

# Workforce and Service of the Future

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## Introduction

[The recent extensive advanced training review project](#) has taken a fresh look at special interest and subspecialty training and, through wide consultation, has redesigned these elements of the training programme, and made adjustments to the core curriculum. The resulting approved 'Curriculum 2024' is a modern, flexible training pathway which meets the needs of the people and communities we care for, and the doctors training to provide these services.

The philosophy of the Curriculum 2024 aligns with the shape of training agenda to produce consultants in obstetrics and gynaecology who, in addition to their generalist skills, have also developed a small number of special interests in either obstetrics, gynaecology or both areas. These additional special interest skills are fundamental to clinical services and ensure that we meet the needs of local communities.

Special interest training will be undertaken alongside the core curriculum. The content of the subspecialty curricula has been updated in line with changing practice. The key development here is that each subspecialty programme is now made up of one or more relevant Special Interest Training Modules PLUS further additional CiPs that differentiate a subspecialist from a special interest consultant including a subspecialty research CiP which is generic across all four subspecialties.

Flexibility and lifelong learning are key; the development of SITMs and SIPMs will allow all doctors to access high quality training throughout their careers ensuring that the needs of communities are met, and careers can develop. As is currently the case, there is recognition that SAS, LE doctors and some consultants will wish and need to access special interest training, facilitating their career aspirations and ensuring that the range of clinical services can be provided to communities across the UK. It is important that those responsible for leading clinical services collaborate with the educators to ensure that there is equity in special interest training and services across all regions.



Curriculum 2024 enables doctors within a training program to start developing special interest skills at ST5. There is an awareness that exposure to gynaecological surgery for trainees at earlier stages in the training programme is limited; doctors aiming for a future career which includes significant gynaecological surgery will be able to begin SITMs appropriate to this goal earlier in their training programme.

Those trainees planning a more obstetric or outpatient/community gynaecology practice will also be able to start to develop the relevant competencies at ST5.

Learning opportunities for SITMs can be accessed through the everyday work of a learner (as with Core), but certain elements will require 'protected' or 'supernumerary' time within the normal working week.

It is anticipated that trainees starting a 'foundation' SITM in ST5 will then add the second SITM once they have confirmed their aptitude and when training places become available. A second SITM can only be started once the learner has achieved the MRCOG. Trainees entering ST5 would normally be recommended to register for one SITM. However, there may be situations where a trainee registers for a second SITM following conversations with their educational supervisor and the SITM Director (e.g. MRCOG Part 2&3 achieved and all requirements of stage 2 of the core curriculum completed)

The following sections give guidance on the importance of collaboration between service and education leads, and the development of selection processes and systems which foster training for all doctors working within clinical services.

There is an expectation that these resources will further develop and be expanded upon with the implementation of Curriculum 2024 ensuring that experiences and examples of good practice are shared.

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## Collaboration between service leads and education leads

Workforce planning is an intricate process of getting the 'right people with the right skills in the right place at the right time' to provide person-centred care.



For workforce planning to be successful, training opportunities and the skillset of the workforce must be aligned with both present and projected patient demand.

The UK exhibits variations in population demographics, encompassing factors such as age distribution, fertility rates, and the frequency of certain health concerns like smoking, heart disease, and obesity. This results in regional disparities regarding the necessary services to enable equal access to healthcare.

Hence, it is crucial to implement a comprehensive strategic management approach to human resources to target any specific deficiencies in the existing workforce. This approach should also ensure that each region has enough trained and skilled specialists and subspecialists to underpin the present and future obstetric and gynaecological requirements of the population.

Whilst adapting to these changing patient and service needs, O&G is facing significant workforce challenges which impact both on training experience and patient care. The balance of service provision/training has shifted towards service provision because of unfilled rotas and patients with increasingly complex medical conditions. Therefore, it is vital that NHS Employers, integrated care boards, health education bodies, and trusts, are committed to supporting heads of schools in effecting training principles in full.

In addition, the Shape of Training report, 'Securing the future of excellent patient care' (General Medical Council, 2013) [https://www.gmc-uk.org/-/media/documents/Shape\\_of\\_training\\_FINAL\\_Report.pdf\\_53977887.pdf](https://www.gmc-uk.org/-/media/documents/Shape_of_training_FINAL_Report.pdf_53977887.pdf) calls for a flexible and adaptable workforce that is trained to meet the changing needs of the population. This requires a long term, sustainable, and multifaceted solution to enable trainees to train and prepare adequately for life as a consultant.

The Advanced Training Review by the RCOG has updated the curriculum to reflect the evolving needs of women's healthcare, whilst incorporating training on emerging technologies, innovate treatments and patient centred equitable care.

## The development of the core curriculum

The core curriculum develops the skills to equip an obstetrician and gynaecologist to provide essential level consultant care (i.e. acting independently) in the common obstetric and gynaecological emergencies, and fundamental out-patient and in-patient care.

However, to provide a rounded, sophisticated and complete service close to home each obstetrician and gynaecologist in training will also need to develop a special interest. As a consultant they will contribute to a team that can cover most of the needs of a local



population; obstetrics and gynaecology is too wide a specialty to expect each trainee to achieve independent competency in all the skills it encompasses.

A smaller number of trainees will undertake subspecialty training in the expectation that they will provide care to women and people with the most complex of healthcare concerns from much larger geographical areas.

### Special Interest Training Modules (SITMs)

Special interest training is therefore an essential component in preparing a trainee to be a consultant. Special interest training begins in ST5. Specialty trainees then have three years to develop their special interests alongside the core skills.

Therefore, doctors within the training programme, and SAS and locally employed doctors (LEDs), will need informed and considered career advice early within their career journey. As the doctor enters ST4 of the training programme a career conversation is required with their educational supervisor to discuss future career plans and consider which SITMs would be appropriate for these aims.

Careers advisors should have access to workforce demand data and regional 'intelligence' regarding forthcoming needs so that these conversations can be realistic and valuable. Trainees aspirations should be based on interest, skills and aptitude, but also population needs at local and national level.

### Changes to the curriculum and implications for service delivery

It is also important to manage expectations of doctors entering ST5 to ensure that service needs and training can be better balanced. It is envisaged that:

- o The ST5 doctor will start a single SITM in ST5. Protected sessions are not required for most trainees at this stage, but some foundation skills, such as scanning, will require the trainee to be supernumerary.
- o It is expected that most trainees will start a 'foundation' SITM in ST5 (Gynaecological Surgical Care, Pregnancy Care or Fetal Care), moving onto additional SITMs once they have demonstrated their ability within these foundation SITMs and have achieved the MRCOG.
- o Some trainees will prefer a portfolio of smaller, less time intensive SITMs.
- o There are a variety of ways that SITM training can be supported. Some learning opportunities will occur during 'service' provision e.g. diabetes antenatal clinics or gynaecology theatre lists. Others will require the trainee to be 'supernumerary' i.e.



- not contributing to the service provision e.g. fetal medicine and preterm birth prevention clinics, and specialist gynaecology clinics and operating lists
- o A full-time trainee should expect to have approximately one 'protected' clinical session each week relevant to each SITM they are undertaking in ST6 and ST7, in addition to learning through service delivery. For LTFT trainees this would be pro-rata.
  - o On occasion the SITM session may also be as part of a service session e.g. in theatre for surgery as a second surgeon or being the registrar in a maternity medicine clinic.
  - o It is the role of the college tutor and those overseeing the rota to balance the needs of individual trainees undertaking SITMs, and the responsibility of the regional SITM director and training programme directors to ensure that training units can achieve this when designing trainee rotations.

Whilst a trainee entering into ST5 may have an idea of all the SITMs they wish to undertake, there are some SITMs that will allow them to explore their aptitude for a particular area.

These 'foundation SITMs' are Gynaecological Surgical Care (GSC), Pregnancy Care (PC) and Fetal Care (FC). It is not mandated that a trainee registers for one of these three SITMs, but certain SITMs cannot be undertaken unless the appropriate 'foundation' SITM has been commenced;

- The Fetal Care SITM is the foundation, and is essential for, the Prenatal Diagnosis SITM.
- The Pregnancy Care SITM provides the foundation, and is essential for, the Maternal Medicine SITM.
- The Gynaecological surgical Care SITM provides the foundation, and is essential for, the Management of Complex Non-malignant Disease, Gynaecological Oncology and Robotic Assisted Surgery SITMs.

Trainees may use good quality evidence from any time in their training to support the sign-off of skills acquisition in their SITM. Any relevant experience is valuable in their development, although trainees should take every opportunity to further their experience and skills, and to illustrate them with contemporaneously acquired evidence.

## Example: SITM career advice evening model

### Yorkshire and the Humber career event

This region has an annual career event hosted by the head of school.

The event is attended by individuals who are seeking career advice prior to embarking on a SITM as well as educational supervisors, college tutors, training programme directors and departmental leads.

The event starts with each clinical director representing the O&G services across Yorkshire and the Humber presenting an overview of their respective populations and service requirements.

They also discuss the anticipated senior workforce skills that will be necessary in the next 2-5 years. For instance, one unit highlighted the need for obstetricians to possess scanning skills in response to the growing demand for antenatal ultrasounds in their department. In another unit, all applicants for the unit are required to have successfully completed non-malignant gynaecology.

The event also enables the learners to listen to doctors currently or recently completing a SITM to discuss the skills gained, accreditation standards for each module while discussing the challenges associated with completing the SITMs.





## Formalised processes for selection

The provision of SITM training will vary between training units, and between regions. It is not expected that all SITMs will be provided within all regions, although most will. Demand for training opportunities across the various special interests within obstetrics and gynaecology varies from year to year.

Ideally, these should be matched by the forthcoming needs of the region, and the nation, although trainee choice of course will always have a predominant part to play. Honest and realistic careers conversations should occur between trainees and their trainers with regard to their individual aptitudes, the opportunities that are available, and the demand for the more popular choices.

All schools of O&G will have their own processes in place for determining the special interest wishes of their trainees and matching these where possible to what is available. The RCOG recommend that there should be a formal transparent process for appointment into SITMs. This may involve a formal application and assessment process with scoring schemes for the more competitive SITMS, which may include interviews.

Example SITM application and reference forms are provided, aimed at promoting regional consistency:

[Example SITM reference form](#)

[Example SITM application form](#)

Trainees may wish to apply for out-of-programme time to access an SITM which is not provided within their own region. It is suggested that for supra-regional SITMs (e.g. Robotic Assisted Gynaecological Surgery), interview panels follow a similar format to Subspecialty appointment panels (see below).

### Sub-speciality appointment panels

This provides guidance as to the recommended members of a subspecialty training appointments panel. It applies to all subspecialties and posts, regardless of pre-or post-CCT, or how the post is funded (i.e. deanery or trust funded).

#### Panel minimum members

- Panel Chair: Head of school (or TPD) overseeing the programme
- Programme Subspecialty programme supervisor



- Programme Subspecialty programme deputy or another named subspecialist supervisor in the programme
- External panel member: this can be **one** from the following:
  - Lay representative
  - Subspecialty programme director (or deputy ) from another programme within the subspecialty
  - Subspecialty programme director (or deputy) from another subspecialty programme within the region
  - Society representative from outside the programme such as BSUG, BMFMS, BFS, BGCS, Regional RCOG committees

#### Additional panel members which may be required:

- Academic representative: if post has an academic component
- Representative from HR

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## SAS and LE doctors

The RCOG has consulted with the RCOG SAS/LE doctors Committee and recognises that the process of recruiting doctors into SITMs/SIPMs needs to be transparent, fair and equitable to SAS/LE doctors as well as to postgraduate doctors in the training programme.

The College, in addition, recognises that the number of SAS/LE doctors working in units varies across the United Kingdom. Therefore, regional conversations are encouraged between training centres and training programmes to enable SAS and LE doctors to register for SITMs and SIPMs.

Given the diverse expertise of LE doctors, ranging from foundation year 3 doctors to those with over 15 years of experience in the department, it is crucial to establish the eligibility requirements for SITMs.

SAS doctors already have at least two years' experience working in a relevant specialty and most have many more years' experience than this. These modules are currently accessible for doctors at ST5 level to complete. Doctors who have not completed the MRCOG Part 3 can still begin and finish a SITM, but they will not be eligible to enter Stage Three training.

They cannot progress to ST6 until they have passed MRCOG Part 3 and will not be given protected SITM time.

Following consultation with the SAS/LE doctors Committee, it has been agreed that for SAS/LE doctors;

- Commencing a SITM must possess a minimum of two years' experience in an SAS/LE doctor position in the UK and provide evidence of having acquired all ST4 competences. A second SITM can be started once the MRCOG has been achieved.
- An SIPM can be commenced at any stage once the required support and supervision have been acquired.
- The RCOG examination is widely recognised as the benchmark qualification in obstetrics and gynaecology in the UK. This three part exam is designed to assess the competencies, knowledge, and behaviours of doctors specialising in obstetrics & gynaecology and stage three training/ST6 cannot be commenced without this.
- For a doctor to deliver specialised care at a special interest level and work autonomously, in accordance with Stage Three training and higher learning outcomes, (the equivalent of ST6 and above), they must have completed the MRCOG or a comparable qualification.
- Both SITM and SIPM may be helpful in evidencing experience for application for specialist posts\* for which MRCOG Part 3 may be desirable but not essential.

(\*Specialist posts link to NHS Employers website:

<https://www.nhsemployers.org/publications/terms-and-conditions-service-specialist-grade-england-2021>)

It has been recognised that each SAS/LE doctor interested in applying for a SITM should have a career conversation with their educational supervisor and college tutor to ensure that the SITM is achievable within a set timeframe and aligns with their career aspirations. The clinical leads will need to support access to the training sessions. In addition, the SITMs will need to be agreed with the regional SITM director who works with the training programme directors when allocating doctors to placements.

Find out more at  
[rcog.org.uk](http://rcog.org.uk)



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