2019 Training Data Analysis
Topic: Subspecialty Training

Authors

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On behalf of the RCOG Subspecialty Committee

Background

The RCOG undertakes annually a detailed analysis of select key areas of training. This is according to current priorities identified by the Speciality Education Advisory Committee (SEAC) and the Trainees' Committee. All available data is analysed and combined into reports that are then fed back to SEAC, Heads of School, the Trainees' Committee and the GMC via the Annual Specialty Report. 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 areas for the 2019 analysis are:

- Gynaecology training
- LTFT Training
- ATSMs/ APM
- Subspecialty training
- Patient safety and exception reporting
- Differential attainment report
- Workplace Behaviour

The focus of this report is Subspecialty Training.

Recommendations from 2018 report

The following recommendations were made in the 2018 report and have been actioned.

1. To request centre specific data for units identified as having specific concerns
2. To record these concerns in the Action Log of Subspecialty Training centres
3. RCOG Subspecialty Committee to consider updating criteria for reaccreditation to include:
    a. Satisfactory trainee feedback
    b. Maximum number of sessions that can be spent on non subspecialty activity
4. RCOG Subspecialty Committee to longitudinally track programmes identified by subspecialty trainees as having specific problems, and to challenge repeated problems.
5. Subspecialty training assessment panels to remind SST's that if there is no evidence of completing a TEF in the previous 12 months within the ePortfolio this may impact on their ARCP outcome.

2019 Training issues / Questions

1. Are training programme directors and clinical supervisors supportive, available and satisfactory trainers?
2. Is operative experience in each centre deemed to be acceptable?
3. Does OOH commitment still negatively impact on SST training?
4. Is undermining and bullying an issue with SSTs?

O&G Trainees report

- SSTs represent 2.1% of all trainees currently.

The following statistics are a brief overview of all O&G trainees:

- 50.9% of all trainees are White British.
- 77.2% of all trainees are full time.
- 61.1% of all trainees had never taken any time out of training.
- 76.8% of all trainees had considered leaving training at some of point during their training.
- 56% of all trainees had an appropriate opportunity to fulfil their training requirements for the year in gynaecology (ST1, ST2, ST3, ST4, ST5, ST6, ST7).

SST relevant numbers

As of today, the total number of SSTs in the UK per each of the four subspecialties is as follows (GO, MFM, RM, UG):

GO	MFM	RM	UG	Total
28	32	16	10	**86**

The ARCP outcomes in 2019 (from 1 to 4) per each of the four sub-specialties is as follows:

SST	No. of trainees assessed	Recommendation 1 (satisfactory)	Recommendation 2 (unsatisfactory but no additional training time)	Recommendation 3 (unsatisfactory with additional training time)	Recommendation 6 (completion of SST)
MFM	17	10	3	1	3
RM	11	6	1	1	3
GO	16	9	4	2	1
UG	8	3	3	1	1
Total	52	28	11	5	8

Training Evaluation Form

- 73% responders (63/86); down from 76% in 2018 but up from 2017
- East Midlands (n=5) / KSS (n=2) / London (n=19) / Mersey (n=3) / North Western (n=3) / Northern (n=6) / Oxford (n=4) / Scotland (n=3) / Severn (n=2) / Wales (n=1) / Wessex (n=4) / West Midlands (n=4) / Yorkshire (n=7)
- Male: 43% (27/63)
- Full-time: 81% (51/63)

SST	No. of trainees	TEF responders	OOH rota participation	Spends sessions doing non-speciality training	Loses SST sessions as a result of zero days/compensatory rest	Do not take zero days in order to attend training opportunities
MFM	32	20	20	17	19	19
RM	16	14	13	9	12	11
GO	28	20	12	5	12	13
UG	10	9	9	6	9	8
Total	**86**	**63**	**54**	**37**	**52**	**51**

- 59% (37/63) spend sessions (half days) doing non-subspecialty sessions (monthly)
- 83% (52/63) lose subspecialty sessions as a result of zero days/compensatory rest (range: 1-22 half days per month; numbers evenly spread between the four subspecialties)
- 81% (51/63) do not take zero days/compensatory rest in order to attend training opportunities (range: 3-12 half days per month; numbers evenly spread between the four subspecialties)

SST	No. of trainees	TEF responders	SST training extended beyond initial projected completion date	Agree that rota has not had a negative impact on their training	Agree that rota allows the opportunity to undertake all aspects of SST programme
MFM	32	20	2	11	16
RM	16	14	3	7	11
GO	28	20	3	7	11
UG	10	9	2	4	5
Total	86	63	10	29	43

- >95% feel that their SST programme director is approachable, a good teacher, and supportive, and takes part in regular and constructive appraisals
- >95% respondents happy with trainer, opportunities, and training centre
- >95% managing to complete logbook and hence, the modules that make up the SST programme

- GO: 2/13 did not have access to box trainer AND 10/13 did not have a formal programme of simulation training in gynaecological procedural skills

Conclusions

TEF completion rates were 73% this year which is only marginally down from 76% in 2018. Hence, a quarter of SSTs still do not complete their TEFs. This may be explained by the fact that some SSTs are post CCT and therefore do not complete the TEF, or because SSTs do not find the time to do this. However, more worryingly, TEF non-completion may be indicative of underlying problems encountered by a SST. Therefore, SSTs may be concerned about anonymisation of their feedback because of a small number of SSTs per subspecialty/LETB.

Of a concern is that only 56% of all O&G trainees had an appropriate opportunity to fulfil their training requirements for the year in gynaecology. This is an on-going problem which ultimately leads to knock-on effect on the two surgical subspecialties of gynae-oncology and urogynaecology. An issue like this can only be addressed at a higher level within the RCOG.

Importantly, the overall majority of SSTs are managing to complete their logbooks and the modules that make up the SST programme. An on-going issue is simulation training which is necessary for the GO SSTs as they seek to acquire and improve their laparoscopic skills. 15% did not have access to box trainer and 77% did not have a formal programme of simulation training in gynaecological procedural skills. This is an area that needs to be addressed.

Of note are the overall high levels of satisfaction reported by SSTs with clinical supervision, the trainers teaching them at their respective centres, SST programme director specifically and the actual opportunities available at the training centre. Again, the high majority of responders would recommend their centre to other potential SSTs.

Out-of-hours (OOH) commitments are still an issue with more than 50% of SSTs being affected. 86% of SSTs participated in OOH commitments. The majority of those trainees were MFM SSTs (46%). 59% of responders spend sessions (half days) doing non-subspecialty sessions. This is recorded monthly. However, this could be explained by the fact that most of those sessions may not be specialised sessions but are still core obstetrics sessions such as labour ward and general antenatal clinics. These are still included in the MFM curriculum.

83% (52/63) lose subspecialty sessions as a result of zero days/compensatory rest. The number of such sessions being lost ranged from 1 to 22 half days per month. Finally, as high as 81% reported that they do not take zero days/compensatory rest in order to attend training opportunities. Again, this ranged from 3 to 12 half days per month.

Such figures were found to affect the training of SSTs. 16% felt that training was extended as a result of OOH commitment. 46% stated that the rota had a negative impact on their training. On a positive note, 68% felt that the rota, despite some issues, allowed them to cover the whole SST curriculum.

No reports of undermining were noted in 2019.

Recommendations

1. SST assessment panels to remind SSTs that non-completion of the TEF in the previous 12 months may impact their ARCP outcome and centralised assessment outcome.

2. O&G trainees feel that they have an inadequate opportunity to fulfil their gynaecological training requirements. This is an on-going problem that can only be addressed at a higher level within the RCOG but more importantly the GMC. One suggestion that should be looked at more closely is splitting training from ST5 level onwards into two pathways: a more obstetric focused and a more gynaecology focused pathway depending on trainees' long term wishes. It is an issue that must be addressed because of the knock-on effect on the two surgical subspecialties of gynae-oncology and urogynaecology.

3. Following on from recommendation 2 above, the commencement of SST training should also be addressed. If training is to be split from ST5 level onwards into a more obstetric focused and a more gynaecology focused pathway, then SST training could commence earlier and could comfortably fit in within a 3 year period without causing pressure on service provision. This would agree with the more surgical specialities such as gynaecological oncology.

4. For units identified as having specific concerns: a) to request centre specific data; and b) to record these concerns in the Action Log of SST centres

5. OOH duty is still an issue with regards to SST training. With reported high figures demonstrating a negative impact on actual training, the problem should be addressed by each individual centre in conjunction with ESs, TPDs and SSTs at that centre to see what would be feasible for all sides.

6. Centres need to consider establishing a proper programme of simulation training to allow GO SSTs to improve laparoscopic technical skills. This would supplement, and not replace, their ongoing laparoscopic surgical training.

7. ESs and TPDs to ensure SSTs taking necessary rest in the form of annual leave and zero days in order to ensure no detriment to health in the long run