



Thematic Report
Advanced Training
(now Special Interest Training)

September 2024



Advanced Training (now Special Interest Training)

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Background

Key Words and Phrases

Training Evaluation Form (TEF)	Completing this survey is a mandatory annual requirement for O&G trainees, giving the college direct feedback on training, to allow monitoring and quality improvement
O&G Curriculum 2024	New GMC approved O&G curriculum introduced in August 2024
Advanced Training Skills Modules (ATSMs) and Advanced Professional Modules (APMs)	These modules were available for registration by ST6 and 7 trainees prior to the advent of Curriculum 2024
Special Interest Training Modules (SITMs) and Special Interest Professional Modules (SIPMs)	These modules replace ATSMs and APMs in Curriculum 2024
Certificate of Completion of Training (CCT)	Awarded to trainees who have successfully completed a training programme. Qualifies doctors to apply for consultant posts.

Advanced training takes place during ST6 and 7. Up until August 2024 trainees could register for two ATSM modules of their choice. Completion of two modules is a requirement for CCT. When a module was completed, an optional 3rd ATSM could be undertaken. Specialty Doctors and those post-CCT could also register for and complete ATSMs.

This training survey represents the last cohort to have undertaken advanced training in its current format, the RCOG having now moved to O&G Curriculum 2024. ATSMs have been replaced by SITMs, and these can be undertaken from ST5 onwards.

Mapping of the Curriculum 2024 special interest training to pre-existing Curriculum 2019 modules will be as follows:

Gynaecology Modules	
ATSMs	SITMs
Benign Abdominal Surgery: Open and Laparoscopic	Gynaecological Surgery Care
Advanced Laparoscopy for the excision of benign disease	Management of complex non-malignant disease
Oncology	Oncology
Subfertility and Reproductive Health	Management of Subfertility
	Chronic Pelvic Pain (new)
Colposcopy	Colposcopy
Acute Gynaecology and Early Pregnancy	Now in core curriculum
	Complex Early Pregnancy and non-elective Gynaecology (new)
Benign Abdominal Surgery: Hysteroscopy	Care of the Endometrium
Menopause	Menopause Care
Paediatric and Adolescent Gynaecology	Paediatric and Adolescent Gynaecology
	Robotic Assisted Gynaecological Surgery (new)
Safe Practice in Abortion Care ASM	Safe Practice in Abortion Care
Urogynaecology and Vaginal Surgery	Urogynaecology and Vaginal Surgery
Vulval Disease	Vulval Disease
Sexual Health	Removed

Obstetric Modules	
ATSMs	SITMs
Fetal Medicine	Fetal Care
	Prenatal Diagnosis
Obstetric Medicine	Pregnancy Care
	Maternal Medicine



High Risk Pregnancy	Premature Birth Prevention
	Perinatal Mental Health
	Supportive Obstetrics
Advanced Labour Ward Practice	Now in core curriculum
Labour Ward Lead	Removed/core curriculum

Professional Modules	
APMs	SIPMs
Clinical Research	Clinical Research
	Leadership & Management
	Medical Education

This report will analyse trainees' answers to the Advanced Training questions of TEF 2024. (See Appendix for details of which TEF questions were analysed.) It will not discuss subspecialty training, which is covered elsewhere. This year there will be a focus on the 3 most popular ATSM choices and a detailed analysis of the barriers to their completion. Potential effects of the move to Curriculum 2024 will be analysed and engagement with the research APM is also summarised.

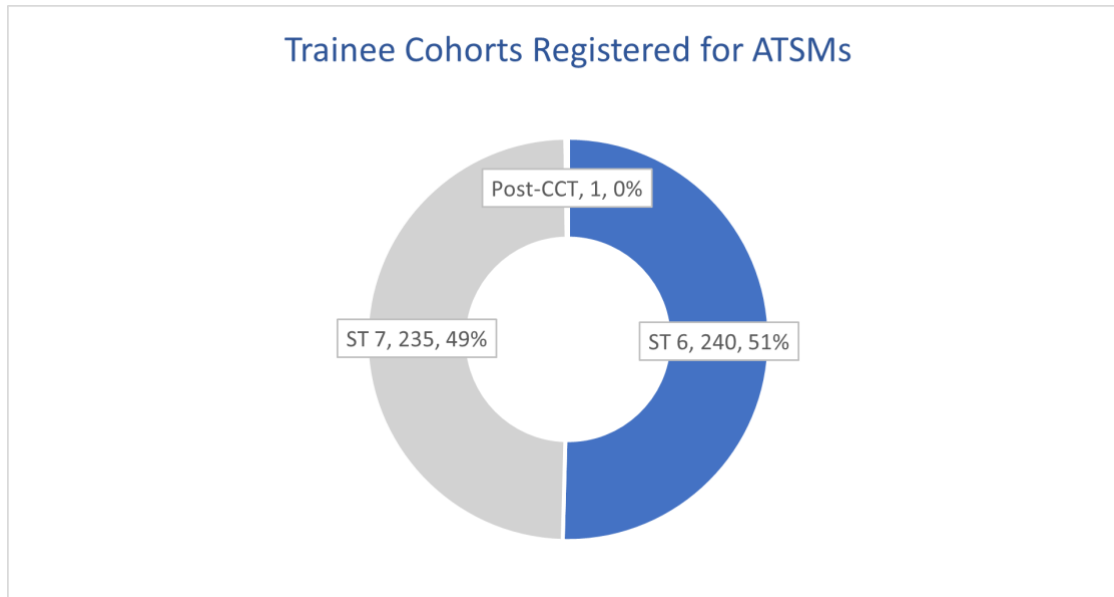
The 2023 TEF Report on Advanced Training reported that advanced trainees feel they do not have adequate ATSM training due to rota gaps and service provision. Recommendations included:

- Trainees being proactive in organising regular meetings with their ATSM supervisor to discuss issues early on.
- Units stepping-up ST2s on the labour ward during the day under consultant supervision to enable advanced trainees to attend ATSM sessions.

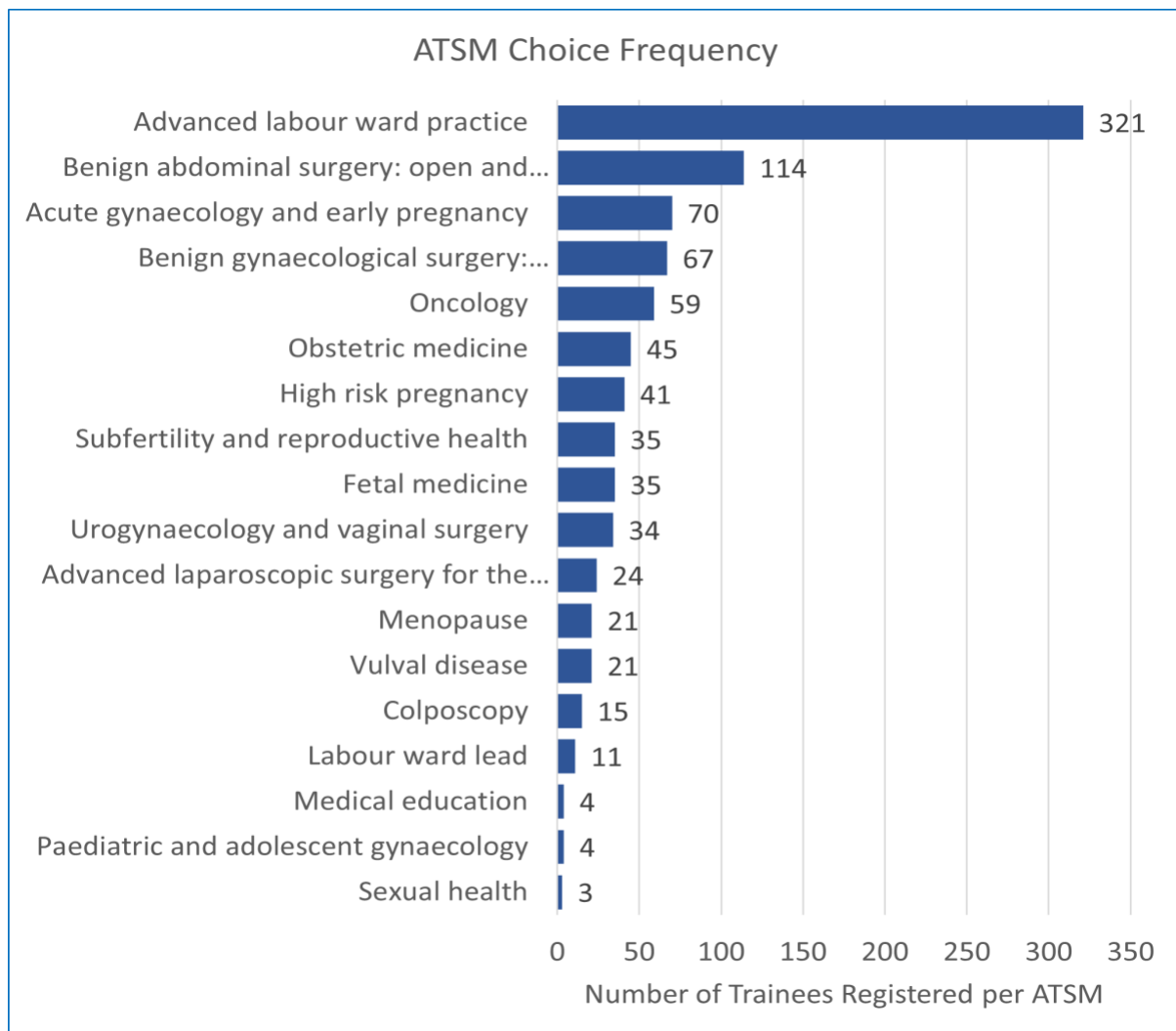
However, this year's TEF data suggests that trainees doing Labour Ward ATSMs have found it difficult to get obstetric on-call shifts in-hours, possibly due to this recommendation having unforeseen consequences. This has impacted completion of Advanced Labour Ward Practice ATSM for some trainees.

Analysis

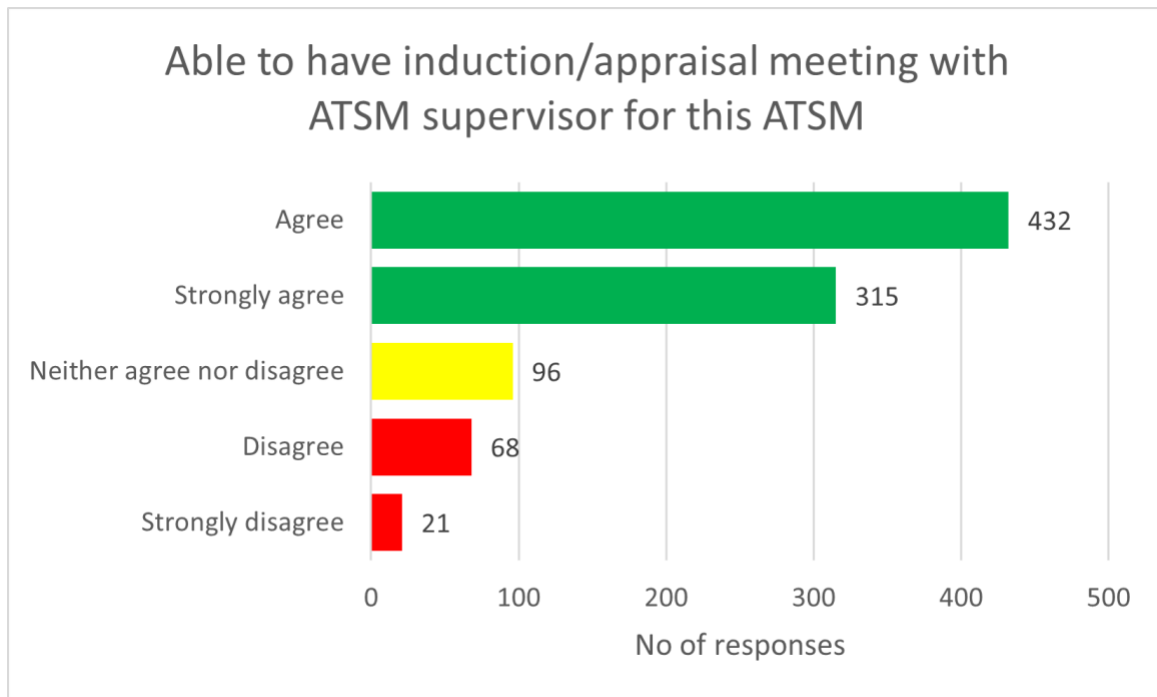
All trainees who were registered for ATSMs were ST6 and ST7, with the addition of one post-CCT trainee:



Trainees were registered for one, two or three ATSMs, with the popularity of ATSMs being markedly similar to the 2023 TEF report. In both years, Advanced Labour Ward Practice (ALWP) was the most commonly chosen ATSM, and Benign Abdominal Surgery: Open and Laparoscopic (BASOL) the second most frequent.

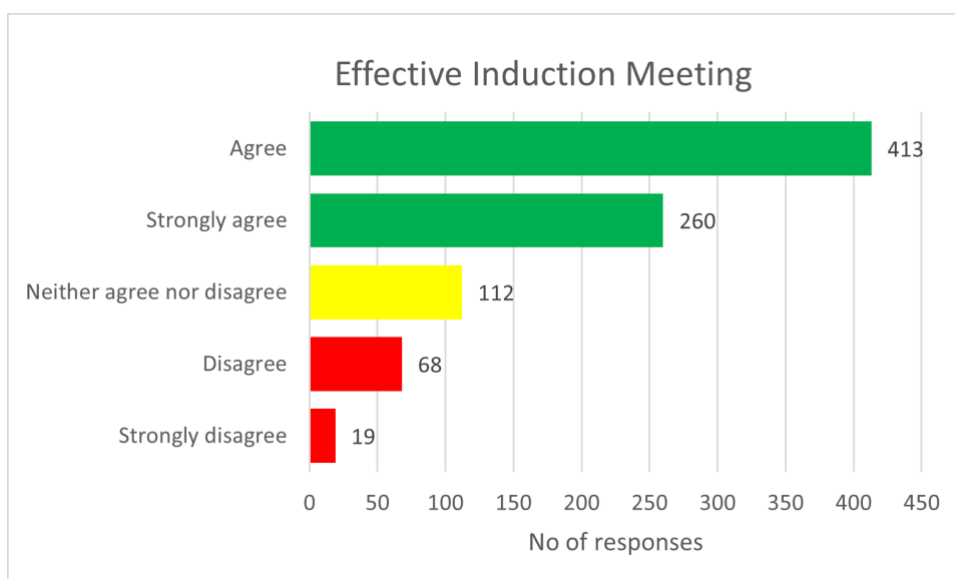


Induction Meetings:



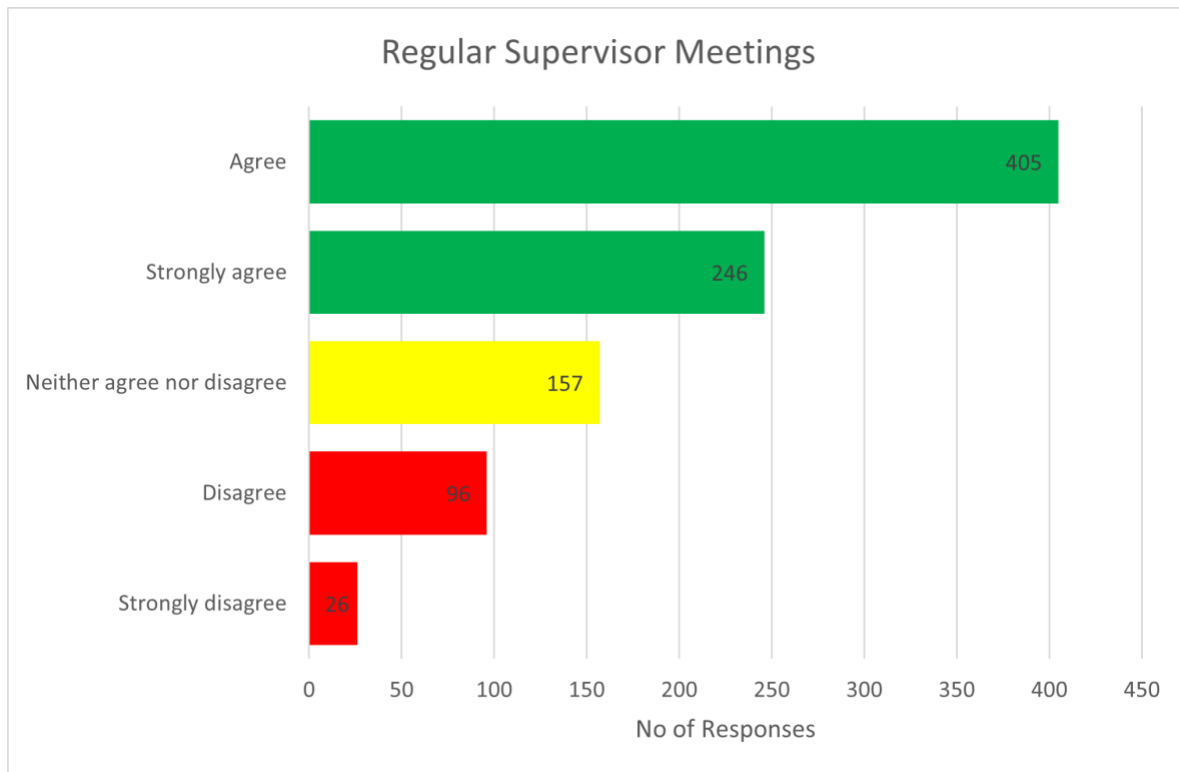
80% of ATSM trainees “agreed” or “strongly agreed” that they were able to have an induction/appraisal meeting with their supervisor. This is an improvement on TEF 2023’s figure of 71%.

Quality of Induction Meetings



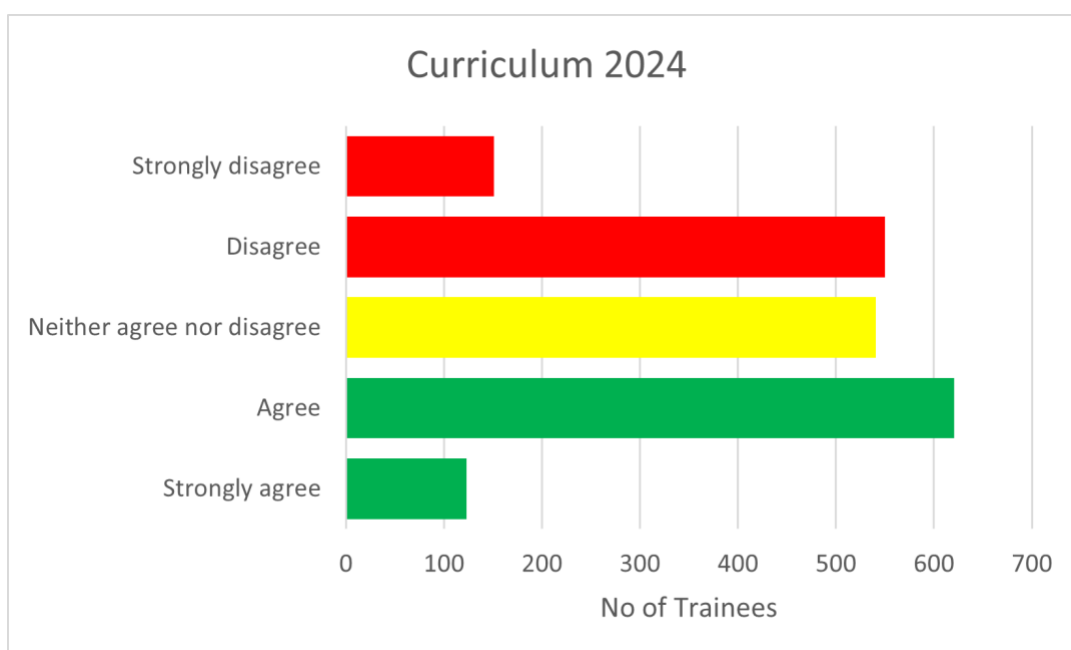
77% “agreed” or “strongly agreed” that their ATSM induction meeting included an effective assessment of previous experience, competence and learning needs.

Frequency of Regular Meetings:



70% of trainees reported being able to have regular meetings with their ATSM supervisor to review progress and ongoing learning needs.

Perceived Readiness for Curriculum 2024



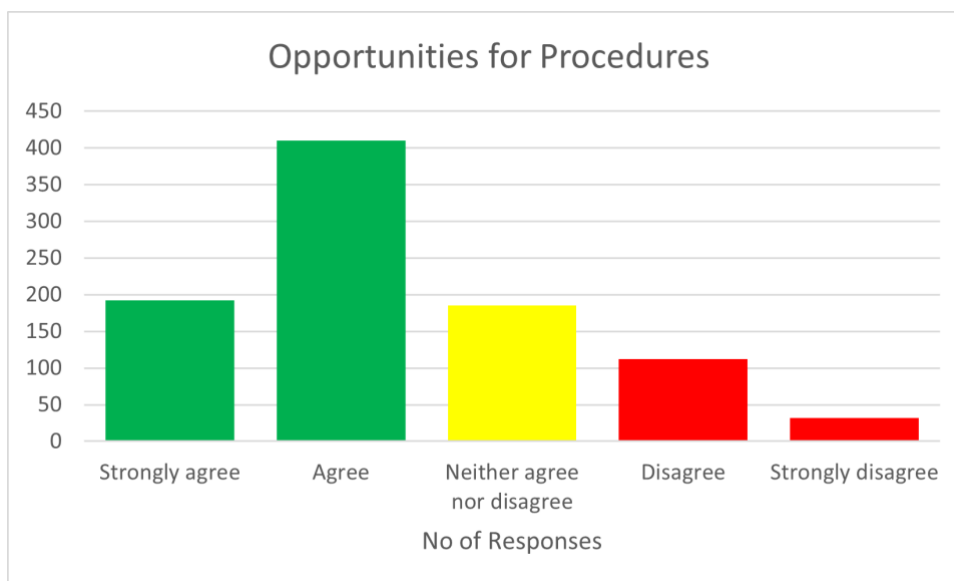
Only 38% of advanced trainees “agreed” or “strongly agreed” that they felt well informed about the implementation of Curriculum 2024 changes in August 2024, and 35% “disagreed” or “strongly disagreed.”

Advanced trainees were ambivalent about Special Interest Training; 18% agreed or strongly agreed that they felt positive about the changes, 14% disagreed or strongly disagreed, and 68% neither agreed nor disagreed.

The responses to these two questions may reflect a perception that the changes won’t impact this cohort of trainees as they will complete their training under Curriculum 2019.

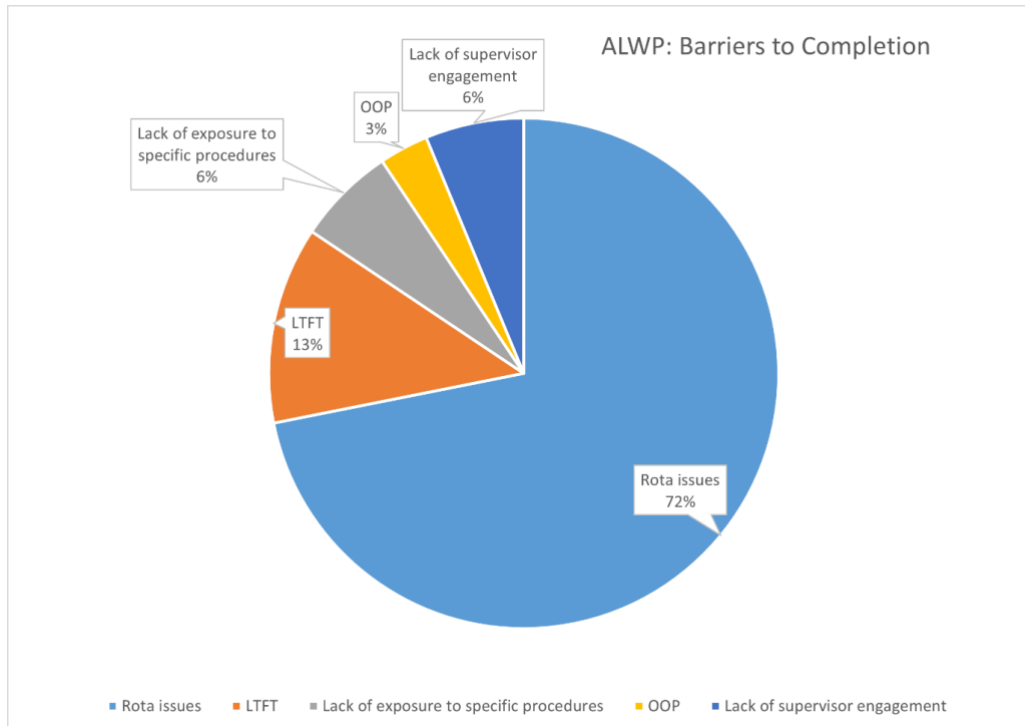
When asked for examples of things improving as a result of the TEF, only 6 advanced trainees answered, 3 of which said “no”. Three others each gave one example each: improved workplace behaviour, increased consultant presence in clinic, and improved gynae training.

Barriers to Completing ATSMs



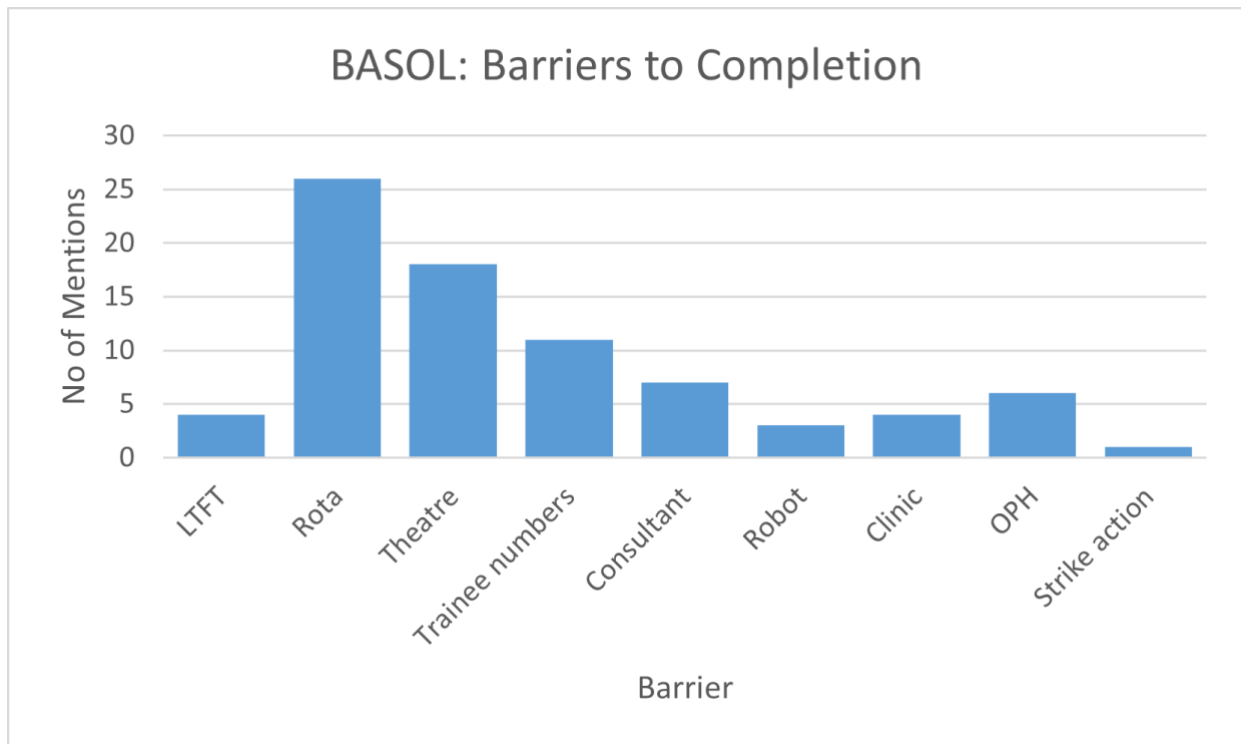
65% of responses across all ATSMs agreed or strongly agreed that there had been sufficient opportunities to perform surgical/practical procedures for the ATSM, and 15% disagreed or strongly disagreed. The barriers to completion did differ somewhat between ATSMs, and this is examined for the three ATSMs most commonly undertaken by the trainees.

Advanced Labour Ward Practice (ALWP):



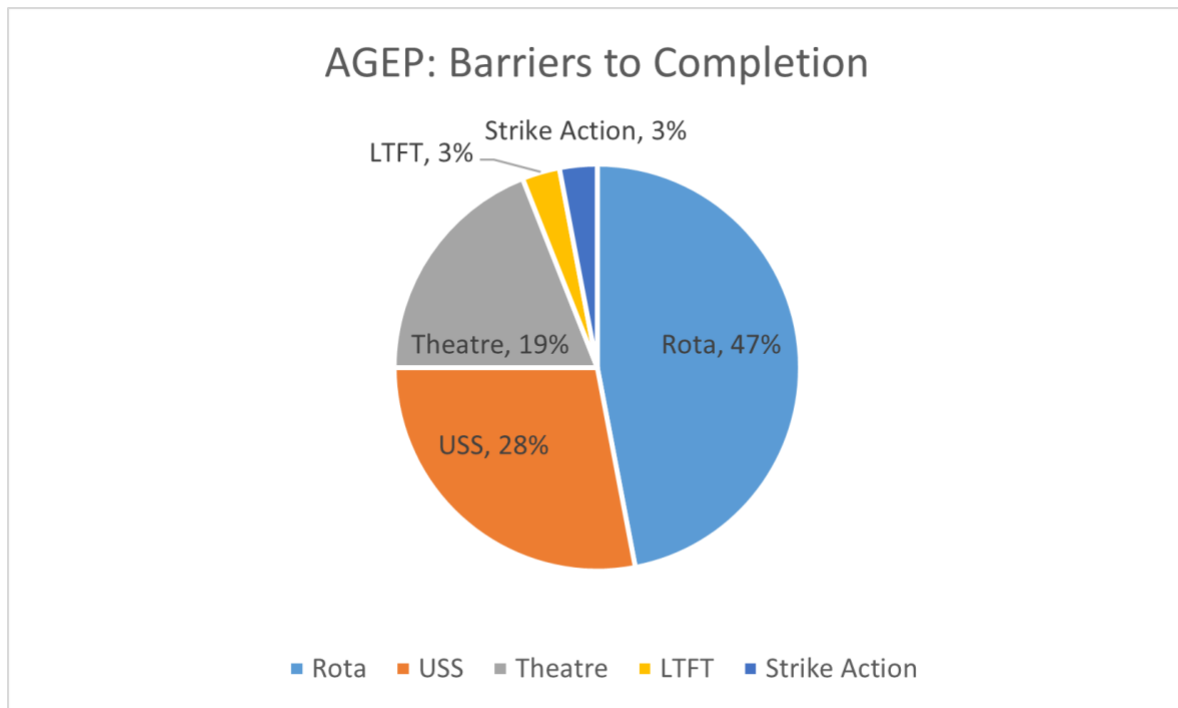
77% of those trainees who had registered for ALWP had not yet completed it. The most cited reason for non-completion was that senior trainees were not getting rostered for labour ward sessions in hours.

Benign Abdominal Surgery: Open and Laparoscopic (BASOL):



The barriers to completing BASOL are presented here as a histogram, as many trainees mentioned more than one issue, and some issues overlapped. Again, rostering is a persistent barrier to completion. “Consultant” issues included consultants not allowing the trainee to operate, trainees not being assigned to one consultant consistently, consultants being too inexperienced to allow trainees to operate or too specialised to provide the necessary procedures for the ATSM.

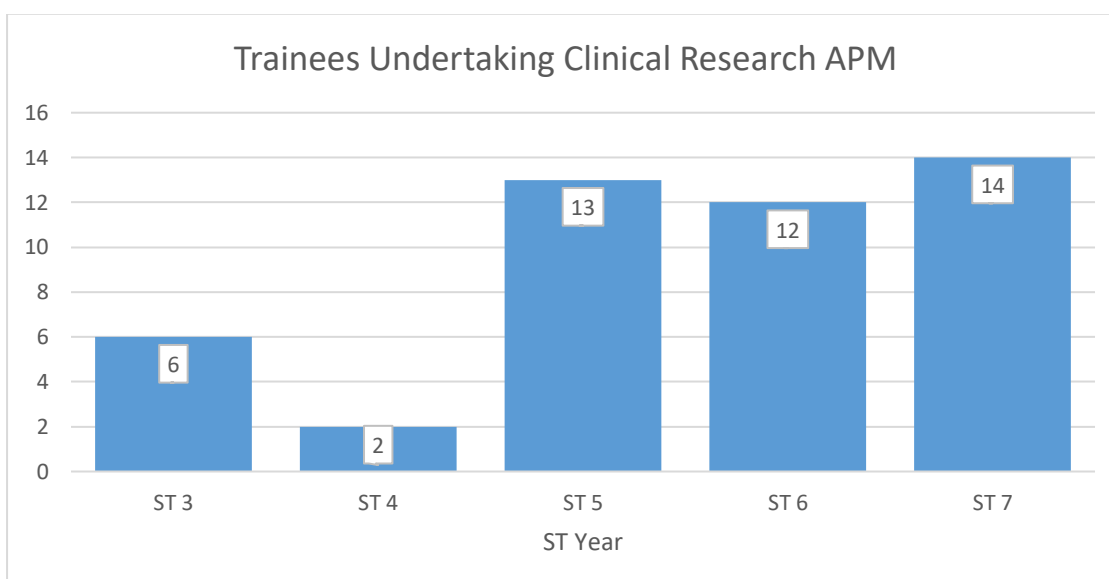
Acute Gynae and Early Pregnancy (AGEP):



Exposure to both theatre and USS sessions were cited as barriers to completion of AGEP, but rota issues were, again the most common problem.

Average completion rate at the time of TEF completion was 10% for each ATSM, and there was no significant difference in ATSM completion rates between units with rota gaps and those without.

Trainees registered for the APM in Clinical Research were found across ST years 3-7:





Discussion

The broad spread of trainees undertaking the Clinical Research APM suggests that trainees welcome the ability to do specialist training earlier than ST6. The move to Curriculum 2024 will support these earlier training opportunities, as the three new SIPMs can be started at any point in the training programme.

80% of advanced trainees were able to have an induction meeting with their supervisor. 77% felt it was effective, and 70% had regular meetings. Ideally all of these numbers need to be higher to enable trainees to meet their ATSM requirements.

ATSM choices remained quite stable, with ALWP being by far the most commonly chosen. This supports the move to incorporate the labour ward skills into the core curriculum in 2024. The biggest barrier to completion of ALWP was senior trainees not having daytime on-calls on labour ward, and therefore struggling to get consultant assessments for labour ward procedures. This should improve with the new curriculum, as trainees will be able to collect these assessments from ST3 onwards, rather than having to do them all in ST6 and 7, and improves flexibility for special interest training by opening up a second option (other than ALWP which is covered in core).

As last year, BASOL was the second most popular ATSM, with many trainees reporting that there were too many trainees registered for it in their unit for them to be able to get enough exposure. Another issue is trainees not having an appropriate supervisor for BASOL. Because the ATSM has a very broad range of procedures, getting all of them with one consultant is a challenge, as some surgeons will be mainly doing laparoscopic procedures whereas others may focus more on open surgery. Although the new SITM in Gynaecological Surgery Care no longer includes hysteroscopy, trainees will still need to perform both open and laparoscopic procedures, which may be difficult to achieve with one supervisor. SITM directors and TPDs will need to be mindful of this when allocating gynae surgical care, especially with increased numbers now including ST5. A new trend is trainees reporting that their supervisor moving to robotic surgery is affecting their training in traditional surgical approaches, as consultants are having to learn the new method. This may also cause a lag before the Robotic Assisted Gynaecological Surgery SITM can be offered in all units, although trainees will now have up to three years to complete this SITM

Exposure to both theatre and USS sessions were cited as barriers to completion of AGEP, but rota issues were, again the most common problem. The new Complex Early Pregnancy and non-elective Gynaecology SITM has fewer USS and surgical requirements, with many being incorporated into the new Core Curriculum. This will again give trainees the opportunity to start gathering evidence for these skills much earlier in their training.



Rota issues were reported as a barrier to training across all ATSMs, due to staffing problems or sessions not being allocated with reference to training needs.

Summary of findings

Interest in broad-based training in labour ward and benign gynae operating continues to be high, despite access to benign abdominal surgery being limited for trainees.

Following last year's recommendation of stepping-up ST2/3s during daytime hours, to free advanced trainees to attend ATSM sessions, as a consequence advanced trainees now find they have reduced daytime on-call, which has proved a barrier to labour ward assessments. More and more direct consultant cover may also result in more senior trainees being moved out of labour ward, a solution to human resource constraints but a potential barrier to training. This demonstrates that it is a challenge to balance all rotas and units to everyone's wishes.

Rota issues are a persistent barrier to achieving the competencies for completion of advanced training.

Regular supervisor meetings are more commonplace than in TEF 2023 but need further improvement.

Recommendations

Increased consultant presence out of hours will improve access to labour ward and emergency gynaecology assessments for senior trainees. It is acknowledged that the RCOG 'Surgical Skills Project' currently underway aims to assess the current climate of surgical skills within O&G, identify areas for improvement and recommend strategies to future-proof our workforce.

Supervisors and college tutors need to plan carefully when offering gynaecological surgery SITMs to ensure that there are enough supervisors and theatre lists available for trainees to achieve the necessary competencies, and to avoid having too many trainees registered for one SITM at the same time. Consultants also need to be mindful of the effect of robotic surgery on gynae training.

As recommended in last year's report, trainees need to be proactive in arranging educational meetings and requesting SITM sessions early on in order to achieve their training goals.



Last year's recommendation to increase the numbers of intake at ST3 level has been addressed, but this will have unforeseen consequences on training dynamics in units, as these trainees have very different skills, experience and training needs than those who have gone through from ST1 and will need to be planned for carefully by college tutors.

In general rota issues need to remain at the forefront of actions for improving access to training, and the outcomes and recommendations of this report should be discussed with those managing rotas by College Tutors and TPDs.

Although last year's report suggested simplification of answer options from Likert scale to yes/no, this still has not been adopted for many questions, which makes analysis more difficult.

References

Training data analysis 2023, collective edition:

[collective-edition-incl-advanced-and-wpb-final.docx \(live.com\)](#)

Curriculum 2024 faqs:

<https://www.rcog.org.uk/careers-and-training/training/curriculum/og-curriculum-2024/faqs/>

Curriculum 2024:

<https://www.rcog.org.uk/careers-and-training/training/curriculum/>

Educational supervisor job description:

<https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainers/job-descriptions-for-rcog-educational-roles/educational-supervisor-job-description/>



Appendix

TEF 2024 questions which are analysed in this report:

ST Year	ST1-7 and post-CCT
2.1 Are there any gaps in the rota at your level of training in your current unit?	No Yes Don't know
8.1 Are you undertaking the Clinical Research APM?	Yes No
9.1 Please select the first ATSM you are registered for	Acute gynaecology and early pregnancy Advanced labour ward practice Advanced laparoscopic surgery for the excision of benign disease Benign abdominal surgery: open and laparoscopic Benign gynaecological surgery: hysteroscopy Colposcopy Fetal medicine High risk pregnancy Labour ward lead Medical education Menopause Obstetric medicine Oncology Paediatric and adolescent gynaecology Sexual health Subfertility and reproductive health Urogynaecology and vaginal surgery Vulval disease
9.2 Have you completed this ATSM?	Yes No
9.4.1 I was able to have an induction/appraisal meeting with my ATSM supervisor for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.4.2 My induction meeting included an effective assessment of previous experience and competence and my learning needs	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.4.3 I was able to have regular meetings with my ATSM supervisor to review my progress and ongoing learning needs	Strongly agree Agree Neither agree nor disagree Disagree



	Strongly disagree
9.4.5 If ATSM sessions have not been achieved please give reasons (please do not share any names or personal identifiable information as part of your response)	Free text
9.4.6 I have had sufficient opportunities to perform surgical/practical procedures for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.10 Please select the second ATSM you are registered for	Acute gynaecology and early pregnancy Advanced labour ward practice Advanced laparoscopic surgery for the excision of benign disease Benign abdominal surgery: open and laparoscopic Benign gynaecological surgery: hysteroscopy Colposcopy Fetal medicine High risk pregnancy Labour ward lead Medical education Menopause Obstetric medicine Oncology Paediatric and adolescent gynaecology Sexual health Subfertility and reproductive health Urogynaecology and vaginal surgery Vulval disease
9.11 Have you completed this ATSM?	Yes No
9.13.1 I was able to have an induction/appraisal meeting with my ATSM supervisor for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.13.2 My induction meeting included an effective assessment of previous experience and competence and my learning needs	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.13.3 I was able to have regular meetings with my ATSM supervisor to review my progress and ongoing learning needs	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



9.13.5 If ATSM sessions have not been achieved please give reasons (please do not share any names or personal identifiable information as part of your response)	Free text
9.13.6 I have had sufficient opportunities to perform surgical/practical procedures for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.19 Please select the third ATSM you are registered for	Acute gynaecology and early pregnancy Advanced labour ward practice Advanced laparoscopic surgery for the excision of benign disease Benign abdominal surgery: open and laparoscopic Benign gynaecological surgery: hysteroscopy Colposcopy Fetal medicine High risk pregnancy Labour ward lead Medical education Menopause Obstetric medicine Oncology Paediatric and adolescent gynaecology Sexual health Subfertility and reproductive health Urogynaecology and vaginal surgery Vulval disease
9.20 Have you completed this ATSM?	Yes No
9.22.1 I was able to have an induction/appraisal meeting with my ATSM supervisor for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.22.2 My induction meeting included an effective assessment of previous experience and competence and my learning needs	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.22.3 I was able to have regular meetings with my ATSM supervisor to review my progress and ongoing learning needs	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
9.22.5 If ATSM sessions have not been achieved please give reasons (please do not share any	Free text



names or personal identifiable information as part of your response)	
9.22.6 I have had sufficient opportunities to perform surgical/practical procedures for this ATSM	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
18.5.1 I feel well informed about the implementation of Curriculum 2024 changes in August 2024	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
18.5.4 I feel positive about the Special Interest Training changes	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
23.5 Can you give any examples where things have improved in your workplace as a result of the TEF?	Free text

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