriculum TEF Report 2021

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Background

To encourage excellence in postgraduate education, the GMC has mandated that curricula should adopt a high-level outcomes approach, moving away from length-based and towards competency-based training. Following this, the new core O&G curriculum was launched in 2019, with an emphasis on trainees taking responsibility for their own learning. Although much of the clinical content is the same as the 2007 curriculum, it has been repackaged, and the way in which it is assessed has changed significantly, with a greater focus on non-clinical skills. There are 14 high-level outcomes (Capabilities in Practice), relating to 4 domains; professional healthcare, research and education, clinical expertise and championing women's health.

The new curriculum was launched in phases, alongside a new ePortfolio. Trainees and trainers were introduced to the curriculum through a series of implementation updates sent via email and online resources including e-learning modules. LETBs were encouraged to appoint curriculum 'champions' at both consultant and trainee levels. Regional and local training sessions were held to prepare educational supervisors and trainees for the changes. Trainees were transferred to the new curriculum, following their ARCP where possible, between June and October 2019. Trainees who were out of programme or on leave were also contacted and transferred in October 2019. Trainees already in ST6 or beyond, by October 2019, had the option of transferring to the new core curriculum, or staying on the old.

Questions

Following such an extensive overhaul of the curriculum, it was vital to ask trainees about their experiences of transitioning to and using the new curriculum.

The new curriculum was implemented during the COVID-19 pandemic. Therefore, trainees were asked to answer the questions that asked for a comparison between the old and the new by considering how service provision and training looked pre-pandemic.

Questions	Answer options
Preparing for the new curriculum	
I have transferred to the new 2019 curriculum	Yes No
I felt well prepared and informed regarding the curriculum change	Strongly Agree Agree Neither Agree nor

	Disagree Disagree Strongly Disagree
I felt that my ES was well prepared and informed about the curriculum change	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
What would have helped to improve how prepared you were?	Free text
Understanding of the new curriculum	
I feel that my understanding of the following concepts which are key to the new curriculum is good: Global assessment Meeting expectations Entrustability level	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
What could be done to improve your understanding of these terms?	Free text
Educational supervision	
Do you think your Educational Supervisor knows you well enough to provide a representative overall assessment of your progress across the capabilities in practice?	Yes No
Have you met with your Educational Supervisor more since the new curriculum was implemented?	Yes No
If not, what was the limiting factor? (please do not share any names or personal identifiable information as part of your response)	Free text
Effectiveness and fairness of the new curriculum	
The 2019 curriculum is overall achievable	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
Are there particular elements you see as particularly difficult to achieve, or that are missing (general or specific, for example, individual capabilities in practice, key skills or procedures)? If so, please prioritise one of these that you would ask to change	Free text
The 2019 curriculum and assessments reflect the diversity of trainees and patients, promote cultural competence and avoid stereotyping or unnecessary cultural bias	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
Please explain why your answer is disagree or strongly disagree	Free text
The 2019 curriculum will prepare me for a consultant post in obstetrics and gynaecology	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

Do you feel you are actively supported to achieve more in your career for example: opportunities to undertake projects, preference for training opportunities, support for exam prep	Yes No
What do you think are the barriers to this?	ES indifference Unconscious racial bias Conscious racial bias Unconscious gender bias Conscious gender bias Other (please specify)
Any other comments?	Free text

Analysis

Preparing for the new curriculum

89.6% of trainees had transferred to the new curriculum at the time of the 2021 TEF survey. Just over half of trainees (55%) agreed that they were well prepared and informed regarding the curriculum change and 3.7% felt that nothing more needed to have been done to improve their readiness. 22.1% of trainees felt that more could have been done to help them prepare and gave very thorough recommendations for how they could have been achieved. The most common suggestion was to increase the amount of training on a local level. Short update sessions on regional teaching days were a popular suggestion, as were more explanatory videos. A longer transition period from the new to old curriculum and ePortfolio was another common suggestion. Trainees felt that the introduction of a new curriculum and online platform at the same time was a lot to take onboard in the timeframe. New ePortfolio glitches were mentioned by a small number of trainees. Trainees who were out of programme or on parental leave commented that they were left out of communications by the college and very few came back into programme with a good understanding of the new curriculum.

57% of trainees agreed that their educational supervisor was well prepared for the curriculum change and following on from this many trainees mentioned improved training for educational supervisors as a suggestion to improve their own experience. Some trainees also stated that they were not given specific time within working hours to orientate themselves to the new curriculum and felt that this contributed to feeling underprepared.

Understanding of the new curriculum

75% of trainees felt they had good understanding of key concepts in terms of assessing the new curriculum - global assessment, meeting expectations and entrustability level.

Educational supervision and assessments

The new curriculum asked both trainees and trainers to make 'global judgements' as to the progress of the trainee across the 14 Capabilities in Practice. The vast majority of trainees (91%) thought that their educational supervisor knew them well enough to provide a representative overall assessment of their training progress. Looking at individual training years, on average 89.1% of ST3-6 trainees felt their educational supervisors knew them well, compared with 77.6% of ST1-2s and 59.8% of ST7s. There were no major outliers when looking at the data geographically. On average across training grades 85% of trainees had met with their educational supervisor more since the new curriculum was implemented. This was the same across all training years. Again, there was no significant regional discrepancies. The reason mentioned most for not having more meetings was lack of time, both on the part of the trainee and trainer, due to clinical commitments. This was particularly the case for trainees and trainees who were less than full time. Following this, the most common limiting factor was lack of interest from the educational supervisor. One trainee stated that they felt as the junior in the relationship, they felt it was not their place to push for more meetings with an uninterested supervisor. Another common reason stated for infrequent meetings was that trainees found having a purely obstetrics or gynaecological consultant unhelpful to their training in both aspects of the specialty.

Effectiveness and fairness of the new curriculum

79.8% of trainees agreed that the 2019 curriculum is overall achievable. When asked about areas of the curriculum that felt unachievable, the following 4 competencies were mentioned by trainees; obstetric surgical management of retained products of conception (12.9%), endometrial ablation (7.0%), cervical smear (3.1%) and vulval biopsy (2.4%).

When asked about whether the 2019 curriculum and assessments reflect the diversity of trainees and patients, promote cultural competence and avoid stereotyping or unnecessary cultural bias, the majority of trainees (51.4%) agreed with that statement, with only few trainees (5.7%) disagreeing or strongly disagreeing. Furthermore, when asked whether they think that 2019 will prepare them for a consultant job, the majority of the trainees thought that the 2019 curriculum will prepare them for a consultant job (51%), with only (11.9%) disagreeing or strongly disagreeing. Interestingly, the majority of ST6-7 trainees (54.5%) agree that the new curriculum will prepare them for a consultant job.

Discussion

Although the RCOG website and e-learning resources were commended by some in the feedback, it was clear that many trainees had not been signposted to them. Feedback specifically for the online resources has been positive. There is a lot of information available, and now that the curriculum has been implemented, this information may benefit from an update in its format and/or organisation. The forthcoming Educational Supervisor Toolkit may address this, but there may be scope for further work aimed at trainees. Local training across regions seems to have been effective for those able to attend. Very few trainees mentioned their local ePortfolio champion, suggesting low visibility of this resource. With busy on call rotas, it is a difficult task to capture all

trainees for training sessions, and it seems that this has been the main barrier to preparing well for the new curriculum. The vast majority of trainees understood the new terminology related to the curriculum, which again supports the idea that training was good when accessed. The introduction of a new curriculum and ePortfolio system simultaneously may have been efficient and cost effective, however trainees felt that this was too much change at one time.

With only just over half of all trainees agreeing that their supervisors were well prepared for the changes, it is likely that trainers had similar barriers to accessing both national and local training.

Unfortunately, when trainees go Out of Programme or on parental leave, they are unsubscribed from emails from the RCOG. For many of these trainees this was their only source of information about the new curriculum. To have missed an entire group of trainees in this way is quite an oversight, but something that is hopefully easily rectifiable for any future training changes.

The high proportion of ST3-6 trainees that felt that their supervisors knew them well enough to assess them effectively is very reassuring. As these trainees reported an increased frequency of meetings with their supervisors, this has likely been a contributing factor to a good trainee-trainer relationship. It is perhaps to be expected that a lower proportion of ST1-2 trainees felt the same way, as many basic skills are taught and supervised by registrar level doctors, so they may feel that their consultants know them less well. Moreover, higher trainees may have worked with their supervisors for a longer period of time and therefore built a better relationship with them. It is quite surprising that fewer ST7 trainees felt that their supervisors knew them well or had more supervision meetings. This may be explained by trainees undertaking either mostly obstetrics-based or gynaecology based ATSMs being supervised by a consultant with opposite interests. Given that lack of time for supervision meetings was a concern for full time trainees, it is not surprising that less than full time trainees struggled with this even more. Monthly meetings should still be achievable for less than full time trainees too, especially as these do not need to be in a formal setting and can be over coffee or during a theatre list. For both advanced trainees and less than full time trainees, more thought needs to go into who exactly is supervising them. It is disheartening to hear comments about educational supervisors that do not seem to be interested in performing this role to a high standard. More careful selection of supervisors could improve the trainee experience with the new curriculum.

Overall, the new curriculum has been received well by the trainees and is felt by them to be achievable. The two areas of contention have been OSATS for obstetric surgical management of retained products of conception (ST4 competency) and endometrial ablation (ST5 competency). The justification for separating obstetric and gynaecological management of retained products of conception is valid; bleeding, incomplete evacuation and perforation are all more likely to occur in the more gravid uterus and extra training is required to minimise risks. However, it is acknowledged that it is not a common occurrence and to have three evacuation procedures signed off by ST4 may not be feasible. Endometrial ablation is again less commonly performed following the success of the Mirena coil in treating heavy menstrual bleeding. Therefore, it may be

more appropriate for this to be removed from the core curriculum and placed in the advanced curriculum under benign gynaecology.

Recommendations

- Repackaging and signposting to information already available about the new curriculum and ePortfolio on the RCOG website.
- Time to be given to address issues with the new curriculum and ePortfolio with training programme directors/ePortfolio champions either at local induction or deanery teaching a few times a year for the next few years.
- Better advertising of the ePortfolio champions.
- Longer implementation process in future for any curriculum and portfolio changes.
- Out of programme trainees and those on parental leave to be included in all curriculum and ePortfolio communications.
- Trainees returning to training from out of programme for a period of more than 3 months including (OOP, maternity leave, paternity leave) must be able to access a scheme, such as Supported Return to Training (SupportTT), that has a comprehensive appraisal of his/her needs to ensure a safe and timely return to training whether this is full time, LTFT or a phased re-introduction to clinical practice. The objective of this scheme is to promote patient safety and quality of care, whilst giving the trainees an opportunity to regain their confidence and previously acquired skills more quickly and safely.
- SupportTT courses to include a session on new curriculum and ePortfolio for the next few years.
- Advanced trainees to be allocated an educational supervisor with similar interests with regards to their ATSMs where possible, and should have protected ATSM sessions reflecting whether they are full time or part time trainees.
- Each unit should designate a one or two highly motivated educational supervisors to be responsible for the less than full time trainees. This role could change yearly.
- Obstetric surgical management of retained products of conception competency to be achieved by ST7 rather than ST4 (GMC approval pending).

- Endometrial ablation to be moved from core training to benign gynaecology ATSM/ core gynaecology ATM (GMC approval pending).