



Thematic Report

Obstetric Training

September 2024



Obstetric Training including Ultrasound

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Background

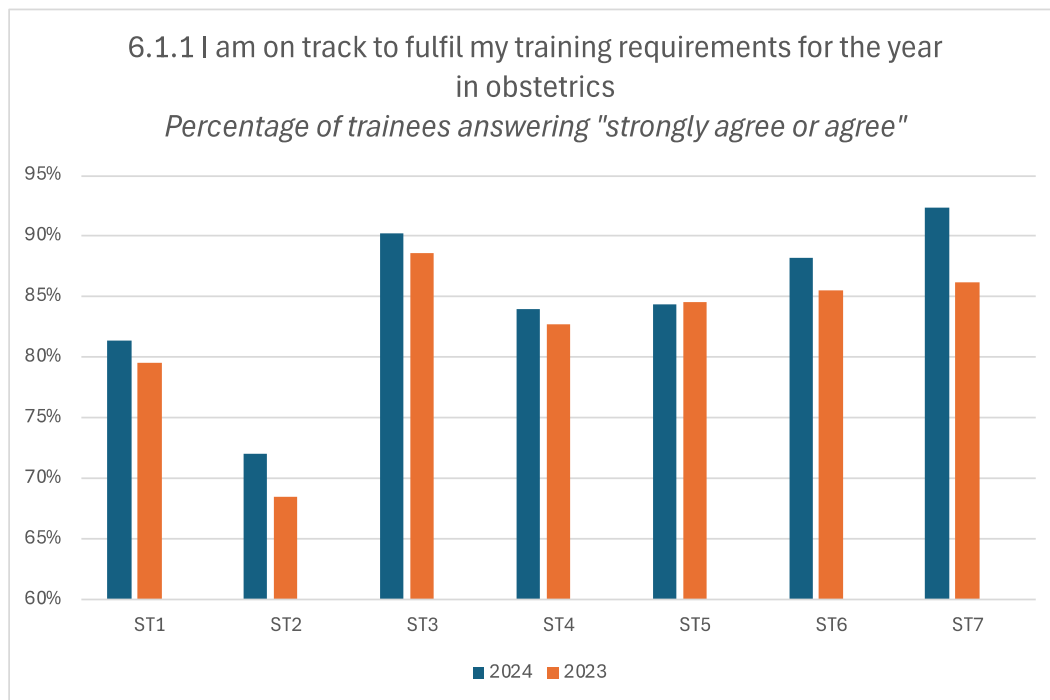
The Training Evaluation Form (TEF) is an annual survey open to all doctors-in-training working within the UK. The questions are updated annually in line with feedback and to tie in with the college's key priorities and allows the college to monitor and improve the quality of training. The most recent TEF survey was completed by trainees in February and March 2024. Over 1900 trainees completed the form. The results of this year's TEF have been analysed and compared to the data obtained from the 2023 survey.

High quality training in Obstetrics is of fundamental importance to our specialty. The GMC National Training Survey 2024¹ results published earlier this year showed that half of Obstetrics & Gynaecology trainees (49%) were exhausted in the morning at the thought of another day at work. 62% rated the intensity of their work by day as very heavy / heavy compared to 43% of all trainees. This rating of intensity of workload was second highest of all specialties. This demonstrates the necessity of ensuring that trainee feedback is considered and improvements made to optimise trainees' experience of training.

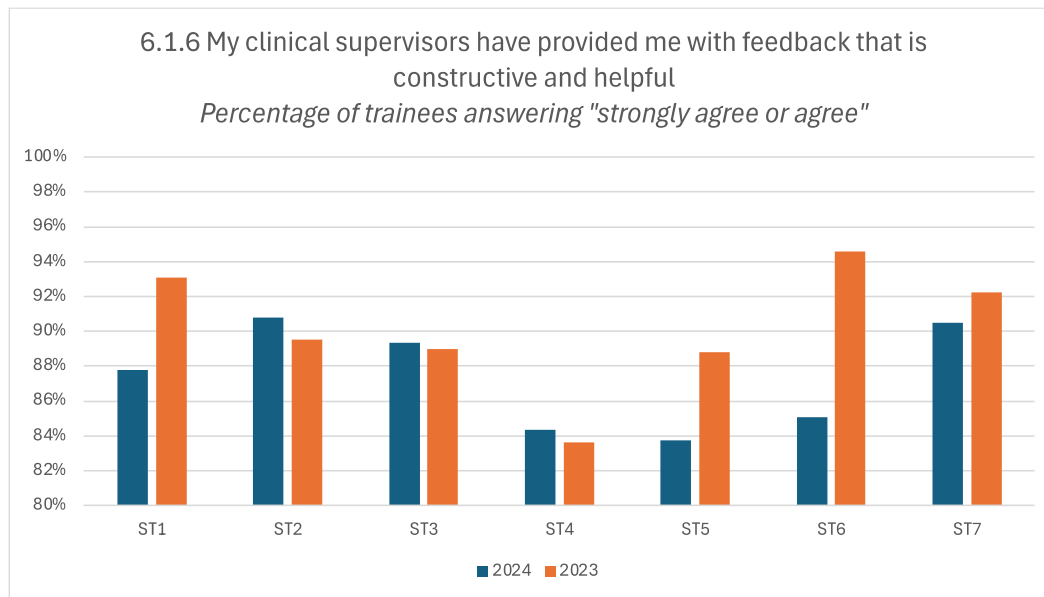
Analysis

Obstetric Training Requirements

Trainees were asked whether they agreed with the statement *"I am on track to fulfil my training requirements for the year in obstetrics"*. Overall, around 85% of trainees answered positively reporting that they strongly agreed or agreed with this statement. There was an improvement across almost all training grades from the TEF report feedback in 2023. However, a trend was noted of a decrease in trainees answering positively (i.e. strongly agree or agree) at ST2 and ST4 level compared to the preceding training year.



Trainees were also asked if they agreed with the statement *“My clinical supervisors have provided me with feedback that is constructive and helpful”*. In previous years it has been noted that there is a consistent decrease in trainee perception of constructive and helpful feedback from their clinical supervisor at ST4 level compared to ST1-3. Although the overall percentage of trainees who answered this question positively was 87% this was a slight decrease from the 2023 TEF data (90% positive response rate). The trainee perception of constructive and helpful feedback was lowest at grades ST4-ST6 with a marked decrease at ST6 level from the 2023 TEF data.



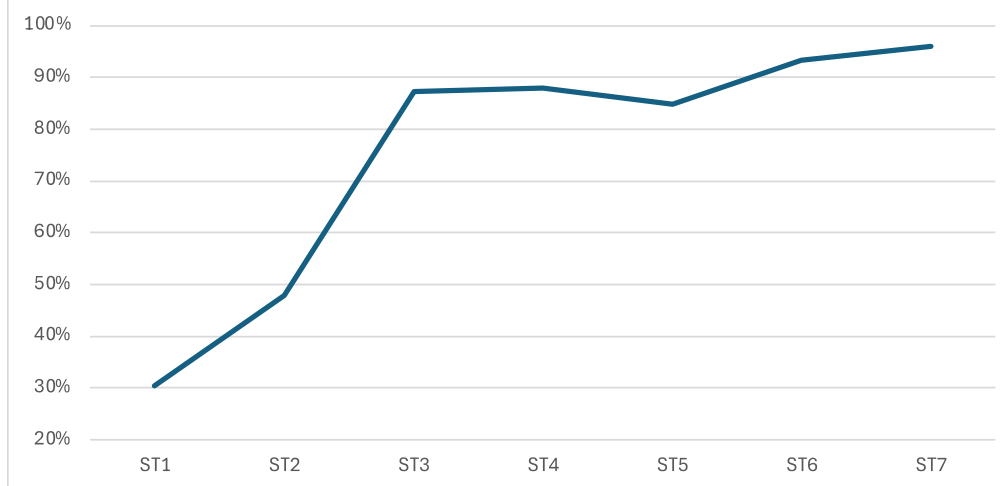
Obstetric Procedural Skills

90% of trainees in 2024 responded positively that they “*had sufficient opportunities based on my curriculum needs to perform caesarean births appropriate to my level of training*”. 76% of trainees in 2024 responded positively that they “*had sufficient opportunities based on my curriculum needs to perform assisted vaginal births appropriate to my level of training*”. As expected, there is a sharp increase in trainee perception that they have sufficient opportunities to perform assisted vaginal birth from ST1 to ST3 with a plateau at ST3 to ST5 level. The positive response percentage increases, albeit more gradually, from ST5 to ST7 level.



6.1.3 I had sufficient opportunities based on my curriculum needs to perform assisted vaginal births appropriate to my level of training

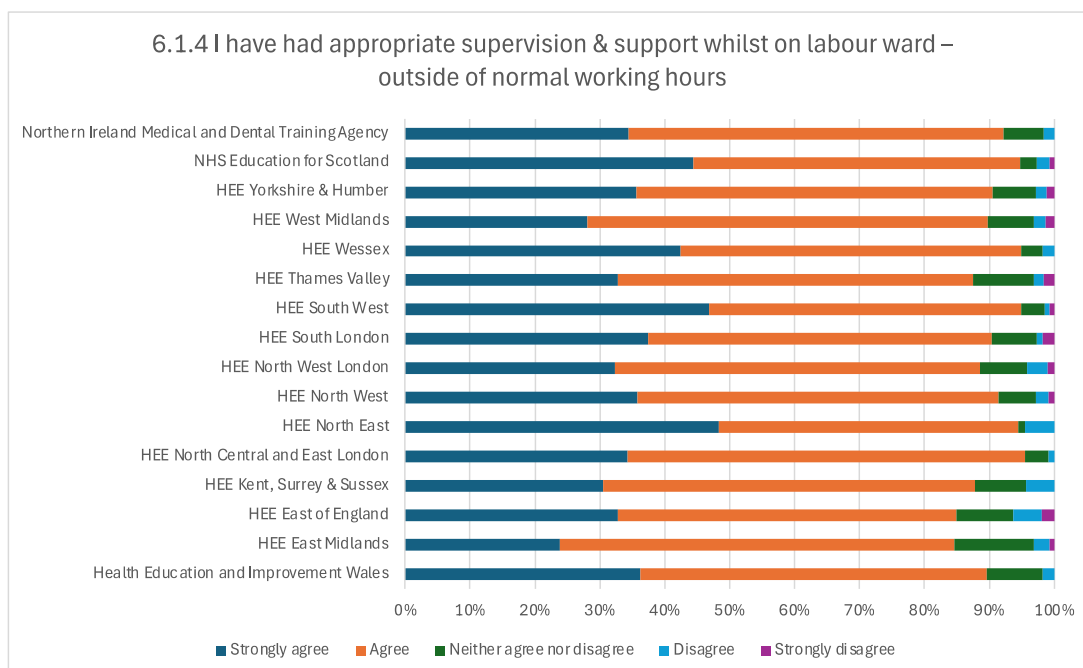
Percentage of trainees answering "strongly agree or agree"



Clinical Supervision out-of-hours

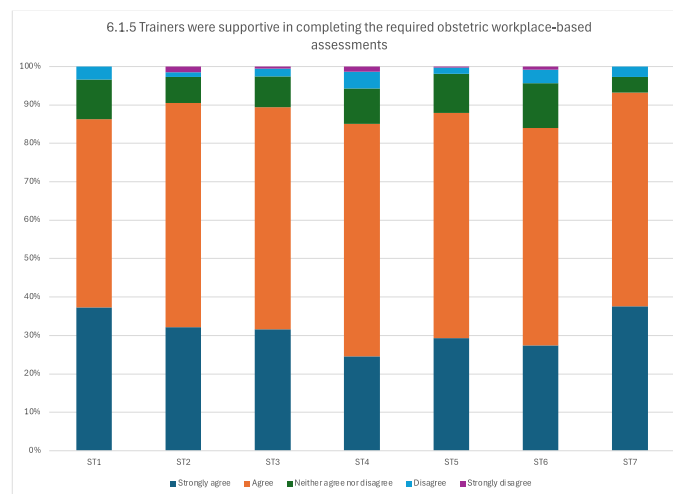
Over 90% of trainees agreed that they had appropriate supervision & support whilst on labour ward outside of normal working hours and only 3% of trainees disagreed. This is almost identical to the feedback reported in the 2023 TEF.

6.1.4 I have had appropriate supervision & support whilst on labour ward – outside of normal working hours



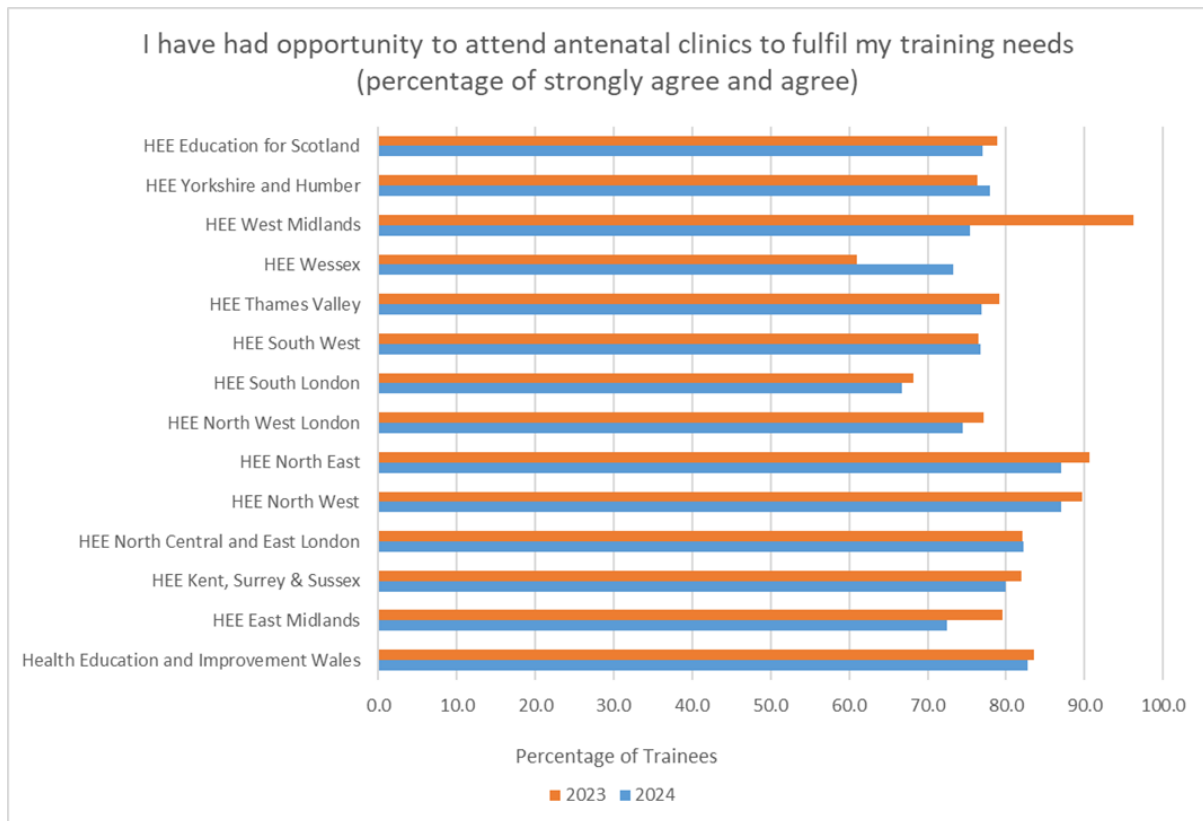
Workplace-based assessments

Trainees were asked if trainers were supportive in completing the required obstetric workplace-based assessment. 88% of trainees agreed with this statement with only 3% of trainees disagreeing. This was relatively consistent across training grades although the highest proportion of trainees disagreed at ST4 level.



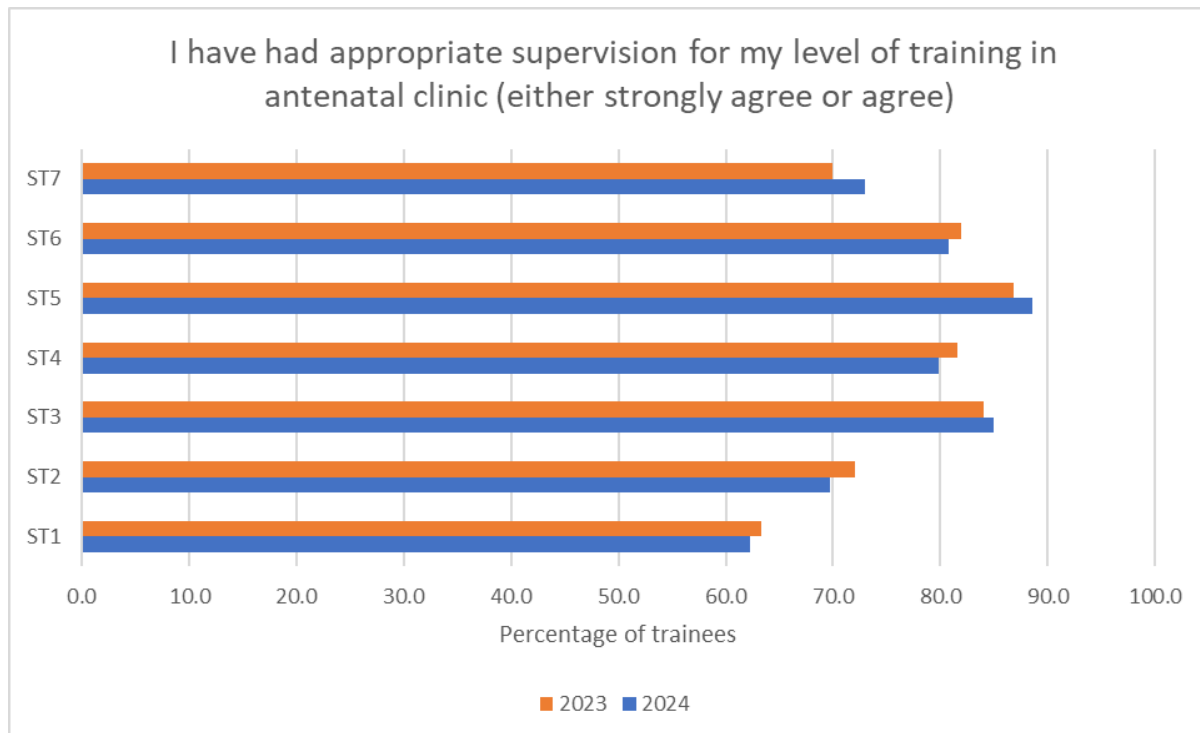
Antenatal clinic attendance

97% of surveyed trainees responded to the question of whether they have had opportunity to attend antenatal clinics to fulfil their training needs. Of those, 689 trainees (34%) strongly agree with this statement, 864 agree (43.4%), 165 (8.2%) disagree, 75 (3.77%) strongly disagree and 145 neither agree nor disagree. In 2023, 98% of trainees responded to this question with 657 strongly agreeing with the statement, 808 agree, 144 disagreeing and 56 strongly disagreeing. When analysing the trend of results over the two separate time points (2023 versus 2024), satisfaction appears to have marginally declined across 10 training regions.



Level of supervision

97% of trainees who were surveyed responded to the question of whether they have “*had the appropriate level of supervision for their level of training in antenatal clinics*”. Of those, 1022 (51.4%) agree with the statement whilst 108 (5.4%) disagree, 543 (27.3%) strongly agree and 50 (2.5%) strongly disagree. 212 trainees neither agree nor disagree with the statement. The chart demonstrates that in both 2023 and 2024, trainees across all grades have been consistently positive in their response to this question. Across the training grades, the ST1 level trainees have been the least positive in their response to this question. In both 2023 and 2024, ST5 level trainees remained the most satisfied with their level of supervision for antenatal clinics.

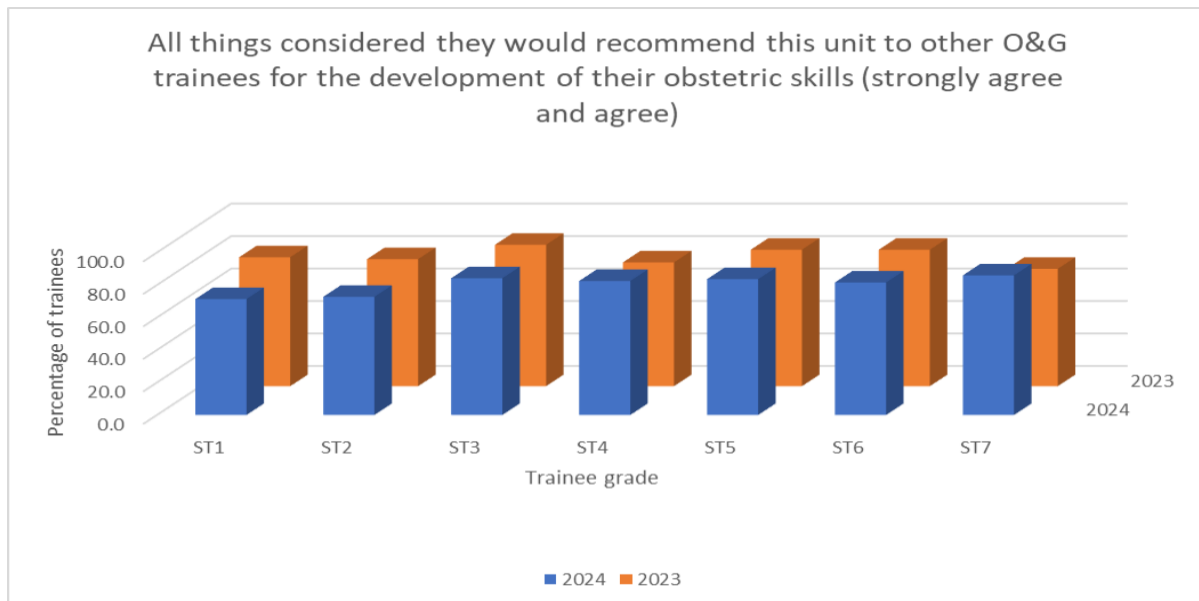


Specialist Clinics

In 2024, 51.2% of trainees answer positively by stating *strongly agree* or *agree* that they have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine). In 2023, there was a 48% positive response rate therefore this demonstrates an improvement in trainee opportunity to attend specialist clinics.

Recommending training in Obstetrics and Gynaecology

The trainees were asked whether, “*all things considered they would recommend this unit to other O&G trainees for the development of their obstetric skills*” 999 trainees (81.9%) either strongly agree or agree with the statement that they would recommend this unit to other O&G trainees for the development of their obstetric skills. This compares to 2023 during which 922 trainees (51.5%) answered positively that they would recommend the unit for the development of their obstetric skills. This demonstrates a significant positive shift with the majority of trainees reporting high levels of satisfaction overall.



Mandatory multidisciplinary skills training

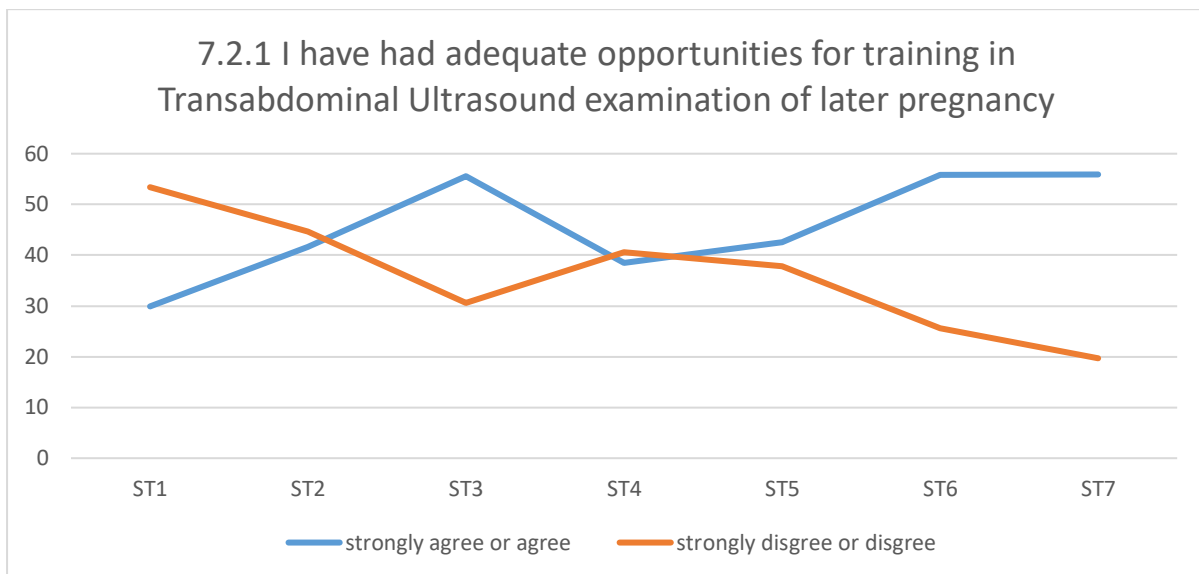
1874 trainees responded YES when asked whether their departmental mandatory skills training (such as PROMPT/emergency drills) include other professionals (e.g. midwives, paramedics, theatre staff, medical students) as participants in the training. This represents 96% of trainees. 48 answered DON'T KNOW. This question was not raised in 2023.

Ultrasound training in later pregnancy

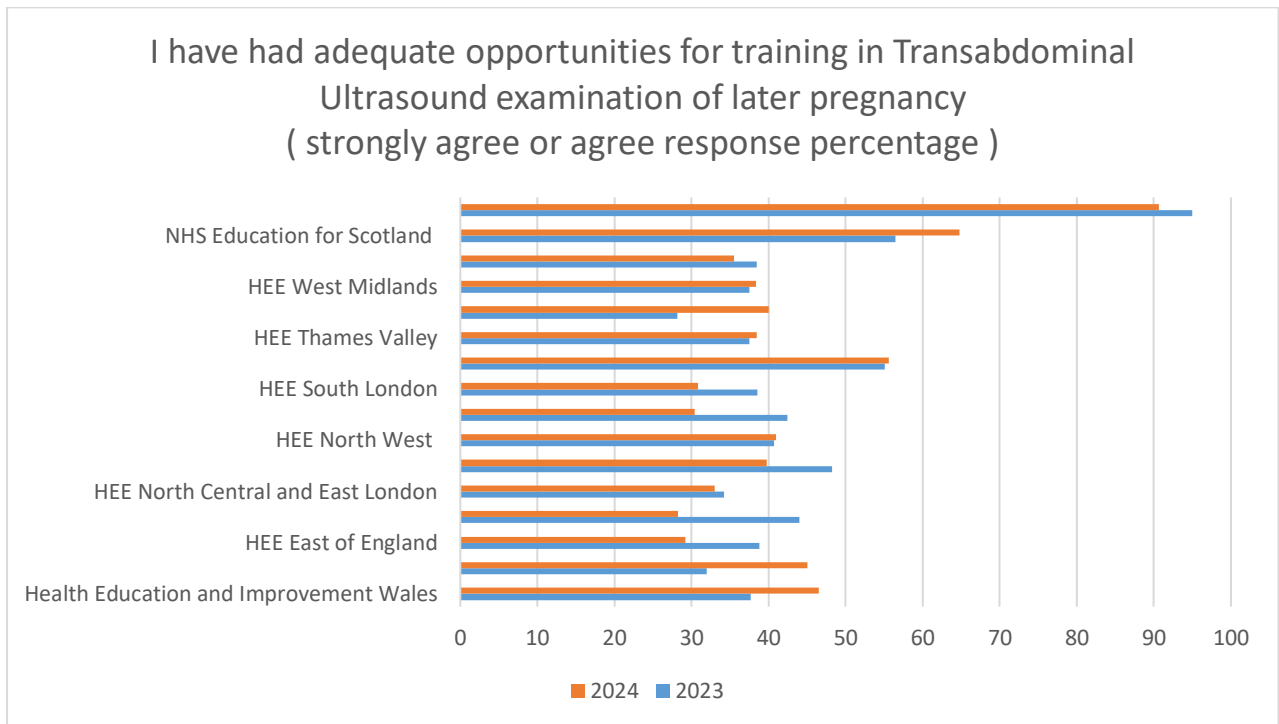
In the 2024 TEF survey, trainees were asked whether they agreed with the statement, "*I have had adequate opportunities for training in transabdominal ultrasound examination of later pregnancy.*" The overall positive response rate (strongly agree or agree) was 45.81%, indicating that less than half of the trainees across all stages of training were satisfied with the available opportunities for transabdominal ultrasound training in later pregnancy. This result is consistent with the 2023 survey, which had a similar positive response rate of 46%.

At the start of training (ST1 and ST2), the positive response rate was relatively low, at approximately 20-30%. However, there was a notable improvement, with a peak at ST3, where around 55% of respondents provided positive feedback. Following this peak, the satisfaction level dropped during the ST4 and ST5 stages, with the positive response rate falling to approximately 40%. In the later stages of training (ST6 and ST7), satisfaction levels improved again, stabilizing above 50%.

A similar trend was observed in the 2023 survey, indicating that intermediate-stage trainees (ST4 and ST5) continue to experience fewer training opportunities in ultrasound for later pregnancy compared to their earlier and later counterparts.



An analysis of regional data for the same question revealed significant variability across different deaneries in the 2024 survey. Positive responses ranged from a low of 28% in HEE Kent, Surrey & Sussex to a high of 90% in the Northern Ireland Medical and Dental Training Agency. The high might be explained by different structure of training and circumstances regarding ultrasound training in Northern Ireland Medical and Dental Training Agency. This variation highlights disparities in ultrasound training opportunities across the UK. The diagram below compares positive responses across different deaneries for ultrasound training opportunities for transabdominal ultrasound of later pregnancy in both the 2023 and 2024 TEF surveys.



Opportunities for Assessment

When asked about the statement, *"I have had adequate opportunities for assessment in transabdominal ultrasound examination of later pregnancy,"* the response pattern mirrored the previous question. Less than half of all trainees (41.6%) agreed or strongly agreed with the statement. The distribution across training levels (ST1–ST7) and different deaneries followed a similar pattern, with positive responses lowest at intermediate training stages (ST4 and ST5).

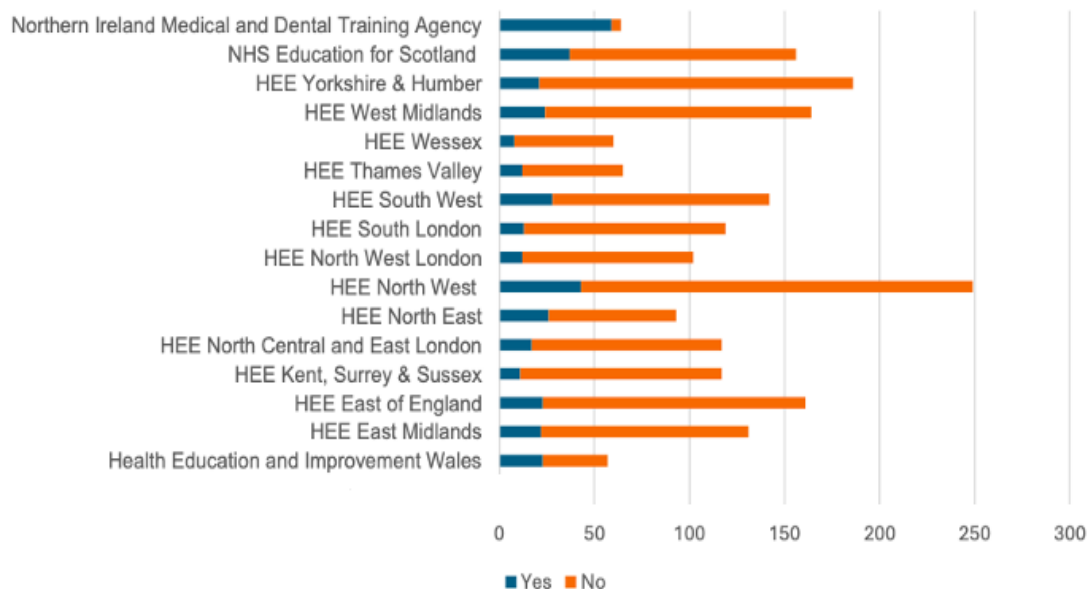
Maintaining Ultrasound Skills

Trainees were also asked if they had the opportunity to maintain their skills after being assessed as competent in transabdominal ultrasound examination of later pregnancy. Only 37.1% of respondents agreed or strongly agreed. The highest positive response rates were found among ST3, ST6, and ST7 trainees, while a notable drop in satisfaction occurred at ST4 and ST5.

Fetal Biometry Scan Training

Regarding fetal biometry scanning, only 19.1% of trainees in the 2024 TEF survey reported that they were undertaking transabdominal scanning of fetal biometry, a slight decrease from 23.5% in 2023. As fetal biometry scanning is not included in the core curriculum, it is expected that fewer trainees would participate in this form of training. The diagram below shows the proportion of trainees accessing fetal biometry ultrasound training across different regions.

7.3 Are you undertaking Transabdominal scanning of fetal biometry? Comparison by Deanery



Of those trainees who reported undertaking fetal biometry scanning, 68.3% felt they had adequate training opportunities in 2024, compared to 73.4% in 2023. Positive responses remained relatively high in questions concerning adequate assessment in fetal biometry scanning (64.5%) and maintaining competency after assessment (57.7%).

Fetal Anatomy Scan Training

Approximately 93% of trainees reported not undertaking transabdominal fetal anatomy scanning during their training. As fetal anatomy scanning is not included in the core curriculum, it is expected that fewer trainees would participate in this form of training. Among those who did engage in scanning, only 7.5% provided further feedback, and the responses indicated dissatisfaction, with over one-third strongly disagreeing that there were adequate opportunities for fetal anatomy scan training, assessment, and skill maintenance. Of the few



trainees who performed fetal anatomy scans, only one-fifth felt their training needs were met, translating to a mere 1.5% of all trainees.

Transvaginal Scanning in Pregnancy

The uptake of responses for transvaginal scanning in pregnancy was higher than for transabdominal fetal anatomy scanning. Fourteen percent of trainees reported having some opportunity to practice transvaginal scanning to assess cervical length and placental positioning. Approximately 40% of respondents felt they had adequate opportunities to train, be assessed, and maintain their transvaginal scanning skills once deemed competent.

Discussion

Positively, around 85% of trainees felt that they were on track to fulfil their training requirements for the year in Obstetrics and compared to feedback from 2023 there was an improvement across almost all training grades. The lowest percentage of trainees answering positively were in ST2 and this trend is also seen in the 2023 and 2021 TEF analysis. There are several Obstetric OSAT requirements at ST2 level and more work needs to be done to establish what can be improved at this level to improve trainee confidence in their progress. This is also reflected in the question 6.1.3 “I had sufficient opportunities based on my curriculum needs to perform assisted vaginal births appropriate to my level of training” where less than 50% of ST2 trainees responded positively (strongly agree or agree).

Trainee perception of appropriate supervision & support whilst on labour ward outside of normal working hours remained high at 90% with only 3% of trainees disagreeing. This is almost identical to the feedback reported in the 2023 TEF. There is significant regional variation of trainees disagreeing with the statement “I have had appropriate supervision & support whilst on labour ward – outside of normal working hours” ranging from 0.9% of trainees per region to 6.3%.

The 2024 TEF survey revealed that less than half of Obstetrics and Gynaecology trainees (45.81%) were satisfied with the training opportunities available for transabdominal ultrasound in later pregnancy, a result consistent with the 2023 survey (46%). Satisfaction was lowest in the early years of training (ST1 and ST2) and peaked at ST3 but declined during the intermediate stages (ST4 and ST5). The trend improved again in the later stages (ST6 and ST7). Regional disparities were evident, with positive responses ranging from 28% in HEE Kent, Surrey & Sussex to 90% in Northern Ireland.



In terms of assessment opportunities, a similar pattern emerged, with only 41.6% of trainees expressing satisfaction. Additionally, only 37.1% felt they had sufficient opportunities to maintain their skills post-competency. Fetal biometry scanning was undertaken by only 19.1% of trainees, and most did not perform fetal anatomy scans. Transvaginal scanning had higher uptake, with 40% reporting adequate opportunities for training, assessment, and skill maintenance.

The report highlights the need for improved training opportunities in ultrasound, especially for intermediate-stage trainees and those in lower-performing regions.

Overall, opportunities for ultrasound scanning, particularly transabdominal scanning in later pregnancy, remain limited across all stages of training. The TEF survey results indicate that only a minority of trainees are satisfied with the training opportunities available. There are significant discrepancies between different stages of training, with intermediate-stage trainees (ST4 and ST5) consistently reporting fewer opportunities. Additionally, substantial regional differences persist, with Scotland and Northern Ireland showing better outcomes compared to other deaneries.

Summary of findings

General Training Progress: Around 85% of trainees felt they were on track to fulfil their obstetric training requirements in 2024, showing improvement across almost all training grades compared to the 2023 feedback. However, trainees at the ST2 level consistently reported lower confidence in meeting training milestones.

Clinical Supervision: The majority of trainees (90%) were satisfied with the supervision they received on the labour ward outside of normal working hours, maintaining similar results to 2023. However, regional variation was noted, with some deaneries reporting lower satisfaction in terms of supervision and support.

Ultrasound Training Opportunities: In 2024, 45.81% of trainees were satisfied with transabdominal ultrasound training in later pregnancy, consistent with the 2023 result (46%). Satisfaction was highest at ST3 but dipped in ST4 and ST5 before improving again in the later stages (ST6 and ST7). Only 37.1% reported sufficient opportunities to maintain ultrasound skills post-competency.

Regional Variability: There were significant regional disparities in ultrasound training opportunities, with positive responses ranging from 28% in HEE Kent, Surrey & Sussex to 90% in Northern Ireland.



Recommendations

- **Targeted Support for Stage Two Trainees (particularly ST4 and ST5):** The data highlights issues with clinical supervisor feedback and ultrasound training opportunities at intermediate stages. Focused interventions could be developed to address these gaps for ultrasound training, such as additional protected training sessions or dedicated ultrasound training days.
- **Regional Disparities:** Given the significant variation between deaneries across TEF indicators, it is essential to learn from and consider adopting best practice from high-performing regions. This includes ensuring a more standardised approach to ultrasound training across the UK.
- **Increase Training and Assessment Opportunities for Ultrasound:** Training programs should explore ways to increase both the volume and quality of opportunities for transabdominal ultrasound scanning. This can be achieved by increasing access to dedicated ultrasound clinics, simulation-based training, and encouraging trainees to engage with ultrasound during routine clinical work.
- **Skill Maintenance Post-Competency:** Programs should provide more opportunities for trainees to maintain their skills once deemed competent in transabdominal ultrasound. Regular re-assessment and continuous exposure are crucial to ensuring skill retention.
- **Expand Transvaginal Ultrasound Training:** Given the higher response rate and positive feedback on transvaginal ultrasound training, efforts should be made to expand this training modality to benefit more trainees, particularly in assessing cervical length and placental assessment which forms an important component in assessing risk of preterm labour².

References

1. GMC National Training Survey 2024 https://www.gmc-uk.org/-/media/documents/national-training-survey-summary-report-2024_pdf-107834344.pdf
2. National Institute for Health and Care Excellence (updated 2022). *Preterm labour and birth*. [NICE Guideline 25] <https://www.nice.org/uk/guidance/ng25>



Annex: Questions

effectiveness/exposure		
6.1	To what extent do you agree or disagree with the following statements?	
6.1.1	I am on track to fulfil my training requirements for the year in obstetrics	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.2	I had sufficient opportunities based on my curriculum needs to perform caesarean births appropriate to my level of training	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.3	I had sufficient opportunities based on my curriculum needs to perform assisted vaginal births appropriate to my level of training	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.8	I have had appropriate supervision for my level of training in antenatal clinic	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.9	I have had the opportunity to attend specialist antenatal clinics (e.g. maternal medicine and fetal medicine)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
supervision/support		
6.1.4	I have had appropriate supervision & support whilst on labour ward – outside of normal working hours	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.5	Trainers were supportive in completing the required obstetric workplace-based assessments	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.6	My clinical supervisors have provided me with feedback that is constructive and helpful	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree



overall satisfaction		
6.1.7	I have had opportunities to attend antenatal clinics frequently enough to fulfil my learning needs	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
6.1.10	All things considered I would recommend this unit to other O&G trainees for the development of their obstetric skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
departmental mandatory skills training		
6.2	Does your departmental mandatory skills training (such as PROMPT/emergency drills) include other professionals (e.g. midwives, paramedics, theatre staff, medical students) as participants in the training?	Yes No Don't know
6.2.1	Can you say what professions were included?	Midwives Anaesthetists Theatre staff Paramedics Medical students Physician associates Other
obstetric ultrasound scanning		
7	The following questions are regarding core USS training and apply to all trainees regardless of training grade. To what degree do you agree or disagree with the following statements:	
7.1.1	I have had adequate opportunities for training in Transabdominal Ultrasound examination of early pregnancy (8-14/40)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.1.2	I have had adequate opportunities for assessment in Transabdominal Ultrasound examination of early pregnancy (8-14/40)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.1.3	Once I was assessed as competent in Transabdominal Ultrasound examination of early pregnancy (8-14/40) I had the opportunity to maintain my skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.2	To what degree do you agree or disagree with the following statements:	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree



7.2.1	I have had adequate opportunities for training in Transabdominal Ultrasound examination of later pregnancy (e.g. presentation, placental localisation, assessment of liquor volume, assessment of umbilical artery dopplers)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.2.2	I have had adequate opportunities for assessment in Transabdominal Ultrasound examination of later pregnancy (e.g. presentation, placental localisation, assessment of liquor volume, assessment of umbilical artery dopplers)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.2.3	Once I was assessed as competent in Transabdominal Ultrasound examination of later pregnancy (e.g. presentation, placental localisation, assessment of liquor volume, assessment of umbilical artery dopplers) I had the opportunity to maintain my skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.3	The following questions are regarding additional ultrasound modules that you may be training in. Are you undertaking Transabdominal scanning of fetal biometry?	Yes No
7.3.1	I have had adequate opportunities for training in Transabdominal Ultrasound examination of fetal biometry (HC, AC, FL, AFI, dopplers)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.3.2	I have had adequate opportunities for assessment in Transabdominal Ultrasound examination of fetal biometry (HC, AC, FL, AFI, dopplers)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.3.3	Once I was assessed as competent in Transabdominal Ultrasound examination of fetal biometry (HC, AC, FL, AFI, dopplers) I had the opportunity to maintain my skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.4	Are you undertaking Transabdominal scanning of fetal anatomy?	Yes No
7.4.1	I have had adequate opportunities for training in Transabdominal Ultrasound examination of fetal anatomy	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.4.2	I have had adequate opportunities for assessment in Transabdominal Ultrasound examination of fetal anatomy	Strongly Agree Agree Neither Agree nor Disagree



		Disagree Strongly Disagree
7.4.3	Once I was assessed as competent in Transabdominal Ultrasound examination of fetal anatomy I had the opportunity to maintain my skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.5	Are you undertaking Transvaginal ultrasound in later pregnancy (cervical length assessment and placental assessment)?	Yes No
7.5.1	I have had adequate opportunities for training in Transvaginal ultrasound in later pregnancy (cervical length assessment and placental assessment)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.5.2	I have had adequate opportunities for assessment in Transvaginal ultrasound in later pregnancy (cervical length assessment and placental assessment)	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
7.5.3	Once I was assessed as competent in Transvaginal ultrasound in later pregnancy (cervical length assessment and placental assessment) I had the opportunity to maintain my skills	Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

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