

**Thematic Report**

**Obstetric Training**

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Introduction

Training in obstetrics at all levels is fundamental to our specialty. Whilst obstetrics carried on as “normal” throughout the covid pandemic, it is still important that we recognise any significant changes to training opportunities that have occurred.

The results of this year’s survey have been analysed as compared to data obtained from the 2021 survey. Over 1850 trainees completed the 2023 survey from ST1 to post CCT level.

Obstetric training in general

At all grades below post-CCT, trainees felt they had less opportunity to fulfil their training requirements for the year in obstetrics in 2023 compared with 2021. Interestingly, in both years there is a consistent decrease in ST2 and ST4 with a then steady increase towards CCT.

There is a consistent decrease in the perception that clinical supervisors provide constructive and helpful feedback at ST4.

Antenatal clinic training and supervision

Antenatal outpatient clinics are an important learning resource and the TEF questionnaire therefore explores trainee access to these. 78% of trainees agreed or strongly agreed with the statement that they have had opportunities to attend antenatal clinics frequently enough to fulfil my learning needs in the 2023 survey compared to 81% in 2021.

16% of trainees disagreed or strongly disagreed with statement in the 2023 survey compared to only 8% of trainees in 2021. 6% of trainees neither agreed or disagreed or the question wasn’t applicable to them/left blank in 2023 compared to 11% in 2021.

When addressing the question ‘I have had appropriate supervision for my level of training in antenatal clinic’, 81% of trainees agreed or strongly agreed whilst only 6% of trainees disagreeing or strongly disagreeing with this statement in the 2023 TEF survey. This is comparable to the 2021 TEF survey where the agreement rate was 84% and disagreement rate was similar at 6% .

Higher than average number of trainees were unhappy with their antenatal training and supervision, cited in hospital regions of West Midlands, Wessex, North West and North Central & East London.

When looking at attendance at specialist clinics, 47% of trainees agreed or strongly agreed with the statement that they have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine) in the 2023 TEF survey whilst 39% disagreed or strongly disagreed with this statement.

Transabdominal ultrasound training in later pregnancy (>14 weeks) and assessment

When asked whether trainees have had adequate opportunities for training in transabdominal examination in later pregnancy (>14) only 46% of trainees agreed or strongly agreed in the 2023 survey which is not dissimilar to the 2021 survey where 45% of trainees agreed or strongly agreed. 35% disagreed or strongly disagreed with this statement in 2023 compared to 32% of trainees in the 2021 TEF survey. 19% neither agreed or disagreed or the question wasn’t applicable to them in 2023 compared to 23% in 2021.

The figure above shows that there seems to a spike in agreement to the statement that there were adequate opportunities for training in transabdominal examination in later pregnancy (>14 weeks) at ST3 level. This may be due to the hospitals making provisions for basic ultrasound sign offs for trainees to pass ST3 ARCPs. Unfortunately, there seems to be a spike in disagreement with this statement at ST5 level and maybe due to scanning training declining after ST3 level.

Finally, 43% of trainees agreed with the statement that once they were assessed as competent in transabdominal examination in later pregnancy (>14), they had the opportunity to maintain their skills in the 2023 TEF survey compared to only 4% in the 2021 TEF survey. 35% of trainees either disagreed or strongly disagreed with this statement in the 2023 TEF survey compared to 65% in 2021. This is a significant improvement in the last two years and may be attributable to the Covid-19 pandemic where assessments were difficult to perform due to social distancing rules. It is therefore an important positive change and hopefully will continue to improve into the next few years.

Support following a clinical incident

Trainees were asked as part of the TEF survey whether they felt well supported following a clinical incident. 49% (912) of trainees stated that they felt well supported, with only 5% (103) not feeling well supported. A further 13.5% felt ambivalent at the amount of support they had received, whilst just over a third (31.5%) of trainees did not have a clinical incident in the past year that they required support for.

Mostly, units where trainees had answered that they had not felt well supported, they were the only trainee or 2 trainees who had felt this way. Units where 3 or more trainees expressed this concern were hospitals in the regions of: East of England (5); West Midlands (3); Yorkshire & Humber (3); North West (3); and North East (3).

The 2023 data is largely similar to data from 2021 when 54% of trainees stated that they felt well supported, with 7% of trainees not feeling thus. Therefore, no major change in trend identified here.

Clinical supervision out of hours

Trainees were asked whether they felt they had appropriate supervision and support whilst on labour ward, outside of normal working hours. 90% of those that answered the question (1615) agreed that they had appropriate supervision/support, with only 3% (55) in disagreement. This support was evident throughout each of the years of training when data was analysed. Only 2 hospitals had 3 or more trainees who felt that they had not had appropriate supervision and support outside of normal working hours, these trainees were based in East of England(3) and Wales (3).

Once again, this is similar to data collected in 2021, where 87% of trainees were in agreement that they had appropriate supervision out of hours and only 3% not feeling so.

Conclusions

At all grades below post-CCT, trainees felt they had less opportunity to fulfil their training requirements for the year in obstetrics in 2023 compared with 2021. Interestingly, in both years there is a consistent decrease in ST2 and ST4 with a then steady increase towards CCT.

There is a consistent decrease in the perception that clinical supervisors provide constructive and helpful feedback at ST4.

Comparable rates of attendance and utilisation of antenatal clinics for specialist training can be seen in both the 2023 and 2021 results.

With regards to ultrasound training, provision at ST3 level appears to be greatest, which correlates with the RCOG training matrix for completion of basic ultrasound competencies.

A higher number of trainees felt able to maintain their obstetric ultrasound skills, once deemed competent, was seen compared to the 2021 survey.

Overall, trainees feel well supported following a clinical incident, although 13.5 % felt ambivalent about this. The majority of trainees were in agreement they felt they had appropriate supervision out of hours whilst working in obstetrics.

These last 2 areas relate directly to Ockenden standards.

Recommendations

1. Further analysis is required to understand why trainees felt they have less opportunity to fulfil their training requirements since 2021.
2. ST4 appears to be a year where there may be less support or supervision – this may change with the introduction of ATSMs from ST5.
3. Units should continue to offer ultrasound training and supervised practice at all levels of training.
4. Units should ensure that trainees are offered support and feedback following a clinical incident.
5. If the TEF survey wishes to assess other Ockenden standards, then further questions about escalation and safe staffing will be need to be added.

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