

**Thematic Report**

**Subspecialty Training**

**December 2023**

**Subspecialty Training**

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Background

The RCOG undertakes a detailed analysis of the results of the trainee evaluation form (TEF) focussing on key areas of training according to the priorities identified by the Speciality Education Advisory Committee (SEAC) and the Trainees’ Committee. The TEF survey was run in the spring of 2023. It is to be noted that no survey was run in 2022.

This year, as part of the 2023 TEF survey workstream, the Training Evaluation Committee (TEC) have identified the following categories for thematic reports:

* Differential Attainment
* Workplace Behaviours
* Gynaecology Training (include ultrasound training)
* Subspecialty Training
* Obstetrics Training (including Ockenden standards as well as ultrasound training)
* Educational Supervision

The focus of this report is subspecialty training.

All reports are used by the SEAC, Heads of School, and the Trainees’ Committee and the information is used to reward good training, as a driver for change and to identify ways to improve training. In addition, the analysis is used to inform changes to the Training Evaluation Form (TEF) and the GMC survey program-specific questions.

The aim of this report is to provide a detailed analysis of the responses provided by the subspecialty trainees and compare those to senior trainees of similar level/grade (ST6/7). We also looked at the impact of the COVID-19 pandemic on the different subspecialties.

The recommendations from the previous 2022 TEF Report were as below.

*Recommended actions for SSTC and SST TPDs:*

* *Continue to monitor COVID impact on training*
* *Work with HEE and RCOG to look at EDI data*
* *Continue to monitor outcomes from centralised assessments and monitor trends*
* *Work with RCOG on Advanced Training Review (ATR) and new SST curriculum*

Questions

We start the report with an overview of the number of subspecialty trainees for the time period analysed and the SST assessment outcomes since 2019. These questions are not included in the TEF report but provide context for the TEF report analysis.

In addition to the question relating to age, gender, ethnicity and other demographic data, we also looked at specific questions regarding percentage of whole time equivalent work and participation on on-call rotas and impact of this on training. Since the overhaul of TEF survey questions in 2021, the TEF included specific questions for each of the subspecialties and these are analysed in this document:

**10 Subspecialty Training**

10.1 Are you undertaking Subspecialty Training?

10.2 Do you participate in an out of hours (OOH) rota?

10.3 What is your oncall working pattern?

10.4 What does your OOH include?

10.5 On average, each month, how many sessions (half days) do you spend doing non-subspecialty sessions (e.g. daytime labour ward/gynaecology on call, non-subspecialty clinics)?

10.6 On average, each month, how many sessions (half days) are you not rota’d to be at work as compensatory rest / zero hours for your OOH commitments?

10.7 On average, each month, how many rest / zero hours sessions do you not take in order to attend training opportunities?

10.8 Has your subspecialty training been extended beyond your initial projected completion date?

10.9 If you feel your rota does not allow opportunities to undertake all aspects of the training programme, is this because:

10.10 Could you meet all of your SST requirements in your unit?

10.10.1 Which areas/procedures could you not do in your unit?

10.10.2 Was there an opportunity for you to get this experience in another unit?

10.11 To what extent do you agree or disagree with the following statements?

10.11.1 My OOH commitment does not have a negative impact on training

10.11.2 The rota allows the opportunity to undertake all aspects of my subspecialty training programme

10.11.3 I rarely miss specific training sessions to cross cover commitments for others planned leave

10.12 The following are Trainer related questions:

10.12.1 My subspecialty training programme director has been approachable

10.12.2 My subspecialty training programme director has been a good teacher

10.12.3 My subspecialty training programme director has been supportive

10.12.4 My subspecialty training programme director has taken part in regular and constructive appraisals

10.13 Other Trainers:

10.13.1 How many other subspecialty clinical trainers / supervisors do you have?

10.13.2 My clinical supervisors have provided me with feedback that is constructive and helpful

10.13.3 This trainer has been approachable

10.13.4 This trainer has been a good teacher

10.13.5 This trainer has been supportive

10.13.6 This trainer has taken part in regular and constructive appraisals

**12 SST Gynaecological Oncology**

12.1 To what extent do you agree or disagree with the following statements?

12.1.1 I have had appropriate opportunity to fulfil my subspecialty training requirements for the year in gynaecology appropriate for my stage of training

12.1.2 I have had sufficient opportunities based on my curriculum needs and stage of training to develop my gynaecological surgical skills in:

Major procedures

12.1.3 Open

12.1.4 Laparoscopic

12.1.5 Radical hysterectomy

12.1.6 Debulking surgery

12.1.7 Pelvic node dissection

12.1.8 Radical Vulval surgery

12.1.9 Groin node surgery

12.1.10 I have had appropriate supervision for my level of training in gynaecology theatre – elective cases

12.1.11 I have had appropriate supervision for my level of training in managing emergency gynaecology cases

12.1.12 Trainers were supportive in completing the required gynaecology workplace-based assessments

12.1.13 My clinical supervisors have provided me with feedback that is constructive and helpful

12.1.14 I have had sufficient exposure to the multidisciplinary meeting frequently enough to fulfil my learning needs

12.1.15 I have had appropriate supervision for my level of training in gynaecology clinic

12.1.16 I have had the opportunity to commence my modules and / or have a plan to complete them

12.1.17 All things considered I would recommend this centre to other trainees who wish to attain gynaecology subspecialty training

12.2 I have had access to a laparoscopic box trainer or virtual reality simulator

12.3 There was a formal programme of simulation training in gynaecological procedural skills

**13 SST Maternal and Fetal Medicine**

13.1 To what extent do you agree or disagree with the following statements?

13.1.1 I have had appropriate opportunity to fulfil my subspecialty training requirements for the year in maternal and fetal medicine appropriate for my stage of training

13.1.2 I have had adequate opportunities for training in high level obstetric ultrasound

13.1.3 I have had adequate opportunities for training in invasive prenatal diagnostic procedures (CVS/amniocentesis)

13.1.4 I have had adequate opportunities for observation of higher level invasive fetal medicine procedures such as IUT and laser

13.1.5 I have had adequate exposure to fetal medicine to achieve my training goals for this year

13.1.6 I have had adequate supervision in fetal medicine clinics

13.1.7 I have had adequate exposure to a multidisciplinary approach to maternal medicine to achieve my training goals for this year

13.1.8 I have had adequate supervision in maternal medicine clinics

13.1.9 I have had adequate opportunity to be observed counselling patients in complex clinical situations

13.1.10 I have had sufficient exposure to specialist medical clinics to achieve my training goals this year

13.1.11 I have had sufficient exposure to perinatal pathology to achieve my training goals this year

13.1.12 I have had sufficient exposure to neonatal surgery to achieve my training goals this year

13.1.13 I have had sufficient time and encouragement to complete work place based assessments

13.1.14 I have received sufficient feedback from my trainers

**14 SST Reproductive Medicine**

14.1 To what extent do you agree or disagree with the following statements?

14.1.1 My schedule was tailored to my learning objectives

14.1.2 I have had opportunities to attend specialist clinics frequently enough to fulfil my learning needs

14.1.3 I have had adequate supervision in these specialist clinics appropriate to my level of training

14.1.4 I have had opportunities to demonstrate my patient communication / counselling skills to my trainer

14.1.5 I have had adequate opportunities to discuss complex cases with my trainers

14.1.6 I have had adequate exposure to a multidisciplinary approach to reproductive medicine to achieve my training goals for this year

14.1.7 I have had appropriate supervision for surgical/practical procedures

14.1.8 The case load of this unit provides a broad spectrum of surgical/practical procedures

14.1.9 I have had adequate opportunities to complete work place based assessments

14.1.10 I have received appropriate feedback from my trainers

14.1.11 All things considered I would recommend this unit to other subspecialty trainees in RM

14.2 I have had adequate opportunities to perform the following surgical/practical procedures relevant to my level of training year

14.2.1 Ultrasound scans

14.2.2 Oocyte retrievals

14.2.3 Embryo transfers

14.2.4 Operative Hysteroscopic procedures

14.2.5 Operative (intermediate to advanced levels) Laparoscopic procedures

14.2.6 Andrology procedures (such as SSR)

**15 SST Urogynaecology**

15.1 To what extent do you agree or disagree with the following statements?

15.1.1 I have had appropriate opportunity to fulfil my training requirements for the year in urogynaecology

15.1.2 Opportunities for minor procedures (e.g. cystoscopy, bulking agents, suprapubic catheterization etc.) have been available

15.1.3 Opportunities for intermediate procedures (e.g. TVT, anterior repair, posterior repair, mesh revision etc.) have been available

15.1.4 Opportunities for major procedures have been available

15.1.5 Opportunity for Emergency procedures (repair of OASI) have been available

15.1.6 I have had adequate supervision for surgical procedures

15.1.7 Outpatient/ office procedures have been undertaken (e.g. Botox)

15.1.8 Trainers were supportive in completing the required urogynaecology workplace-based assessments

15.1.9 My clinical supervisors have provided me with feedback that is constructive and helpful

15.1.10 I have had the opportunity to attend specialist clinics (e.g. perineal trauma, urology, colorectal, GI physiology and continence clinics)

15.1.11 I have found urogynaecology clinics a useful training opportunity with adequate exposure to new and complex cases

15.1.12 I have had the opportunity to demonstrate my patient communication/counselling skills to my trainer

15.1.13 I have had opportunities to discuss cases with my trainer

15.1.14 I have had ample opportunities to develop my vaginal surgical skills / opportunities for operating

15.1.15 I have had opportunities for training in laparoscopic urogynaecology

15.1.16 I have had ample opportunities to develop my laparoscopic urogynaecology operating skills

15.1.17 The case load of this unit provides a broad spectrum of surgical / practical procedures

15.1.18 I am able to contact my supervision consultants easily for advice

15.1.19 I am involved in regular constructive ward round

15.1.20 All things considered I would recommend this unit to other urogynaecology SSTs

15.1.21 I have had appropriate opportunity to fulfil my training requirements for the year in urogynaecology

15.2 I have had access to a laparoscopic box trainer or virtual reality simulator

15.3 There was a formal programme of simulation training in gynaecological procedural skills

Analysis

RCOG Data on SSTs

In 2023 (by July) there were 90 subspecialty trainees (SSTs) in the United Kingdom, with 29 in Gynaecology Oncology, 34 in Maternal-Fetal Medicine, 16 in Reproductive Medicine and 11 in Urogynaecology.

Subspecialist Training Review Outcomes

The centralised subspecialty outcomes in 2022/2023 for each of the four subspecialties are below.

**Table 1:** Results of SST Centralised Assessment – October 2022

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Oct’ 22** | **Rec 1** | **Rec 2** | **Rec 3** | **Rec 4** | **Rec 5** | **Rec 6** | **Rec 10.1** | **Rec 10.2** | **Total** |
| MFM | 14 (93.3%) |  |  |  |  | 1 (6.7%) |  |  | **15** |
| RM | 7 (58.4%) | 1 (8.3%) |  |  |  | 4 (33.3%) |  |  | **12** |
| GO | 11 (61.0%) | 3 (16.7%) | 1 (5.6%) |  |  | 3 (16.7%) |  |  | **18** |
| UG | 2 (40.0%) |  |  |  |  | 2 (40.0%) |  | 1 (20.0%) | **5** |
| **Total** | **34** | **4** | **1** | **0** | **0** | **10** | **0** | **1** | **50** |

**Table 2:** Results of SST Centralised Assessment – March 2023

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mar’23** | **Rec 1** | **Rec 2** | **Rec 3** | **Rec 4** | **Rec 5** | **Rec 6** | **Rec 10.1** | **Rec 10.2** | **Total** |
| MFM | 7 (46.7%) | 2 (13.3%) |  |  |  | 6 (40.0%) |  |  | **15** |
| RM | 4 (66.7%) |  |  |  |  | 2 (33.3%) |  |  | **6** |
| GO | 9 (64.3%) | 2 (14.3%) | 1 (7.1%) |  |  | 2 (14.3%) |  |  | **14** |
| UG | 3 (33.3%) | 1 (11.1%) |  |  |  | 2  (22.2%) | 1 (11.1%) | 2  (22.2%) | **9** |
| **Total** | **23** | **5** | **1** | **0** | **0** | **12** | **1** | **2** | **44** |

***Tables 1 and 2*** *– Outcomes of the centralised subspecialty assessments for subspecialty trainees in 2023. GO – Gynaecology Oncology; MFM – Maternal-Fetal Medicine; Rec – recommendation; RM – Reproductive Medicine; UG – Urogynaecology.*

For a more detailed and trend analysis, the ARCP outcomes have been grouped as follows:

Outcome 1, Outcome 6, Outcome 10.1 (These outcomes all include either progression to the next stage of training or completion of training)

and

Outcome 2, Outcome 3, Outcome 4, Outcome 5,Outcome 10.2 (These outcomes all represent a delay in progression of training).

The ‘COVID-19’ Outcomes (Outcomes 10.1 and 10.2) are defined as:

10.1: Trainee can progress to next stage of training

10.2: If at a critical point in training and affected by Covid; allows further time in the training programme

In February 2023, following the STC meeting, the Lead Postgraduate dean has confirmed that there is currently no end date for the ‘COVID ARCP outcomes’. They can be continued to be used as required, as some trainees are still experiencing training difficulties due to the COVID-19 pandemic. It is expected the use of these outcomes will decrease and fade out over time.

The trends in ARCP outcomes for subspecialty trainees from March 2019 to March 2023 are presented below. For reference, subspecialty assessments occur twice a year in March and October.

***Figure 1***  *– ARCP Outcomes trends for subspecialty trainees from 2019 to 2023. GO – Gynaecology Oncology; MFM – Maternal-Fetal Medicine; RM – Reproductive Medicine; UG – Urogynaecology. The vertical red line represents the first assessment following restrictions in elective Gynaecology operating due to the COVID-19 pandemic.*

In the first SST Assessment following the COVID-19 pandemic (October 2022) there was a reduction in Outcomes 1 + 6 + 10.1 in the subspecialties where elective gynaecology surgery is an important component of the subspecialty – Reproductive Medicine, Urogynaecology and Gynaecology Oncology. This subsequently increased in the following assessment. Urogynaecology was the only subspecialty where the ‘ARCP COVID Outcomes’ were still being recommended in October 2022 and March 2023. This is likely to the fact that a significant number of Urogynaecological procedures are mostly of P4 priority and therefore not yet being performed as frequently as in previous years.

Seven percent of Gynaecological Oncology trainees and 22% of trainees in Urogynaecology required additional time in training in March 2023.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Mar-19** | **Oct-19** | **Mar-20** | **Oct-20** | **Mar-21** | **Oct-21** | **Mar-22** | **Oct-22** | **Mar-23** |
| MFM Outcomes 1 and 6 (+10.1) | 76% | 82% | 82% | 94% | 100% | 100% | 95% | 100% | 87% |
| MFM Outcomes 2,3,4,5 (+10.2) | 24% | 18% | 18% | 6% | 0% | 0% | 5% | 0% | 13% |
| RM Outcomes 1 and 6 (+10.1) | 82% | 82% | 100% | 82% | 90% | 100% | 86% | 92% | 100% |
| RM Outcomes 2,3,4,5 (+10.2) | 18% | 18% | 0% | 18% | 10% | 0% | 14% | 8% | 0% |
| GO Outcomes 1 and 6 (+10.1) | 63% | 84% | 82% | 57% | 92% | 74% | 60% | 78% | 79% |
| GO Outcomes 2,3,4,5 (+10.2) | 38% | 16% | 18% | 43% | 8% | 26% | 40% | 22% | 21% |
| UG Outcomes 1 and 6 (+10.1) | 50% | 71% | 80% | 75% | 86% | 57% | 92% | 80% | 56% |
| UG Outcomes 2,3,4,5 (+10.2) | 50% | 29% | 20% | 25% | 14% | 43% | 8% | 20% | 44% |

The ARCP Outcome trends, in percentage, are presented in the table below in table 3.

**Table 3** – ARCP Outcomes trends for subspecialty trainees from 2019 to 2023. GO – Gynaecology Oncology; MFM – Maternal-Fetal Medicine; RM – Reproductive Medicine; UG – Urogynaecology. The vertical red line represents the first assessment following restrictions in elective Gynaecology operating due to the COVID-19 pandemic.

The 2023 TEF received responses from 70 SSTs (response rate 78%). Sixty-nine percent of GO trainees, 74% of MFM trainees, 100% of RM trainees and 83% of UG trainees completed the survey. For the purpose of this TEF report, SSTs represent 14.7% of all advanced trainees (ST6 and ST7).

The distribution of respondents by the different subspecialities are presented in Figure 2 (number, percentage)

**Figure 2** - The distribution of respondents by the different subspecialties are presented in Figure 2 (number, percentage)

**Table 4**: Demographic data of all subspecialty trainees and advanced trainees (ST6 and ST7) and breakdown per subspecialty. The highest percentages in each group are highlighted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total SST**  **(n = 70)** | **Gynaecology Oncology**  **(n = 20)** | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology (n = 9)** | **ST6/ST7**  **(n = 405)** |
| **Age** | | | | | | |
| 30-34 | 8 (11.4%) | 2 (10.0%) | 4 (16.0%) | 1 (6.3%) | 1 (11.1%) | 103 (25.4%) |
| 35-39 | 46 (65.7%) | 11 (55.0%) | 16 (64.0%) | 13 (81.2%) | 6 (66.7%) | 190 (26.9%) |
| 40-44 | 14 (20.0%) | 6 (30.0%) | 5 (20.0%) | 2 (12.5%) | 1 (11.1%) | 88 (21.7%) |
| 45-49 | 1 (1.4%) | 1 (5.0%) | 0 | 0 | 0 | 21 (5.2%) |
| 50-54 | 1 (1.4%) | 0 | 0 | 0 | 1 (11.1%) | 2 (0.5%) |
| Prefer not to disclose | 0 | 0 | 0 | 0 | 0 | 1 (0.2%) |
| **Gender** | | | | | |  |
| Female | 53 (75.7%) | 12 (60%) | 21 (84%) | 12 (75%) | 8 (88.9%) | 308 (76.0%) |
| Male | 17 (24.3%) | 8 (40%) | 4 (16%) | 4 (25%) | 1 (11.1%) | 85 (21.0%) |
| Non-binary | 0 | 0 | 0 | 0 | 0 | 5 (1.2%) |
| Prefer not to say | 0 | 0 | 0 | 0 | 0 | 6 (1.5%) |
| Prefer to self describe – gender fluid | 0 | 0 | 0 | 0 | 0 | 1 (0.2%) |
|  | **Total SST**  **(n = 70)** | **Gynaecology Oncology**  **(n = 20)** | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology (n = 9)** | **ST6/ST7**  **(n = 405)** |
| **Whole time equivalent** | | | | | | |
| Full-time | 52 (74.3%) | 17 (85%) | 18 (72%) | 12 (75%) | 5 (55.6%) | 185 (45.7%) |
| LTFT 90% | 1 (1.4%() | 1 (5%) | 0 | 0 | 0 | 4 (1.0%) |
| LTFT 80% | 15 (21.4%) | 1 (5%) | 6 (24%) | 4 (25%) | 4 (44.4%) | 99 (24.4%) |
| LTFT 70% | 0 | 0 | 0 | 0 | 0 | 14 (3.5%) |
| LTFT 60% | 0 | 0 | 0 | 0 | 0 | 89 (22.0%) |
| LTFT / Academic – 50% | 2 (2.9%) | 1 (5%) | 1 (4%) | 0 | 0 | 10 (2.5%) |
| Do not wish to disclose / other combinations | 0 | 0 | 0 | 0 | 0 | 4 (1.0%) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total SST**  **(n = 70)** | **Gynaecology Oncology**  **(n = 20)** | | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology (n = 9)** | **ST6/ST7**  **(n = 405)** |
| **Ethnicity** | | |  | | | | |
| Asian or Asian British - Bangladeshi | - | - | | - | - | - | 3 (0.7%) |
| Asian or Asian British - Chinese | 5 (7.1%) | 1 (5.0%) | | 4 (16.0%) | - | - | 9 (2.2%) |
| Asian or Asian British - Indian | 8 (11.4%) | - | | 2 (8.0%) | 3 (18.8%) | 3 (33.3%) | 52 (12.8%) |
| Asian or Asian British - Other | 3 (4.3%) | 1 (5.0%) | | - | 2 (12.5%) | - | 16 (3.9%) |
| Asian or Asian British - Pakistani | 1 (1.4%) | - | | 1 (4.0%) | - | - | 19 (4.7%) |
| Black, Black British, Caribbean or African - African | 2 (2.9%) | 1 (5.0%) | | - | - | 1 (11.1%) | 20 (4.9%) |
| Black, Black British, Caribbean or African - Caribbean | - | - | | - | - | - | 6 (1.5%) |
| Black, Black British, Caribbean or African - Other | - | - | | - | - | - | 1 (0.2%) |
| I do not wish to disclose | 3 (4.3%) | 2 (10.0%) | | - | 1 (6.3%) |  | 17 (4.1%) |
| Mixed or multiple ethnic groups | 4 (5.7%) | 2 (10.0%) | | 1 (4.0%) | - | 1 (11.1%) | 19 (4.2%) |
| Other - Arab | - | - | | - | - | - | 21 (5.2%) |
| White - English, Welsh, Scottish, Northern Irish or British | 32 (45.7%) | 9 (45.0%) | | 12 (48.0%) | 8 (50.0%) | 3 (33.3%) | 180 (44.4%) |
| White - Irish | 2 (2.9%) |  | | 2 (8.0%) |  |  | 7 (1.7%) |
| White - other | 10 (14.3%) | 4 (20.0%) | | 3 (12.0%) | 2 (12.5%) | 1 (11.1%) | 35 (8.6%) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total SST**  **(n = 70)** | **Gynaecology Oncology**  **(n = 20)** | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology (n = 9)** | **ST6/ST7**  **(n = 405)** |
| **Primary Medical Degree awarded from?** | | | | | | |
| UK | 60 (85.7%) | 17 (85%) | 22 (88%) | 15 (93.7%) | 6 (66.7%) | 294 (72.6%) |
| Non-UK | 10 (14.3%) | 3 (15%) | 3 (12%) | 1 (6.3%) | 3 (33.3) | 111 (27.4%) |
| **Do you consider yourself to have a disability, long-term illness or health condition?** | | | | | |  |
| Yes | 2 (2.9%) | - | - | - | - | 27 (6.7%) |
| No | 68 (97.1%) | - | - | - | - | 370 (91.4%) |
| I do not wish to disclose | 0 | - | - | - | - | 8 (1.9%) |

Of all subspecialty trainees, three (4.3%) were post-CCT and all were undertaking subspecialty training in Gynaecological Oncology.

**Table 5**: Rota contribution and sessions lost to training of all subspecialty trainees and breakdown per subspecialty. The highest percentages in each group are highlighted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total SST** | **Gynaecology Oncology**  **(n = 20)** | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology**  **(n = 9)** |
| **Do you participate in an out of hours (OOH) rota?** | | | | | |
| Yes | 60 (85.7%) | 11 (55.0%) | 25 (100.0%) | 16 (100.0%) | 8 (88.9%) |
| No | 10 (14.3%) | 9 (45.0%) | 0 | 0 | 1 (11.1%) |
| **What is your oncall working pattern?** | | | | | |
| Full shift | 46 (65.7%) | 11 (55.0%) | 20 (80.0%) | 10 (62.5%) | 5 (55.6%) |
| On-call (resident) | 20 (28.6%) | 5 (25.0%) | 5 (20.0%) | 6 (37.5%) | 4 (44.4%) |
| On-call (non-resident) | 4 (5.7%) | 4 (20.0%) | 0 | 0 | 0 |
| **What does your OOH include?** | | | | | |
| General Obstetrics & Gynaecology | 53 (75.7%) | 7 (35.0%) | 23 (92.0%) | 16 (100%) | 7 (77.8%) |
| Cover for my subspecialty only | 13 (18.5%) | 12 (60.0%) | 0 | 0 | 1 (11.1%) |
| General Obstetrics | 2 (2.9%) | 0 | 1 (4.0%) | 0 | 1 (11.1%) |
| General Gynaecology | 2 (2.9%) | 1 (5.0%) | 1 (4.0%) | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total SST**  **(n= 70)** | **Gynaecology Oncology**  **(n = 20)** | **Maternal-Fetal Medicine**  **(n = 25)** | **Reproductive Medicine**  **(n = 16)** | **Urogynaecology**  **(n = 9)** |
| **On average, each month, how many sessions (half days) do you spend doing non-subspecialty sessions (e.g. daytime labour ward/gynaecology on call, non-subspecialty clinics)?** | | | | | |
| MEDIAN | 2 | 1.5 | 2 | 2 | 1.5 |
| **On average, each month, how many sessions (half days) are you not rota’d to be at work as compensatory rest / zero hours for your OOH commitments?** | | | | | |
| MEDIAN | 6 | 6 | 6 | 6 | 6 |
| **On average, each month, how many rest / zero hours sessions do you not take in order to attend training opportunities?** | | | | | |
| MEDIAN | 3 | 3 | 3 | 3 | 2.5 |
| **Has your subspecialty training been extended beyond your initial projected completion date?** | | | | | |
| Yes | 12 (17.1%) | 4 (20.0%) | 2 (8.0%) | 3 (18.8%) | 3 (33.3%) |
| No | 58 (82.9%) | 16 (80.0%) | 23 (92.0%) | 13 (81.2%) | 6 (66.7%) |
| **If you feel your rota does not allow opportunities to undertake all aspects of the training programme, is this because:** | | | | | |
| The OOH frequency is too great to complete subspecialty training within the given time period? | 17 (24.3%) | 3 (15.0%) | 5 (20.0%) | 4 (25.0%) | 5 (55.6%) |
| You have not been permitted to undertake subspecialty modules due to rota problems? | 6 (8.6%) | 1 (5.0%) | 1 (4.0%) | 2 (12.5%) | 2 (22.2%) |
| The daytime non-subspecialty service commitment is too great to allow completion of subspecialty training within the given time period? | 2 (2.9%) | 0 | 2 (8.0%) | 0 | 0 |
| Other | 45 (64.3%) | 15 (75.0%) | 17 (68.0%) | 10 (62.5%) | 2 (22.2%) |
| Comments | In this question, a significant proportion of trainees responded ‘other’ but of the 45 SST that responded other, 12 (26.7%) said that the rota did allow opportunities to achieve all aspects of the training.  Of those who did not think this was the case, the commonest reasons given included:  - Miss zero/compensatory days to achieve SST requirements  - Expected general rota requirements excessive  - Clinical pressures  - Sickness/Last minute cover | | | | |

**Figure 3** – Impact of clinical rota on subspecialty training.

**Figure 4** – SST Training Programme Director views

**Figure 5** – Clinical Supervision in subspecialty training

**Specific questions for SST Gynaecological Oncology**

**Figure 6** – Surgical training opportunities for specific procedures

**Figure 7** – Clinical Supervision in Gynaecological Oncology

**Figure 8** – Overall view of training programme in Gynaecological Oncology

**Table 6**: Box trainer and simulation training in Gynaecological Oncology

|  |  |
| --- | --- |
| **I have had access to a laparoscopic box trainer or virtual reality simulator** | |
| Yes | 13 (65%) |
| No | 7 (35%) |
| **There was a formal programme of simulation training in gynaecological procedural skills** | |
| Yes | 7 (35%) |
| No | 13 (65%) |

**Figure 9** – Comparison between Gynaecological Oncology SST and ATSM trainees (n = 36)

**Specific questions for SST in Maternal and Fetal Medicine**

**Figure 10** – Training opportunities and supervision: fetal medicine

**Figure 11** – Training opportunities and supervision: maternal medicine

**Figure 12** – Perinatal pathology and neonatal surgery: exposure

**Figure 13** – Overall views of Maternal-Fetal Medicine training programme

**Figure 14** – Comparison between Maternal-Fetal Medicine SST and Fetal Medicine ATSM (n = 22)

**Specific questions for SST in Reproductive Medicine**

**Figure 15** – Overview and training opportunities in Reproductive Medicine

**Figure 16** – Overall views of training programme in RM

**Figure 17** – Opportunity to undertake specific subspecialty procedures in Reproductive Medicine

**Figure 18** – Comparison between Reproductive Medicine SST and Subfertility and Reproductive Health ATSM (n = 19)

**Specific question for SST in Urogynaecology**

**Figure 19** – Exposure to minor/major procedures in Urogynaecology and curriculum requirements

**Figure 20** – Work-based assessments and trainee feedback

**Figure 21** – Contact with trainer and specialist clinics

**Figure 22** – Surgical opportunities in Urogynaecology subspecialty

**Figure 23** – Overall views of Urogynaecology training programme

**Figure 24** – Comparison between Urogynaecology SST and ATSM (n = 13)

**Table 7:** Box trainer and simulation

|  |  |
| --- | --- |
| **I have had access to a laparoscopic box trainer or virtual reality simulator** | |
| Yes | 8 (88.9%) |
| No | 1 (11.1%) |
| **There was formal programme of simulation training in gynaecological procedural skills** | |
| Yes | 4 (44.4%%) |
| No | 5 (55.6%) |

**Bullying and Harassment**

None reported.

Discussion

## Summary of key findings

TEF completion rates by subspecialist trainees were 78% which is up from 55% in the 2021. As stated in the 2021 report, the response rate was unusually low, thought to be due to derogation of the TEF from the training matrix. The response rate of 78% is in line with response rates in 2019 (73%) and 2018 (76%).

This is the second TEF comparing demographic features of SST trainees. There is significant difference in demographics between each of the subspecialties. While the SST group broadly reflects the age and gender make-up trainees in O&G, there are differences in gender make-up between the sub-specialities. Reasons for this are unclear. The age profile is skewed slightly older for SSTs than their ST6/7 direct comparison. This might reflect time out of programme for research or training opportunities outside core training, but such data was not collected in this TEF. Trainees may have extended their training for other reasons, which were similarly not recorded. A higher proportion of trainees undertaking subspecialty training tend to work full-time (74.3%) compared to other trainees in advanced training (45.7%).

As in previous surveys there are high overall level satisfaction reported by SST’s with their training programme, their trainers and their training programme directors. In contrast to the 2021 test report MFM SST’s reported improved exposure to procedures such as IUT and laser procedures. In UG the majority of SST’s were dissatisfied with their exposure to emergency procedures, major elective and intermediate procedures. 40% of trainees report that they would recommend their placement to other SST’s. This compares to 56% for RM, 70% for GO and 80% for MFM.

Worryingly, the lower satisfaction reported by UG SST’s is likely to reflect a number of issues ongoing within the subspecialty.

1. Revised guidance on surgical management of stress incontinence, with a focus on suspension, autologous rectus fascial sling or urethral bulking agents in preference to mid-urethral mesh sling procedures.
2. Reduced or curtailed elective operating during the COVID-19 pandemic.
3. Prioritization of NCEPOD 2 and 3 procedure classification when elective operating re-started. The majority of UG operations are classed as NCEPOD 4 and are treated as lower priority.

Trainee dissatisfaction is also reflected in objective measures of educational outcome. In April 2023, urogynaecology had a 55% ARCP outcome 1 & 6 rate. MFM, GO and RM are in excess of 75%, having had similar nadirs during the COVID pandemic. Improvement in exposure to major procedures has not been seen as time progresses. These findings can be shared with the Urogynaecology SST representatives who, in collaboration with BSUG, can work on alternative training strategies such as facilitating trainees to work across a number of hospital trusts, training opportunities in the private sector, or considering overseas fellowships to allow for the development of sub-specialist skills may have to be considered.

Out-of-hours (OOH) commitments have been previously raised as an issue. This continues in this survey, with 86% participating in OOH commitments. There is a significant variation between the different subspecialties with regard to on call commitments with 100% of MFM and RM participating in the on-call rota, versus 89% of UG trainees and 55% of GO trainees. The majority of GO trainees’ on call commitments include cover for their subspecialty only whereas the majority of MFM, RM and UG cover general O&G. On-calls can have a significant impact on training opportunities specific to each subspecialty. SSTs report that they lose, 2 sessions per month undertaking clinical work outside their sub-speciality. 24% of trainees reported they feel OOH commitments directly impact their ability to complete SST in the initial program period. Additionally, SSTs report that they sacrifice three zero, or rest-periods per month in order to attend training opportunities. This year the Specialty Education Advisory Committee (SEAC) has made recommendations that all daytime commitments must be training sessions within the subspecialty and that there should be no timetabled daytime service provision activities, including on-call rostered activity. This may influence OOH activity and frequency going forward. This needs to be monitored in the future TEF surveys and subspecialty assessments.

As in the 2021 report, no reports of bullying or undermining were recorded in this data.

Summary of findings

* High overall satisfaction with sub-speciality training: 95% of GO, 96% of MFM, 88% of RM and 78% of UG SSTs would recommend their unit to other SSTs of the same subspecialty.
* TEF completion rate has improved and returned to usual rate, ~78%, as in pre-pandemic years.
* Higher satisfaction with supervision and feedback compared to general trainee body.
* Majority of trainees achieve outcome 1/6/Covid (Compared to general ST6/7)
* Recovery of UG operating has impacted the training progress and satisfaction of UG SSTs.

Recommendations

* Continue to monitor the effect of changes in UG operating on sub-speciality trainees, particularly any waiting-list initiatives that may take place outside the trainees’ usual unit.
* Continue to monitor EDI data and consider reasons for disparities between individual sub-specialities.
* Closely monitor the changes to the RCOG advanced and sub-speciality curriculum and the effects on overall trainee satisfaction and progress.

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