

# **Thematic Report**

## **Subspecialty Training**

**September 2024**



# Subspecialty Training

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## Background

The Trainee Evaluation Form (TEF) is a yearly survey of trainees. Following the TEF survey the RCOG undertakes a detailed analysis of key areas of training. Topics are retrospective which allows year-on-year comparison, however, new topics are also introduced following a review of the data. Information on Wellbeing and Burnout have been added for 2024 with further developments planned for 2025.

The areas for analysis are based on the current priorities identified by the Specialty Education Advisory Committee (SEAC) and the National Trainees' Committee. All available data is analysed and combined into reports that are then fed back to SEAC, Heads of School, the National 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 2024 analysis are:

- Differential Attainment
- Workplace Behaviours
- Gynaecology Training to include ultrasound
- Subspecialty Training
- Obstetrics Training to include ultrasound
- Educational Supervision
- Advanced Training (now Special Interest)
- Wellbeing & Burnout

The focus of this report is Subspecialty training.



The TEF survey is a mandatory requirement for all pre-CCT trainees. It is not an anonymous survey. Pseudonymised data is provided to the Training Evaluation Committee (TEC), Specialty Education Advisory Committee (SEAC), Heads of School, and the NTC. Information gained is used to reward good training, with the recommendations used as a driver for change and to identify ways to improve training. Pseudonymised data is not completely anonymous with the potential for individuals to be identified by cross-referencing responses. This is a particular risk in small departments / training programmes such as those found in Subspecialty training. A completely anonymous survey would negate these concerns but would not provide the ability to identify geographical areas or individual centres of concern or excellence. Nevertheless, TEF data remains one of the most robust surveys amongst trainees, which has enormous input from all involved to make the findings meaningful.

### 2023 Subspecialty Report Recommendations:

1. Continue to monitor the effect of changes in Urogynaecology operating on subspecialty trainees, particularly any waiting-list initiatives that may take place outside the trainees' usual unit.
2. Continue to monitor equality and diversity data and consider reasons for disparities between individual sub-specialities.
3. Closely monitor the changes to the RCOG advanced and sub-speciality curriculum and the effects on overall trainee satisfaction and progress.

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).

### 2024 Areas of Interest: Subspecialty Trainees:

1. E-Portfolio, Curriculum Demands and Work-Life Balance
2. Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024
3. Psychological Safety in the Workplace: Bullying and Undermining Behaviour



## Summary of findings

### E-Portfolio, Curriculum Demands and Work-Life Balance

- The vast majority of trainees (91-100%) report using annual leave, weekends and evenings to maintain eportfolio requirements. The majority of trainees also described needing to stay after shifts to complete tasks and document in notes. This likely contributes to the feelings of burnout expressed. Less than full-time training is notably much less prevalent within subspecialty training compared to ST 6/7 trainees.

### Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024

- Access to adequate training in complex minimally invasive surgical procedures are of concern to surgically focused subspecialty trainees in Gynaecological Oncology, Reproductive Medicine and Urogynaecology. Rare or complex procedures in Gynaecological Oncology such as para-aortic lymph node dissection, groin node dissection and radical hysterectomy were of concern. Exposure to neonatal surgery, invasive fetal medicine procedures and perinatal pathology was of some concern to Maternal and Fetal Medicine subspecialty trainees.

### Psychological Safety in the Workplace: Bullying and Undermining Behaviour

- Nearly 30% of trainees experienced some degree of bullying and undermining behaviour. Given the TEF is not an anonymous survey the true scale of this problem may not be fully appreciated.



## Recommendations

### E-Portfolio, Curriculum Demands and Work-Life Balance

- 1) E-portfolio requirements should be streamlined to focus solely on essential documentation, allowing trainees and trainers to cultivate meaningful mentor-mentee relationships without added administrative burden.
- 2) Protected administration time for e-portfolio tasks should be provided for trainers and trainees, with the flexibility to complete these tasks at home, during normal working hours where appropriate. This approach would further support work-life balance and help mitigate burnout.
- 3) The 2025 TEF survey will include further questions on burnout using the Copenhagen Burnout Inventory. Results relating to subspecialty trainees should be reported.[1]

### Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024

- 4) Collaborative networks.

Centres should be encouraged to collaborate within RCOG-registered regional and national networks to ensure subspecialty trainees gain adequate exposure to rare and complex procedures. Visiting trainees should not disadvantage local trainees in these centres. This can be mitigated by co-ordinating leave where possible.

- 5) National workshops

Workshops focused on key procedures of concern (eg radical hysterectomy, fetal surgery and perinatal pathology) to supplement local experience and ensure consistent skill acquisition across all trainees.

## Psychological Safety in the Workplace: Bullying and Undermining Behaviour

- 6) Subspecialty-focused anonymous workplace surveys, such as that currently being carried out by the British Gynaecological Cancer Society, could be conducted to proactively monitor the prevalence of bullying, undermining behaviour burnout and psychological safety, complementing the work already carried out through the TEF survey. Such surveys should include trainers and the wider multidisciplinary team in addition to trainees.[2-5]
- 7) Trainee and trainers are encouraged to follow the local policy and procedures for raising concerns about behaviours (**Please also remember to consult the Gold Guide**):
  1. Subspecialty training program supervisor (ES)
  2. College tutor
  3. Head of school overseeing the program
  4. RCOG subspecialty committee

### **Other contacts for support**

- Post graduate dean
- Director of medical education
- Freedom to speak up guardian

Trainees are also encouraged to make contact with the RCOG workplace behaviour champions and to refer to [RCOG workplace behaviour toolkit](#).

- 8) Trainees are encouraged to continue to document their experience in the TEF survey as TEF Survey feedback is used during the centre accreditation and re accreditation assessments.
- 9) Increased training and awareness for both trainers and trainees on psychological safety in the workplace.[6]
- 10) Bullying prevention and conflict resolution training should focus on how to identify, prevent and appropriately respond to bullying and undermining behaviour.[5, 7] Trainees and trainers should participate in "civility matters" and "Active bystander training" conducted locally and regionally.



## Analysis

The subspecialty-trainee response rate to the TEF survey ranged from 50% for Reproductive Medicine trainees to 87.5% for Urogynaecology Subspecialty Trainees. In 2024, there were no COVID outcomes at ARCP. This is a reassuring finding, hopefully, reflecting progress in the recovery of training particularly within Urogynaecology.

### Outcomes for Subspecialties Organised Alphabetically

May 2024	Gynaecological Oncology	Maternal Fetal Medicine	Reproductive Medicine	Urogynaecology	Total
SST programmes (n)	29	22	18	10	79
SST posts (n)	34	35.5	20.5	11	101
Registered SST trainees (n)	30	29	12	8	79

Table 1 - Subspecialty Training Statistics UK May 2024

September 2024	Gynaecological Oncology	Maternal Fetal Medicine	Reproductive Medicine	Urogynaecology	Total
SST programmes (n)	32	23	21	12	88
SST posts (n)	37	37.5	24	13	111.5
Registered SST trainees (n)	32	34	15	9	79

Table 2 - Subspecialty Training Statistics UK September 2024

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

Table 3 - TEF 2024 SST response rate



## ARCP Outcomes

<b>Outcome 1</b>	Achieving progress and the development of competencies at the expected rate.
<b>Outcome 2</b>	Development of specific competencies required – no additional training time
<b>Outcome 3</b>	Inadequate progress by the trainee - additional training time required.
<b>Outcome 4</b>	Released from training programme with or without specified competencies.
<b>Outcome 5</b>	Incomplete evidence presented - additional training time may be required.
<b>Outcome 6</b>	Gained all required competencies.

<b>10.1 COVID 19</b>	Trainee can progress to next stage of training
<b>10.2 COVID 19</b>	If at a critical point in training and affected by COVID; allows further training time

## SST Centralised Assessment Recommendations

Outcomes	1		2		3		4		5		6		10.1		10.2		Total
Gynaecological Oncology Mar 24	11	52.4%	4	19.0%	2	9.5%	0	0.0%	0	0.0%	4	19.0%	0	0.0%	0	0.0%	21
Gynaecological Oncology Mar 23	9	64.3%	2	14.3%	1	7.1%	0	0.0%	0	0.0%	2	14.3%	0	0.0%	0	0.0%	14
Maternal Fetal Medicine Mar 24	10	66.7%	2	13.3%	1	6.7%	0	0.0%	0	0.0%	2	13.3%	0	0.0%	0	0.0%	15
Maternal Fetal Medicine Mar 23	7	46.7%	2	13.3%	0	0.0%	0	0.0%	0	0.0%	6	40.0%	0	0.0%	0	0.0%	15
Reproductive Medicine Mar 24	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	5
Reproductive Medicine Mar 23	4	66.7%		0.0%	0	0.0%	0	0.0%	0	0.0%	2	33.3%	0	0.0%	0	0.0%	6
Urogynaecology Mar 24	3	37.5%		0.0%	1	12.5%	0	0.0%	0	0.0%	4	50.0%	0	0.0%	0	0.0%	8
Urogynaecology Mar 23	3	33.3%	1	11.1%		0.0%	0	0.0%	0	0.0%	2	22.2%	1	11.1%	2	22.2%	9
<b>Total Mar 24</b>	<b>27</b>	<b>55.1%</b>	<b>6</b>	<b>12.2%</b>	<b>4</b>	<b>8.2%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>12</b>	<b>24.5%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>49</b>
<b>Total Mar 23</b>	<b>23</b>	<b>52.3%</b>	<b>5</b>	<b>11.4%</b>	<b>1</b>	<b>2.3%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>12</b>	<b>27.3%</b>	<b>1</b>	<b>2.3%</b>	<b>2</b>	<b>4.5%</b>	<b>44</b>

Table 4 - ARCP outcomes 2023 vs 2024



## Demographics

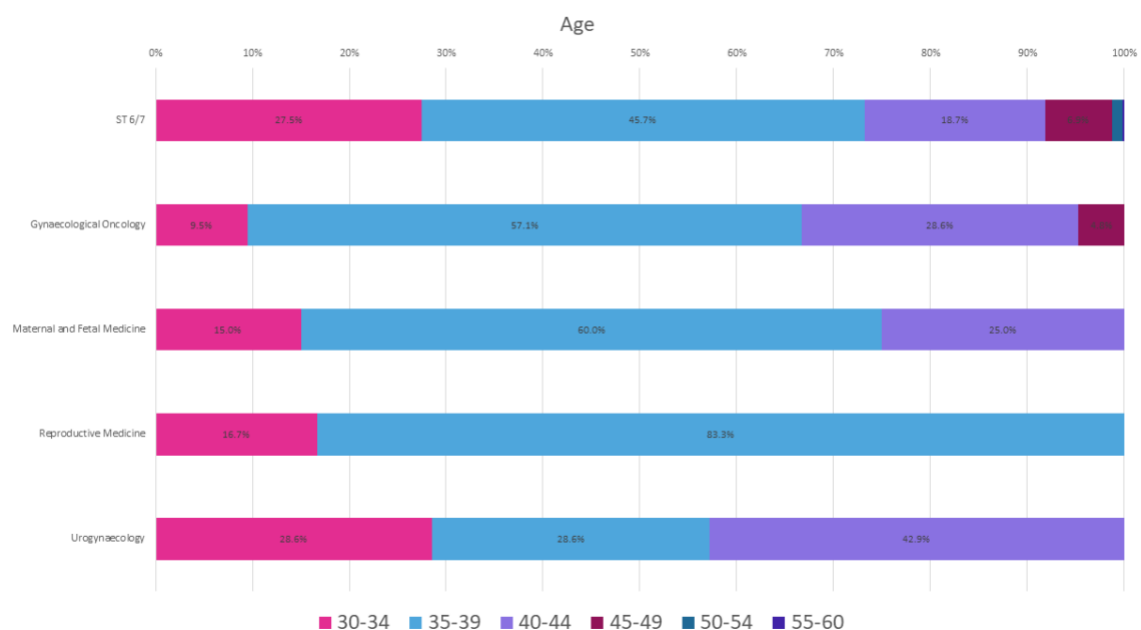
TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

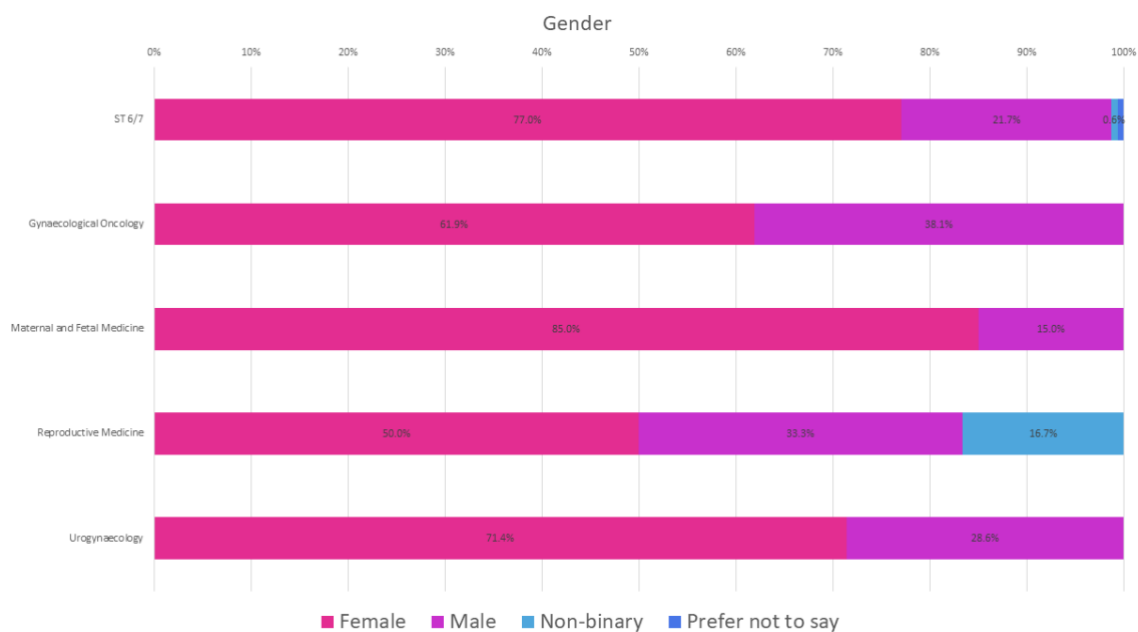
Subspecialty, trainees continue to be older, in general, to ST6/7 trainees. This likely reflects that many have spent time out of training to gain additional skills, in order to be competitive to apply for subspecialty training.

The number of subspecialty training places has increased in 2024. The smallest subspecialty remains Urogynaecology with 13 places now available nationally (9 registered SSTs). Gynaecological Oncology and Maternal Fetal Medicine are the largest subspecialties with 37 (32 registered SSTs) and 37.5 (34 Registered SSTs) training posts available respectively.

Women take up the majority of subspecialty training posts but this is less than would be expected when compared to ST6/7. The TEF survey does not delve into possible reasons but the additional cost of training and caring responsibilities may factor.

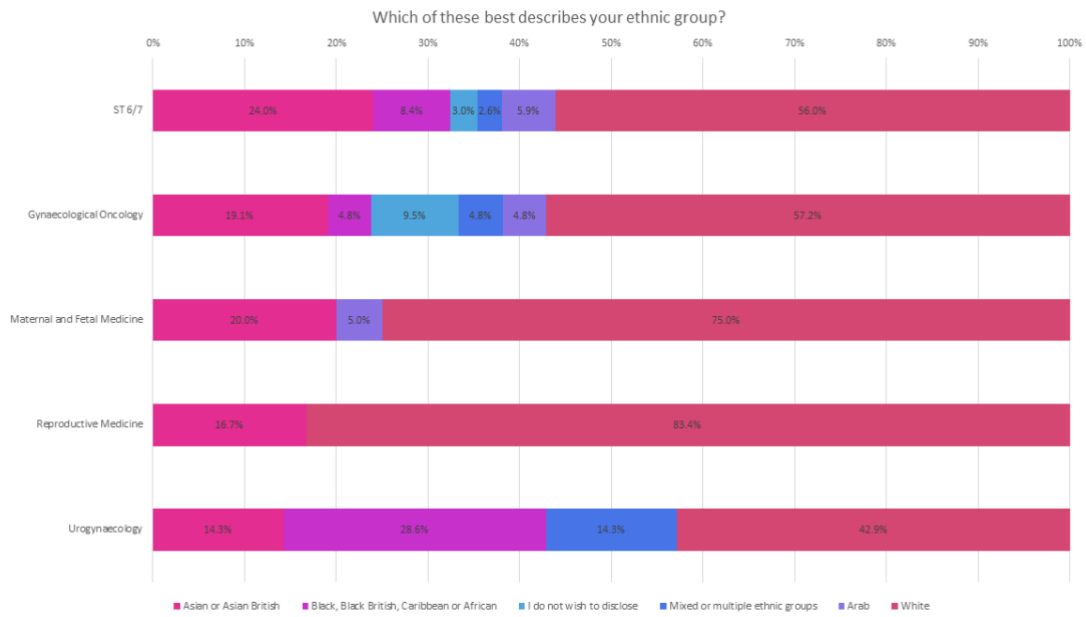
With regards to ethnic diversity; Gynaecological Oncology most closely reflects that of ST 6/7 trainees. Urogynaecology has a greater representation of ethnic minority groups. For both Maternal Fetal Medicine and Reproductive Medicine, those describing themselves to be of white ethnicity predominantly answered the TEF survey.





## Ethnicity

	ST 6/7	Gynaecological Oncology	Maternal and Fetal Medicine	Reproductive Medicine	Urogynaecology
Asian or Asian British - Bangladeshi	0.60%	0.00%	0.00%	0.00%	0.00%
Asian or Asian British - Chinese	2.80%	14.30%	15.00%	0.00%	0.00%
Asian or Asian British - Indian	13.30%	0.00%	5.00%	16.70%	14.30%
Asian or Asian British - Other	2.80%	4.80%	0.00%	0.00%	0.00%
Asian or Asian British - Pakistani	4.50%	0.00%	0.00%	0.00%	0.00%
<b>Subtotal</b>	<b>24.00%</b>	<b>19.10%</b>	<b>20.00%</b>	<b>16.70%</b>	<b>14.30%</b>
Black, Black British, Caribbean or African - African	6.90%	4.80%	0.00%	0.00%	28.60%
Black, Black British, Caribbean or African - Caribbean	1.30%	0.00%	0.00%	0.00%	0.00%
Black, Black British, Caribbean or African - Other	0.20%	0.00%	0.00%	0.00%	0.00%
<b>Subtotal</b>	<b>8.40%</b>	<b>4.80%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>28.60%</b>
I do not wish to disclose	3.00%	9.50%	0.00%	0.00%	0.00%
Mixed or multiple ethnic groups - Other	0.90%	0.00%	0.00%	0.00%	14.30%
Mixed or multiple ethnic groups - White and Asian	0.90%	4.80%	0.00%	0.00%	0.00%
Mixed or multiple ethnic groups - White and Black African	0.20%	0.00%	0.00%	0.00%	0.00%
Mixed or multiple ethnic groups - White and Black Caribbean	0.60%	0.00%	0.00%	0.00%	0.00%
<b>Subtotal</b>	<b>2.60%</b>	<b>4.80%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>14.30%</b>
Other - Arab	4.90%	4.80%	5.00%	0.00%	0.00%
Please specify - Egyptian	0.20%	0.00%	0.00%	0.00%	0.00%
Please specify - Egyptian	0.40%	0.00%	0.00%	0.00%	0.00%
Please specify - Indo Caribbean	0.20%	0.00%	0.00%	0.00%	0.00%
Please specify - North African	0.20%	0.00%	0.00%	0.00%	0.00%
<b>Subtotal</b>	<b>5.90%</b>	<b>4.80%</b>	<b>5.00%</b>	<b>0.00%</b>	<b>0.00%</b>
White - English, Welsh, Scottish, Northern Irish or British	45.50%	28.60%	60.00%	66.70%	14.30%
White - Irish	2.40%	0.00%	5.00%	0.00%	14.30%
White - Other	7.90%	28.60%	10.00%	16.70%	14.30%
White - Roma	0.20%	0.00%	0.00%	0.00%	0.00%
<b>Subtotal</b>	<b>56.00%</b>	<b>57.20%</b>	<b>75.00%</b>	<b>83.40%</b>	<b>42.90%</b>

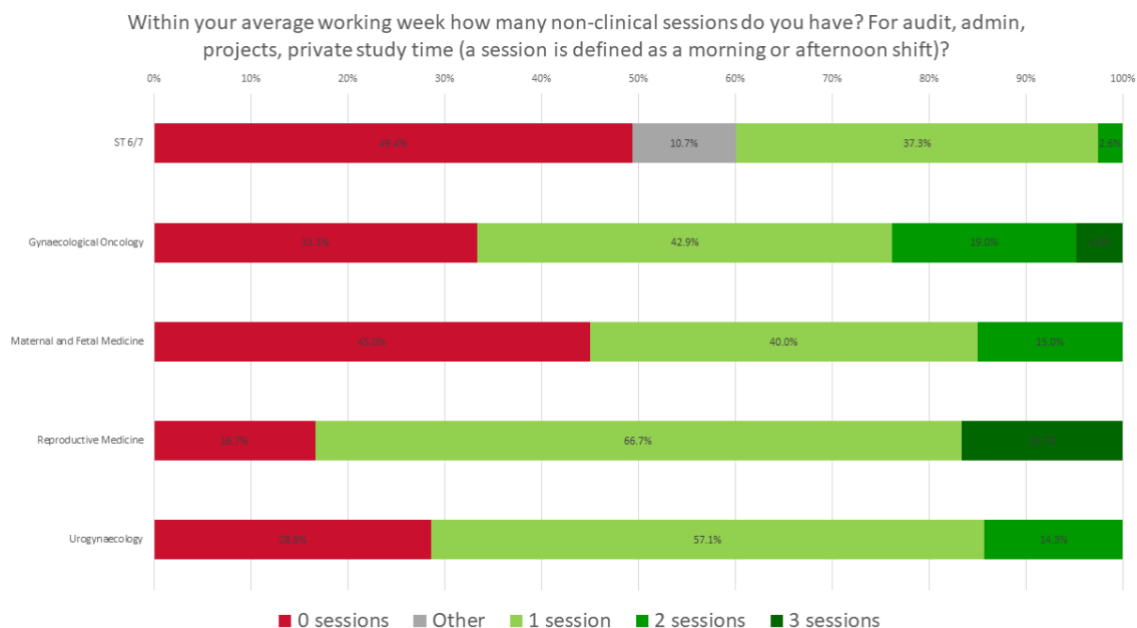


## E-Portfolio, Curriculum Demands and Work-Life Balance

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
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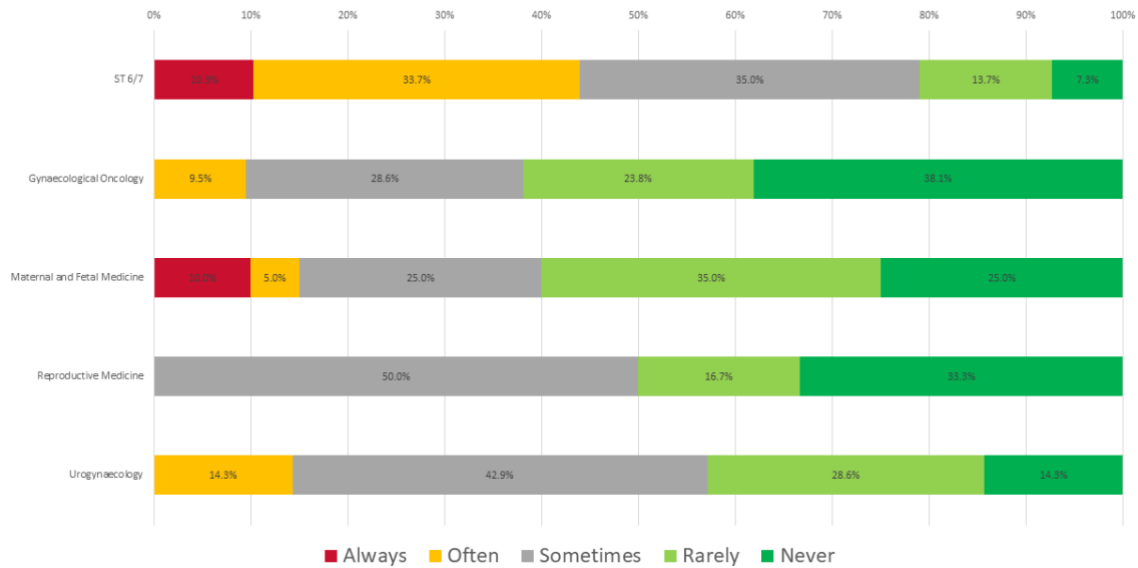
A focus of this year's report was e-Portfolio curriculum demands and work-life balance. The majority of sub-specialty, trainees receive one or more non-clinical sessions a week for audit, admin, projects and private study time. As may be expected, these sessions are often or sometimes, lost to service needs.

The vast majority of subspecialty trainees (91-100%) report using annual leave, weekends and evenings to maintain eportfolio requirements. The majority of trainees also described needing to stay after shifts to complete tasks and document in notes. This likely contributes to the feelings of burnout expressed. Less than full-time training is less prevalent within subspecialty training compared to ST 6/7 trainees.

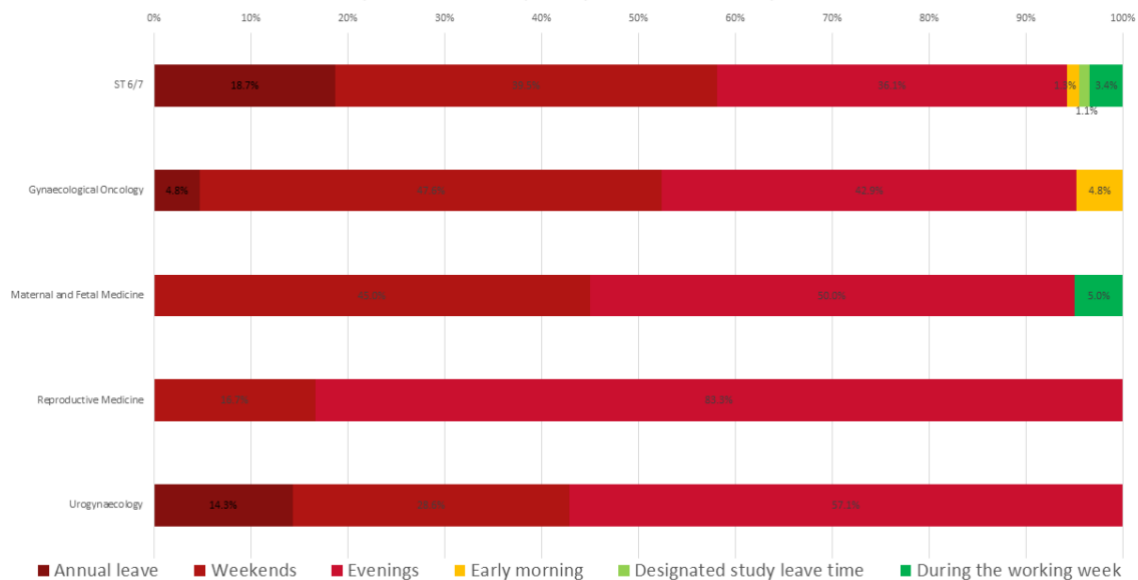




### How often are you asked to cover service clinical work during these "admin/private study" sessions?



### When do you find time to update your ePortfolio/study for exams?





## Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

28% of Gynaecological Oncology, 10% of Maternal and Fetal Medicine and 14.3% of Urogynaecology Subspecialty trainees reported that their training had been extended beyond their initial projected completion date. No Reproductive Medicine trainees reported needing to have their training extended. Only 6/12 Reproductive Medicine trainees answered the survey. This result may not be fully representative. The new advanced curriculum launched in August 2024. Special Interest Training Modules (SITMs) are now linked to Subspecialty training programs, facilitating the acquisition of core knowledge and skills during ST 5/6/7. Two-year subspecialty training programs will now be standard with an extension potentially granted if required. It will be interesting to follow the implementation of this and how this affects the subspecialty training time required by trainees.

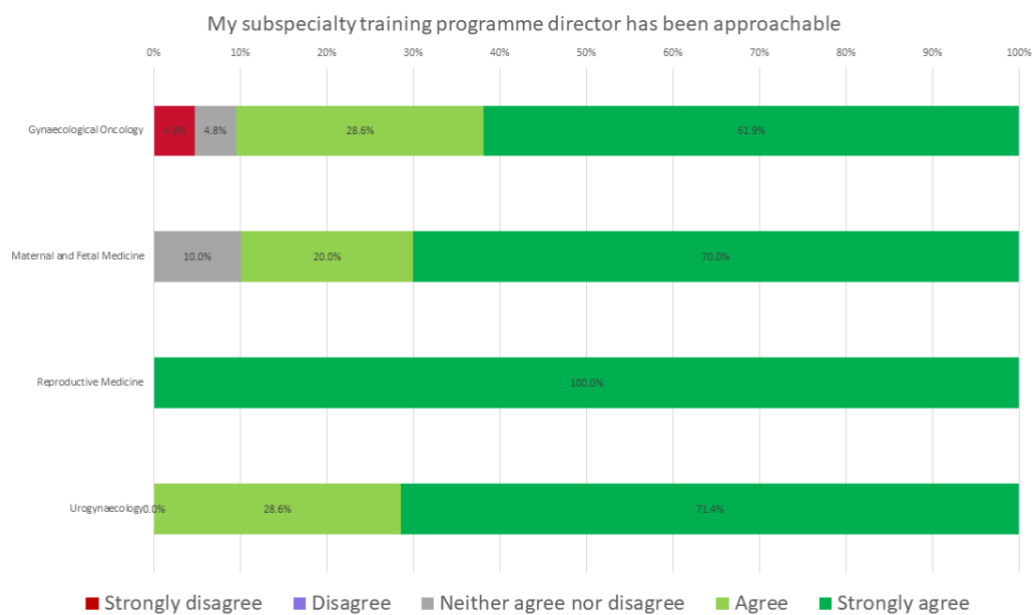
In Gynaecological Oncology, attainment of competency in laparoscopic pelvic lymph node dissection, open para-aortic lymph node dissection, groin lymphadenopathy and radical hysterectomy were areas of concern for trainees. Within Maternal Fetal Medicine, exposure to neonatal surgery, invasive fetal medicine procedures and perinatal pathology were areas of some concern but, overall, Maternal and Fetal Medicine trainees appeared content with their access to training. In Reproductive medicine access to andrology procedures and laparoscopic surgery were areas of concern. The vast majority of trainees however agreed or strongly agreed that they would be able to fulfil these requirements. Finally, access to training in laparoscopic Urogynaecology procedures was the primary concern for Urogynaecology Subspecialty trainees.

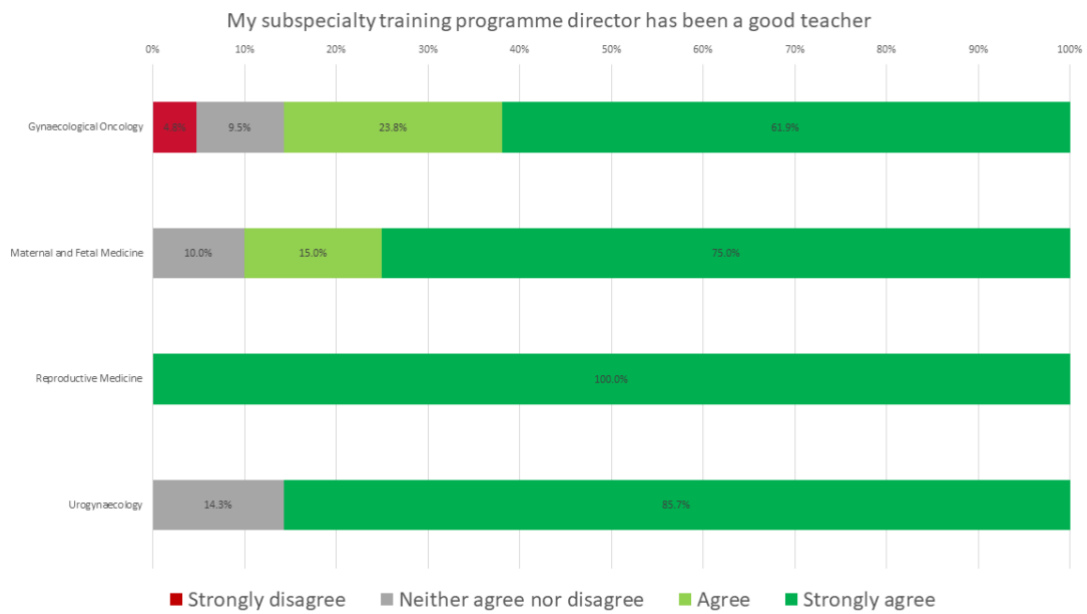
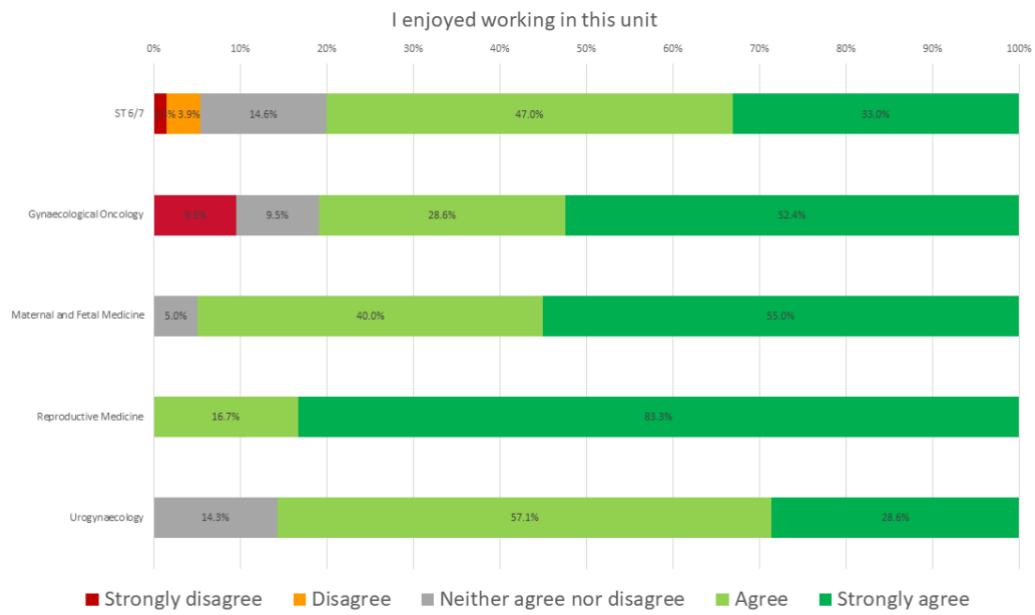
### Trainer-Trainee Relationship

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
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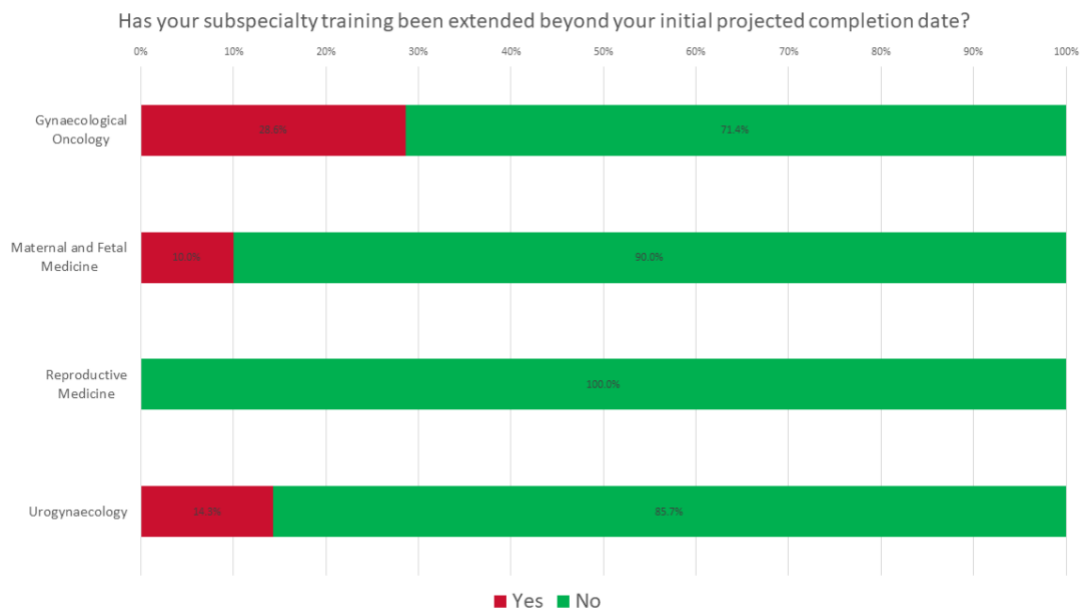
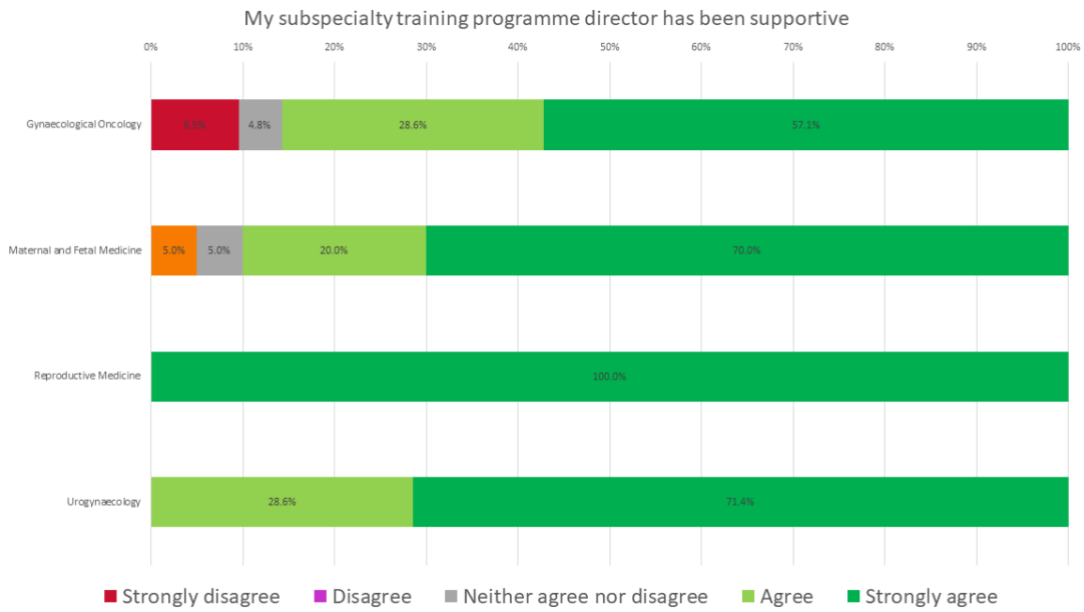
Overall Subspecialty trainees reported good relationships with their program director and reported enjoying working in their unit. Less than 10% strongly disagreed or disagreed with this.

Satisfaction was higher than for ST 6/7 trainees. The majority of subspecialty trainees described their training program director as supportive, approachable and a good teacher.







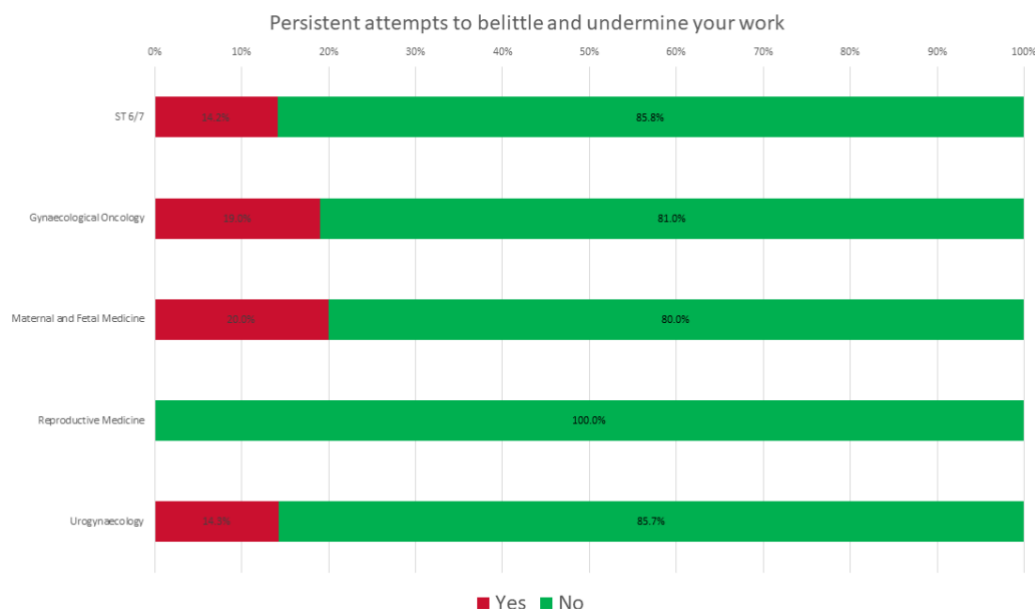


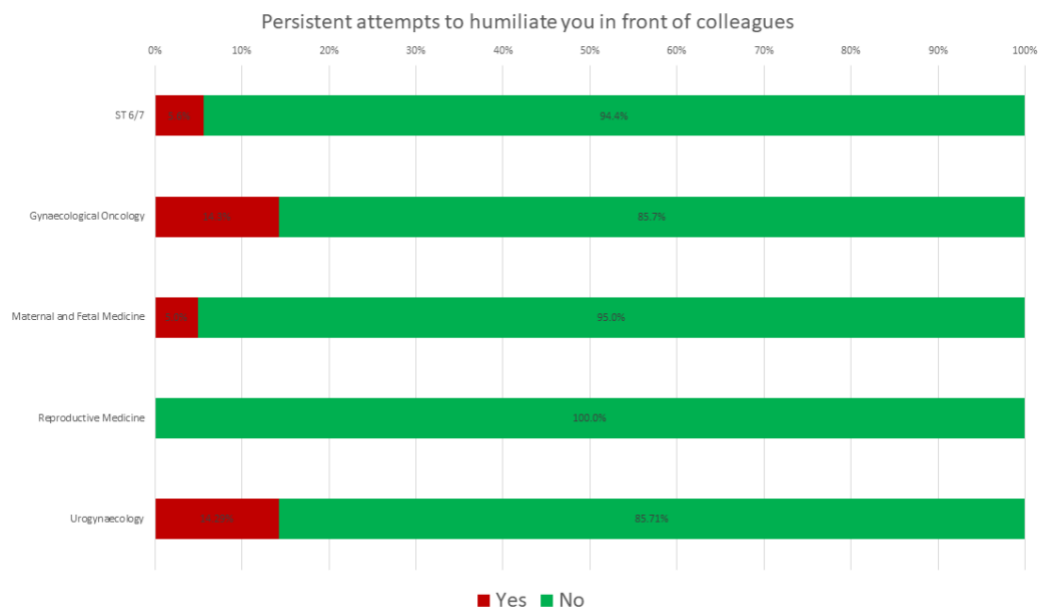
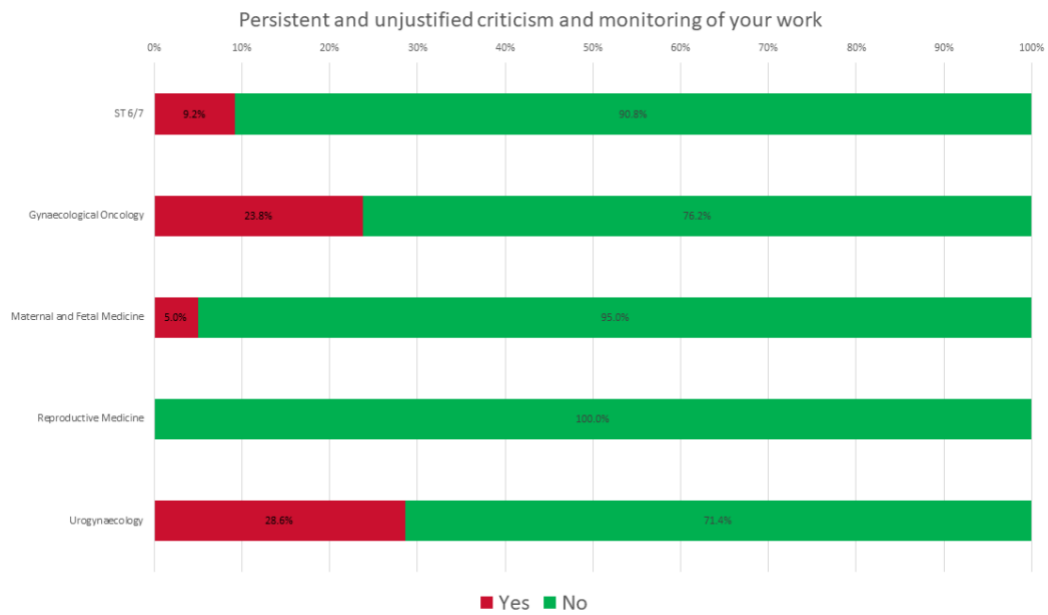
## Psychological Safety in the Workplace: Bullying and Undermining Behaviour

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

Psychological safety in the workplace including bullying and undermining behaviour was the third and final focus of this report. The charity Doctors in Distress reported that "In the UK one doctor takes their own life every three weeks and one nurse takes their own life every three days." [7]

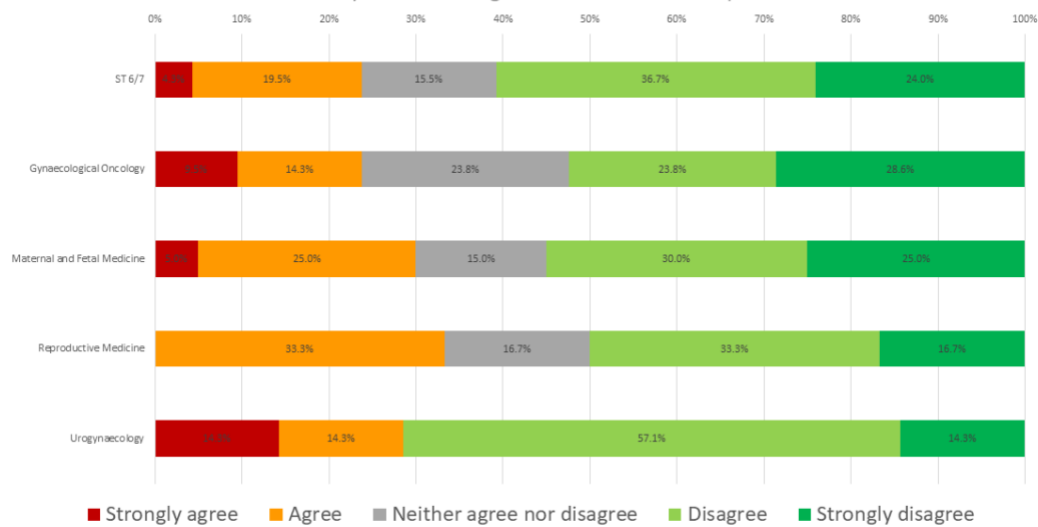
"Persistent attempts to belittle and undermine work" was experienced by 19% of Gynaecological Oncology, 20% of Maternal and Fetal Medicine, no Reproductive Medicine and 14.3% of Urogynaecology Subspecialty trainees. "Persistent and unjustified criticism and monitoring of work " was experienced by 23.8% of Gynaecological Oncology, 5% of Maternal and Fetal Medicine, none of the Reproductive Medicine and 28.6% of Urogynaecology Trainees.



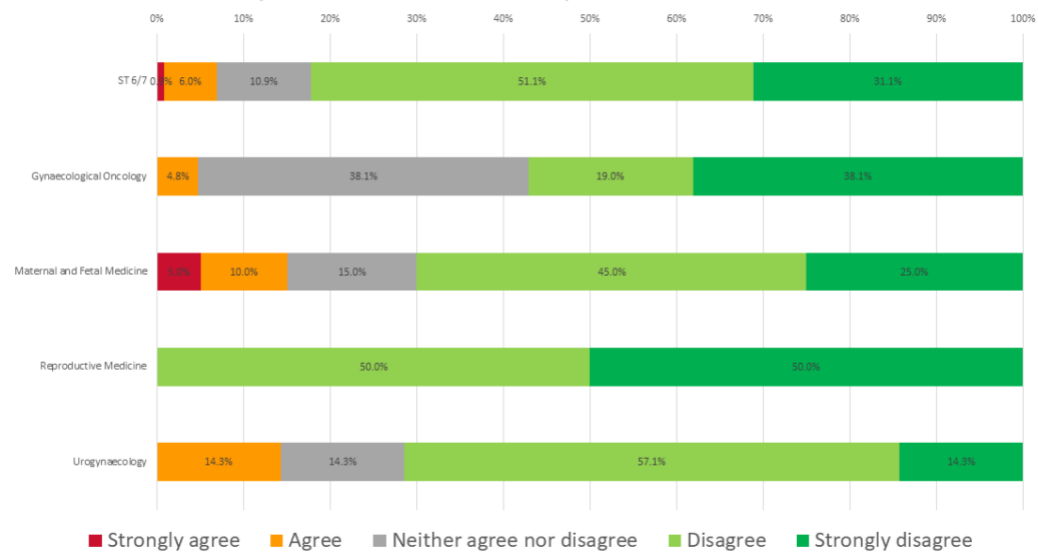




In this post, I was **SUBJECTED TO** or **WITNESSED** behaviour that I would classify as 'incivility' (incivility is one or more rude, discourteous, or disrespectful action that may or may not have a negative intent behind them)



In this post, I witnessed other healthcare professionals being subjected to persistent behaviours by others which have eroded their professional confidence or self esteem



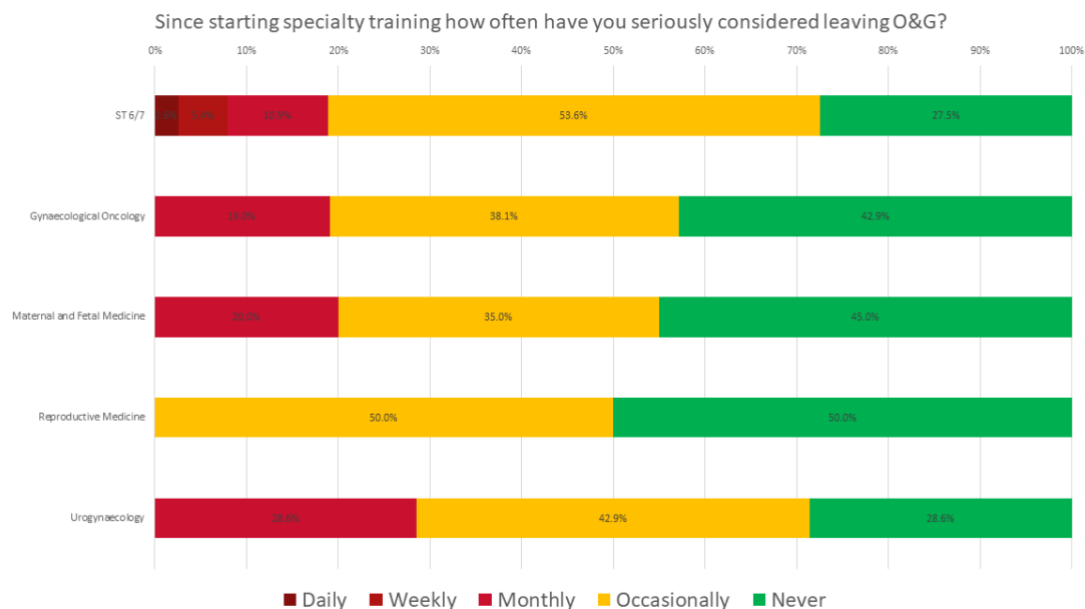
### Health and Burnout

In the past 12 months, a significant portion of subspecialty, trainees, reported experiencing physical health problems. This ranged from 10% of Maternal and Fetal Medicine Trainees surveyed to 57.1% of Urogynaecology trainees. Particularly poignant were free text comments regarding the trainee experience:

*“I just want to run away from the constant pressure of having work to do and never being able to relax because I always feel under pressure and that I'm not producing enough or working hard enough”*

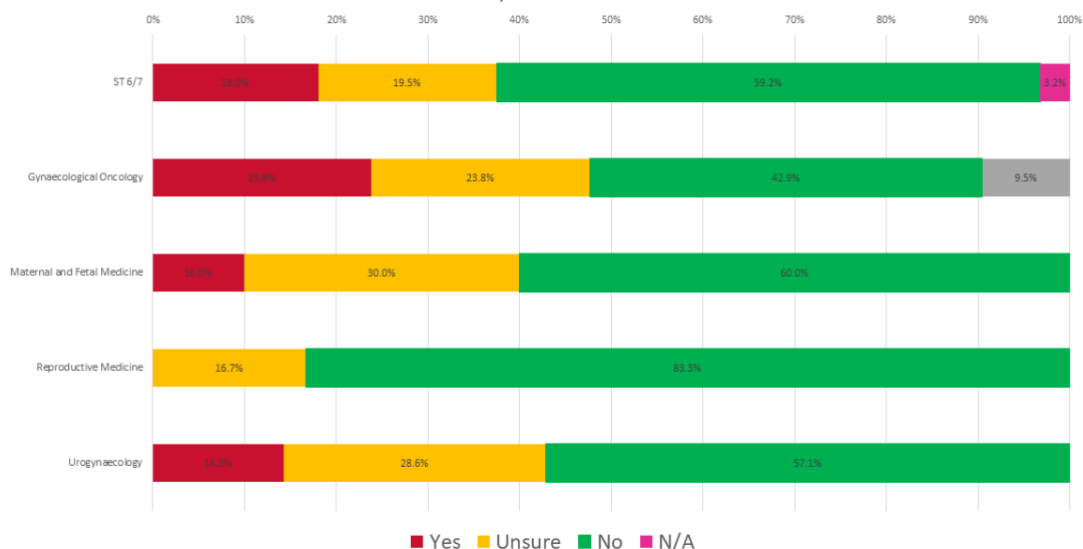
*“I'm always running trying to get something done for work or stressing about how I am not doing enough. I feel that my focus is only on my profession and I can't look after the personal aspect of my life.”*

When asked, between 50-71.5% of subspecialty trainees seriously considered leaving training, either occasionally or as much as every month.





Do you have concerns that your direct supervisors/management team may be over critical of your work?



"I just want to run away from the constant pressure of having work to do and never being able to relax because I always feel under pressure and that I'm not producing enough or working hard enough "

"Chronic fatigue"

"Persistent over criticism of work despite efforts to work hard and beyond the call of duties is disheartening and results in low morale."

"... find e-portfolio commitments particularly burdensome. It would be a huge relief to be allowed to 'pause' educational requirements i.e. still perform clinical work and complete clinical commitments/be paid etc. but to have expectations for educational goals; audit, e-portfolio etc paused on return from time out of program for an agreed length of time e.g. 6 months to facilitate work-life balance .....proactively identify a time of likely life stress rather than have additional training time added following ARCP, making me feel like a failure."

"Stress related to specific individual consultants who have undertaken inappropriate workplace behaviors or unfair treatment - despite this grateful for others who have been kind and compassionate."

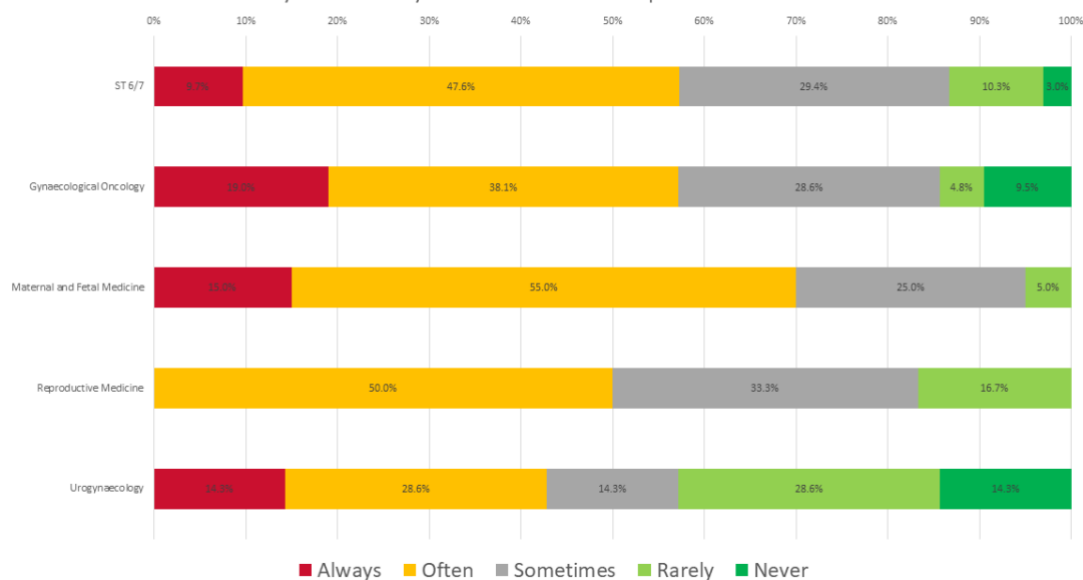
"Fatigue. I just feel that all the times that I am expected to come in to work on my off days and these are marked as "Voluntary shifts" are taking an immense toll on my personal well being and family relations. I'm always running trying to get something done for work or stressing about how I am not doing enough. I feel that my focus is only on my profession and I can't look after the personal aspect of my life. There is no TOIL given for coming in on my OFF days and no acknowledgement that I am going the extra mile."



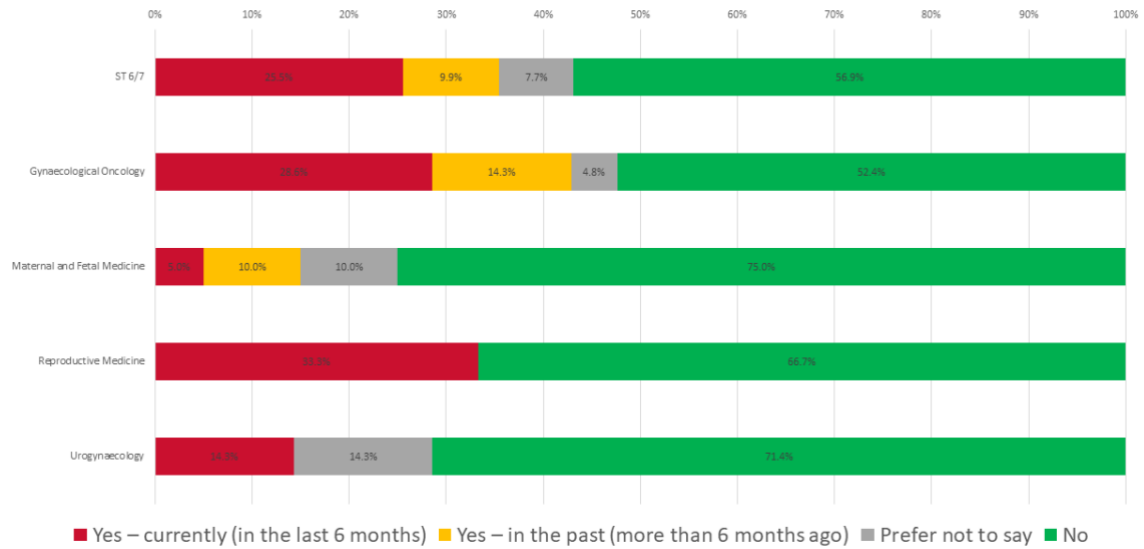
### Are you currently training Full time or Less Than Full Time (LTFT)?



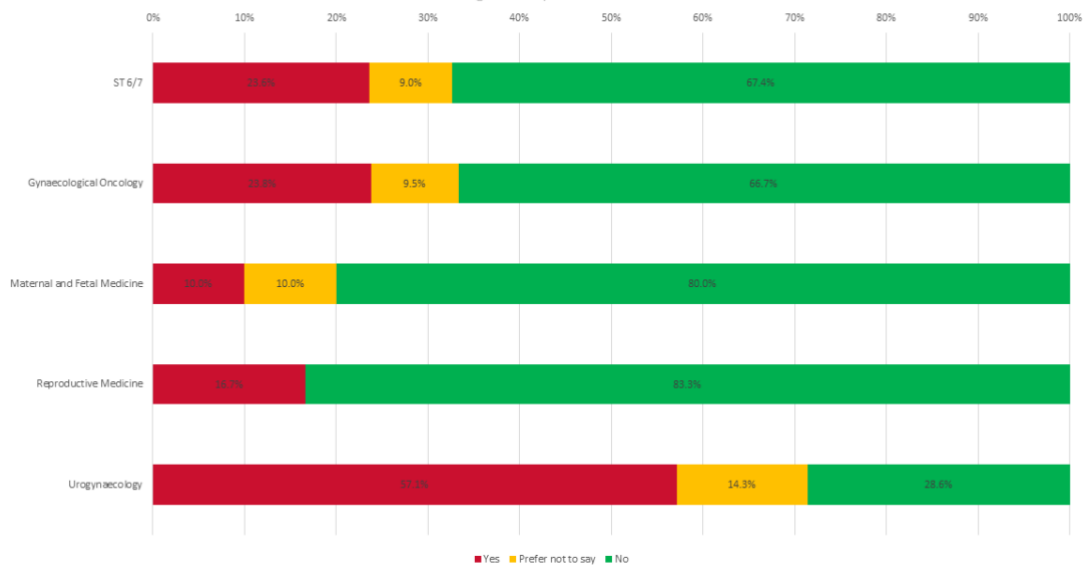
### How often have you had to stay after shift ended to complete a task or document in notes?



In the past 12 months have you experienced any additional life stressors (e.g. bereavement, accident etc.)



In the past 12 months have you experienced any physical health problems (e.g. chronic fatigue, cardiovascular disease, high blood pressure etc.)

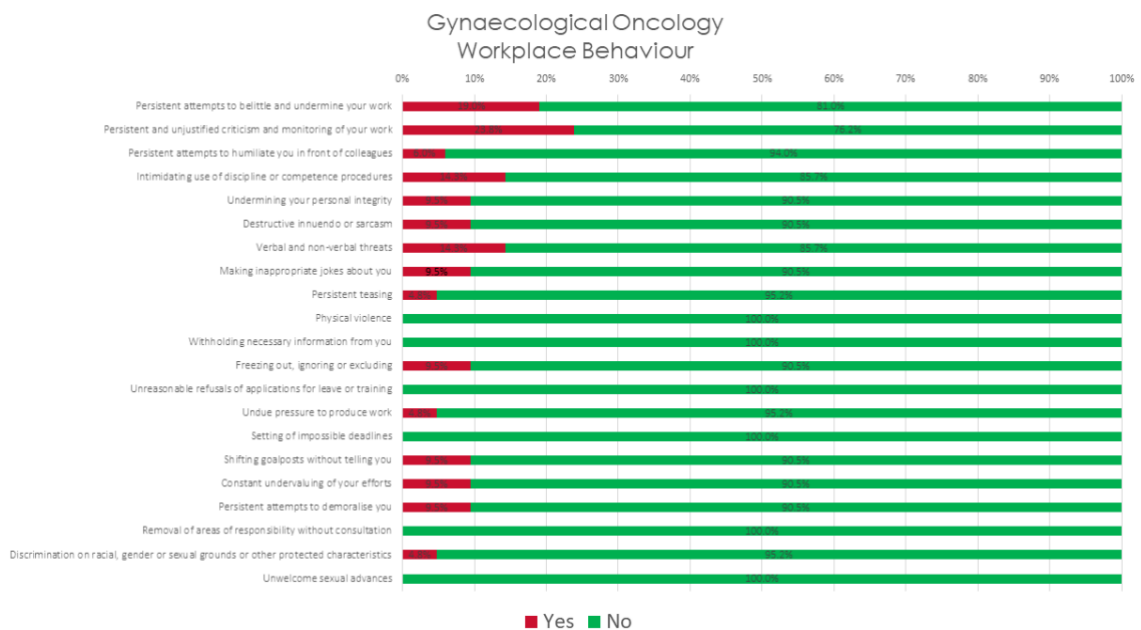
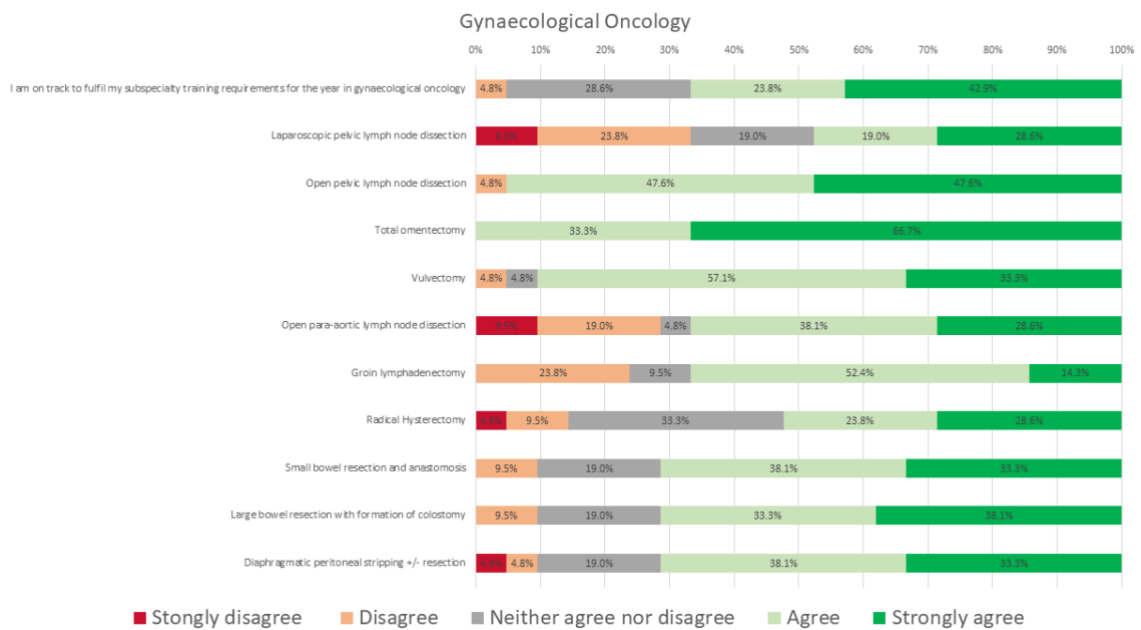


The following pages breakdown responses by subspecialty training program.



## Gynaecological Oncology

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

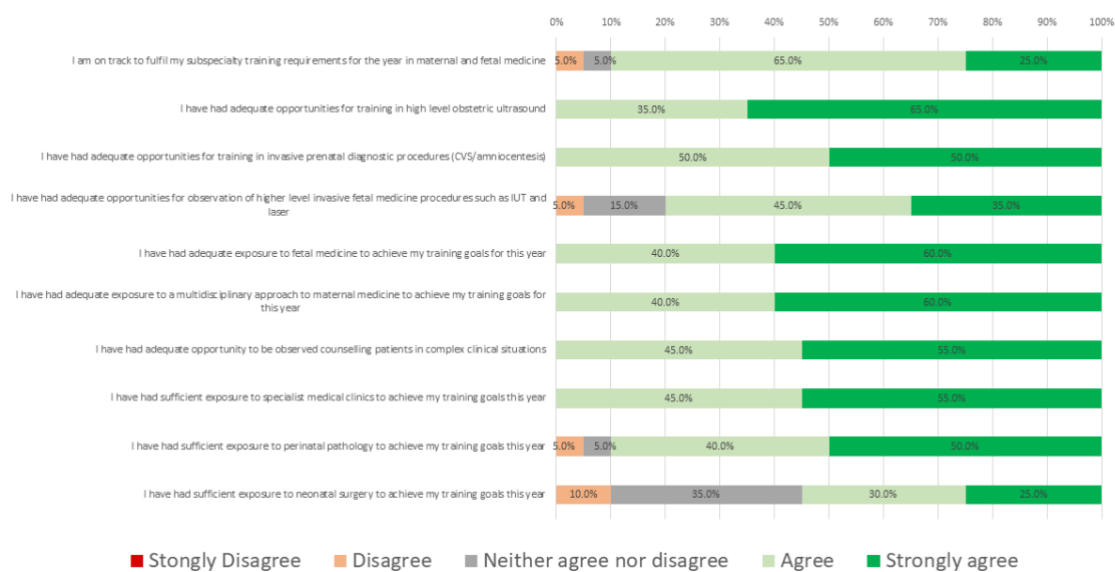




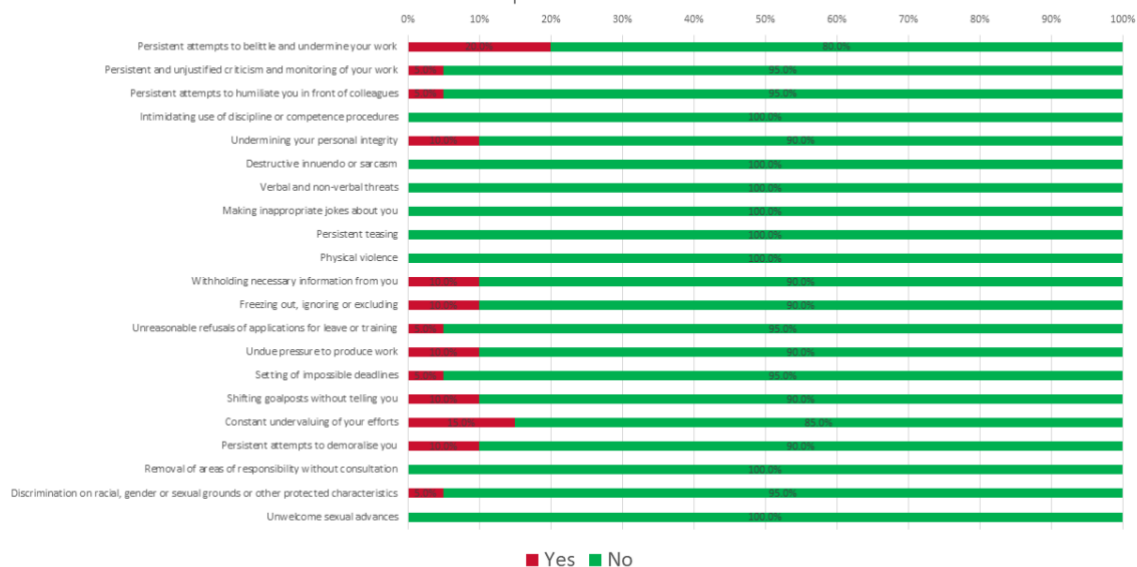
## Maternal Fetal Medicine

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

### Maternal Fetal Medicine



### Maternal Fetal Medicine Workplace Behaviour

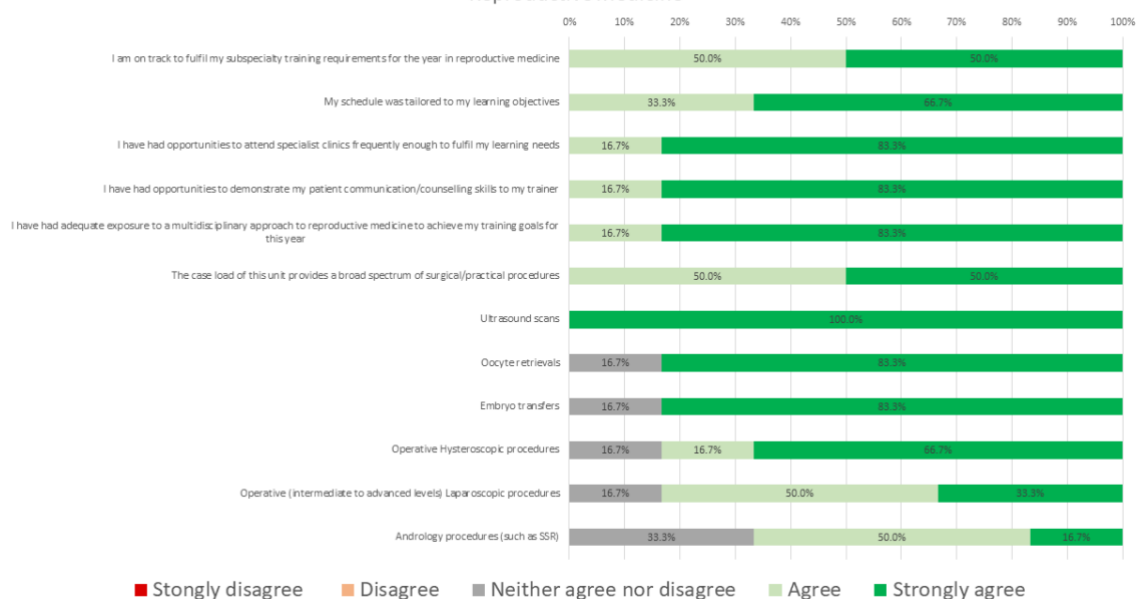




## Reproductive Medicine

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

### Reproductive Medicine



### Reproductive Medicine Workplace Behaviour

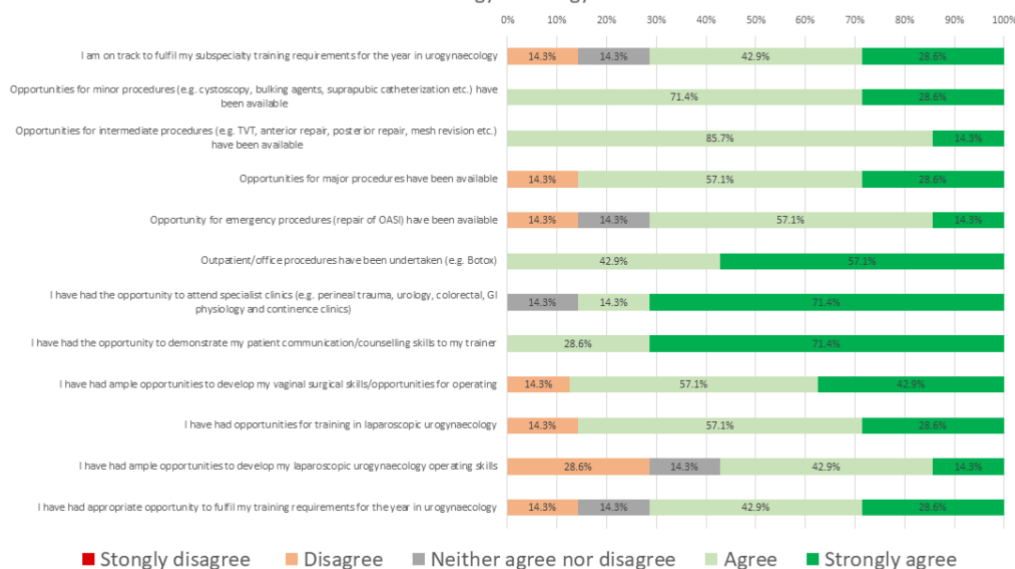




## Urogynaecology

TEF 2024	Gynaecological Oncology		Maternal and Fetal Medicine		Reproductive Medicine		Urogynaecology		Total	
TEF Survey Response rate (based on May 2024 SST numbers)	n	%	n	%	n	%	n	%	n	%
	21/30	70.0%	20/29	69.0%	6/12	50%	7/8	87.5%	54/79	68.4%

### Urogynaecology



### Urogynaecology Workplace Behaviour





## Summary of findings

### E-Portfolio, Curriculum Demands and Work-Life Balance

- The vast majority of trainees (91-100%) report using annual leave, weekends and evenings to maintain eportfolio requirements. The majority of trainees also described needing to stay after shifts to complete tasks and document in notes. This likely contributes to the feelings of burnout expressed. Less than full-time training is notably much less prevalent within subspecialty training compared to ST 6/7 trainees.

### Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024

- Access to adequate training in complex minimally invasive surgical procedures are of concern to surgically focused subspecialty trainees in Gynaecological Oncology, Reproductive Medicine and Urogynaecology. Rare or complex procedures in Gynaecological Oncology such as para-aortic lymph node dissection, groin node dissection and radical hysterectomy were of concern. Exposure to neonatal surgery, invasive fetal medicine procedures and perinatal pathology was of some concern to Maternal and Fetal Medicine subspecialty trainees.

### Psychological Safety in the Workplace: Bullying and Undermining Behaviour

- Nearly 30% of trainees experienced some degree of bullying and undermining behaviour. Given the TEF is not an anonymous survey the true scale of this problem may not be fully appreciated.



## Recommendations

### E-Portfolio, Curriculum Demands and Work-Life Balance

- 1) E-portfolio requirements should be streamlined to focus solely on essential documentation, allowing trainees and trainers to cultivate meaningful mentor-mentee relationships without added administrative burden.
- 2) Protected administration time for e-portfolio tasks should be provided for trainers and trainees, with the flexibility to complete these tasks at home, during normal working hours where appropriate. This approach would further support work-life balance and help mitigate burnout.
- 3) The 2025 TEF survey will include further questions on burnout using the Copenhagen Burnout Inventory. Results relating to subspecialty trainees should be reported.[1]

### Training and Access to Rare Procedures: Enhancing Subspecialty Skills in 2024

- 4) Collaborative networks.

Centres should be encouraged to collaborate within RCOG-registered regional and national networks to ensure subspecialty trainees gain adequate exposure to rare and complex procedures. Visiting trainees should not disadvantage local trainees in these centres. This can be mitigated by co-ordinating leave where possible.

- 5) National workshops

Workshops focused on key procedures of concern (eg radical hysterectomy, fetal surgery and perinatal pathology) to supplement local experience and ensure consistent skill acquisition across all trainees.



## Psychological Safety in the Workplace: Bullying and Undermining Behaviour

- 6) Subspecialty-focused anonymous workplace surveys, such as that currently being carried out by the British Gynaecological Cancer Society, could be conducted to proactively monitor the prevalence of bullying, undermining behaviour burnout and psychological safety, complementing the work already carried out through the TEF survey. Such surveys should include trainers and the wider multidisciplinary team in addition to trainees.[2-5]
- 7) Trainee and trainers are encouraged to follow the local policy and procedures for raising concerns about behaviours (**remember to consult the Gold Guide**):
  - Subspecialty training program supervisor (ES)
  - College tutor
  - Head of school overseeing the program
  - RCOG subspecialty committee

### Other contacts for support

- Post graduate dean
- Director of medical education
- Freedom to speak up guardian

Trainees are also encouraged to make contact with the RCOG workplace behaviour champions and to refer to [RCOG workplace behaviour toolkit](#).

- 8) Trainees are encouraged to continue to document their experience in the TEF survey as TEF Survey feedback is used during the centre accreditation and re accreditation assessments.
- 9) Increased training and awareness for both trainers and trainees on psychological safety in the workplace.[6]
- 10) Bullying prevention and conflict resolution training should focus on how to identify, prevent and appropriately respond to bullying and undermining behaviour.[5, 7] Trainees and trainers should participate in "civility matters" and "Active bystander training" conducted locally and regionally.



## References

- [1] Kristensen TS, Borritz M, Villadsen E, Christensen KB. The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*. 2005;**19**: 192-207.
- [2] Quine L. Workplace bullying in junior doctors: questionnaire survey. *BMJ*. 2002;**324**: 878-9.
- [3] Fisher RK, McBride O, Murray A, Awopetu A. Bullying, Undermining, and Harassment in Vascular Surgical Training in the UK: How Can it be Confronted? *Eur J Vasc Endovasc Surg*. 2018;**56**: 603-4.
- [4] Roy IF, R. Boyle, J., Vascular Society and Rouleaux Club, Bullying, Harassment & Undermining in Vascular Training, <https://rouleauxclub.com/mdocs-posts/bullying-harassment-undermining-in-vascular-training/> Accessed: 30/09/2024.
- [5] Forsythe RO, Van Herzele I, Zayed H, Argyriou A, Stavroulakis K, Saratzis A, Research Collaborative in Peripheral Artery Disease C. International Cross-Sectional Survey of Bullying, Undermining, and Harassment in the Vascular Workplace. *Eur J Vasc Endovasc Surg*. 2023;**65**: 748-55.
- [6] Edmondson A. Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*. 1999;**44**: 350-83.
- [7] Doctors in Distress - National Memorial Tree Planting Campaign, "In the UK one doctor takes their own life every three weeks and one nurse takes their own life every three days. ", <https://doctors-in-distress.org.uk/national-tree-planting-campaign/#:~:text=In%20the%20UK%20one%20doctor,This%20is%20a%20shocking%20statistic.> Accessed: 30/09/2024.