Royal College of Obstetricians & Gynaecologists

Thematic Report

Gynaecological training

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Gynaecological training

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Background

In recent years, Training Evaluation Form (TEF) reports have highlighted significant gaps and deficits in gynaecological and ultrasound training, contributing to the decision to launch the new 2024 RCOG curriculum. These issues have raised concerns about the consistency and quality of training across the UK. This report will focus on analysing trainee's experiences in gynaecology clinic, clinical supervision, operating lists, simulation and gynaecological scan training based on feedback from the 2024 TEF survey. In total, 1990 doctors in training (ST1-7) responded to the TEF survey, providing a substantial data set for analysis.

Please note, terminology used for O&G doctors was undergoing reform during production of this document. Therefore, the terms resident, trainee and postgraduate doctor in training (PGDiT) are used interchangeably.

While some deaneries have had more satisfied trainees than others, the overall feedback on gynaecological and ultrasound training is concerning on a national level. The 2023 TEF report analysis provided valuable recommendations to investigate and address the deficits in these critical areas, some of which will be outlined in this analysis report as well.

The 2023 TEF report highlighted that ultrasound training was persistently the lowest scoring TEF domain across all deaneries. Feedback from trainees remains the same in 2024, with Northern Ireland consistently scoring highest. It is prudent to understand why scores remain low and where further improvement and development is required to enhance the ultrasound training experience for trainees.

Analysis

Procedural skills

Basic procedures

It is concerning that 43% of ST1s and 32% of ST2s disagree or strongly disagree that they have sufficient opportunity to develop their basic gynaecological skills. This is an increase on the 2023 results when 29% of ST1s and 26% of ST2s disagreed and shows a worrying trend in gynaecological surgical skills development, especially as these percentages are now worse than they were during the Covid-19 pandemic. It is also concerning that more senior trainees also disagree that they are able to maintain their basic gynaecological operating skills (23% ST3, 17% ST4, 17% ST5, 11% ST6 and 7% ST7), see Fig. 1 below. All of these responses are also significant increases on the 2023 response rates, which didn't exceed 12% disagreement in any ST3+ grade. It is crucial that this is reviewed and improvements are made; if O&G trainees are not adequately equipped with basic surgical skills in level 1 of training then this proves a poor foundation for the rest of their gynaecological surgical development.

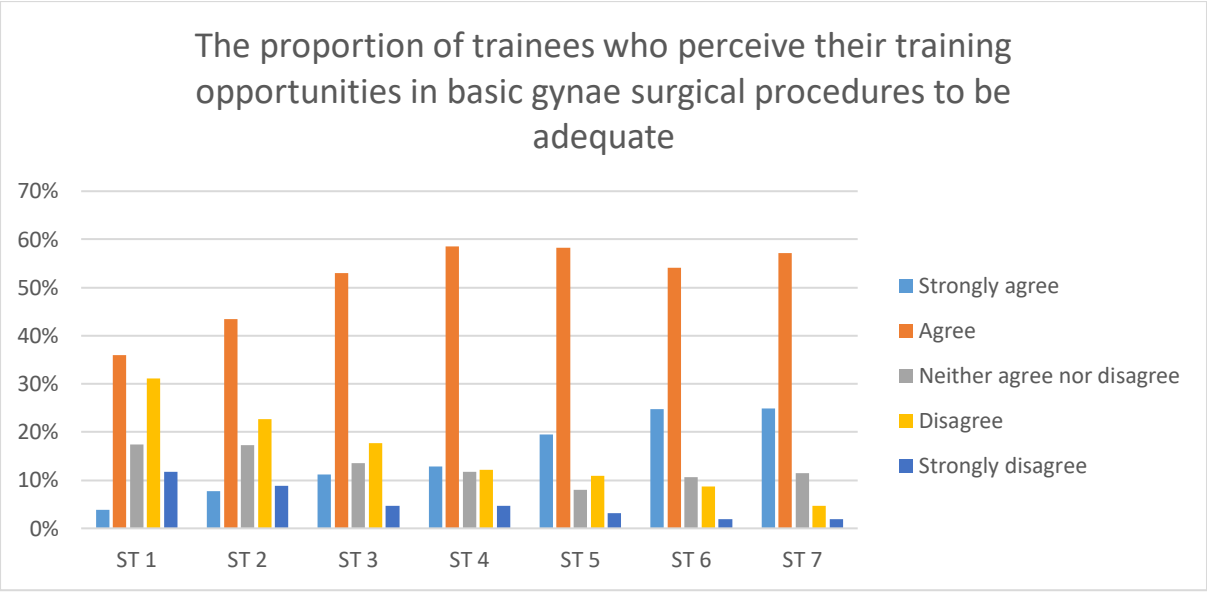


Figure 1: The proportion of trainees who perceive their training opportunities in basic gynaecological surgical procedures to be adequate

Intermediate procedures

A significant proportion of level 2 trainees (ST3-5) disagree or strongly disagree that they have sufficient opportunity to develop their skills in intermediate gynaecological procedures

such as diagnostic laparoscopy and hysteroscopy (41% ST3s, 34% ST4s and 32% ST5s), see Fig 2. This, however, is an improvement on the 2023 TEF results when over 50% of ST3s and over 40% of ST4-5s disagreed. Some level 3 trainees (ST6-7) also report a lack of opportunity to maintain intermediate skills (20% ST6 and 15% ST7) which is similar to the 2023 results but an improvement on the 2021 results. Interestingly, most level 1 trainees generally did feel that they were getting adequate exposure to intermediate procedures, see Fig. 3 below.

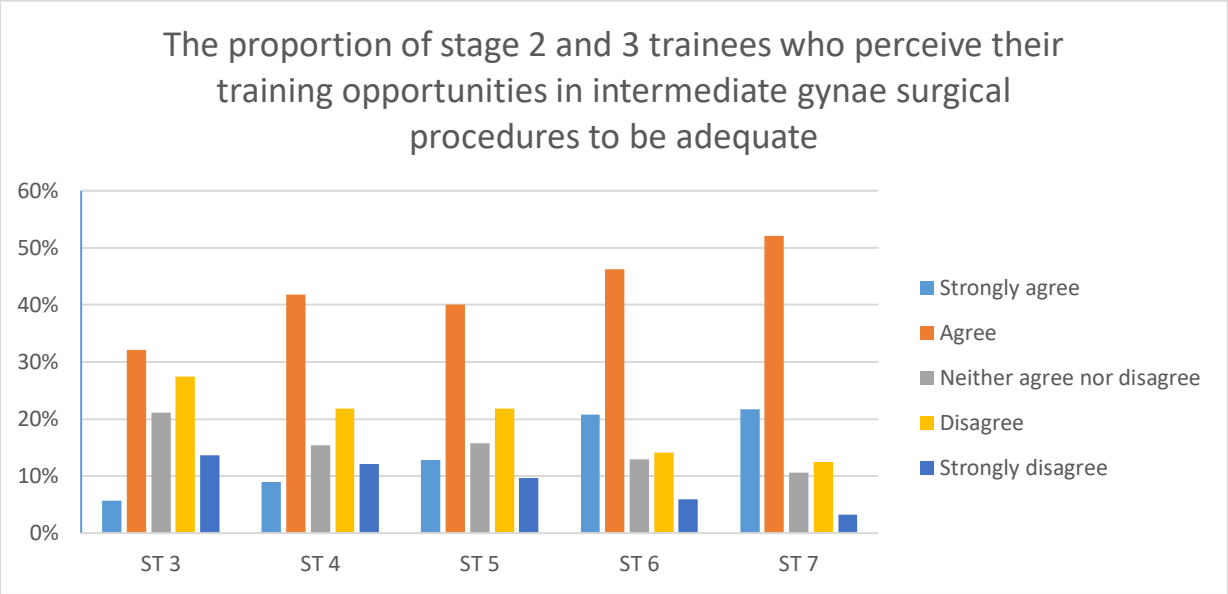


Figure 2: The proportion of intermediate and advanced trainees (ST3-7) who perceive their training opportunities in intermediate gynae surgical procedures to be sufficient for their learning needs

Advanced procedures

Advanced gynaecological operating includes procedures such as open gynaecological surgery and operative laparoscopy. Around a third of level 3 trainees disagree or strongly disagree that they have adequate opportunity to develop their skills in advanced gynaecological procedures, see Fig 3, (39% ST6 and 32% ST7). This demonstrates no improvement from 2023 when 36% of ST6s and 24% ST7s responded this way.

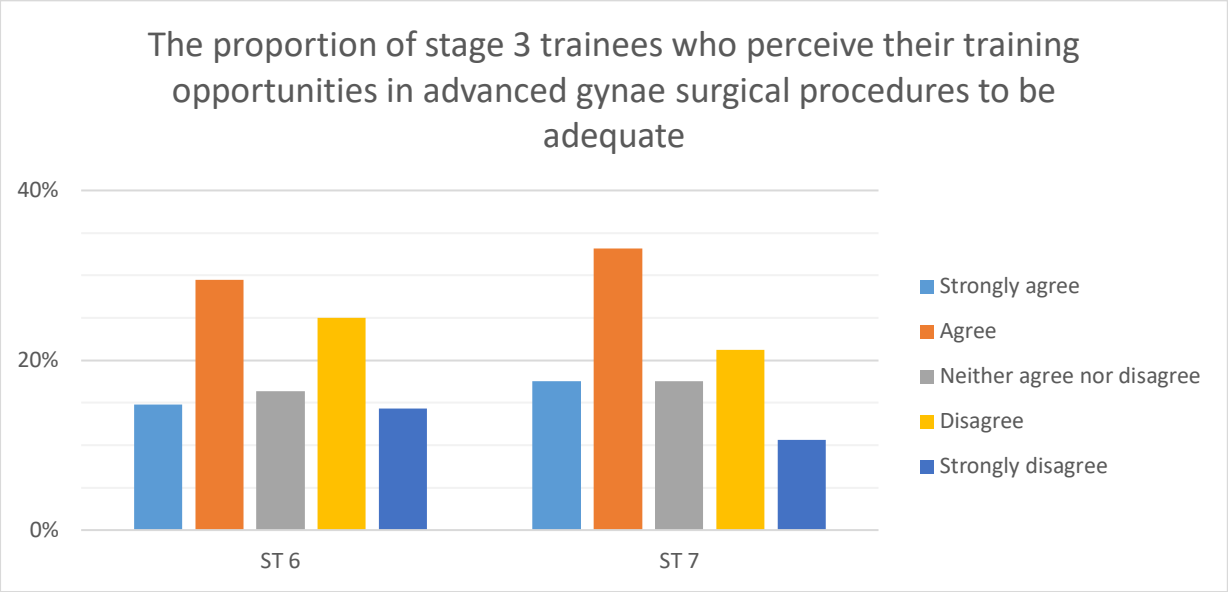


Figure 3: The proportion of advanced trainees who perceive their training opportunities in advanced gynae surgical procedures to be sufficient for their learning needs

The response rates were significantly impacted by rota gaps; 46% of advanced trainees agreed they had adequate opportunity when there were gaps in their rota and 59% agreeing when there were not gaps in the rota, see Fig 4.

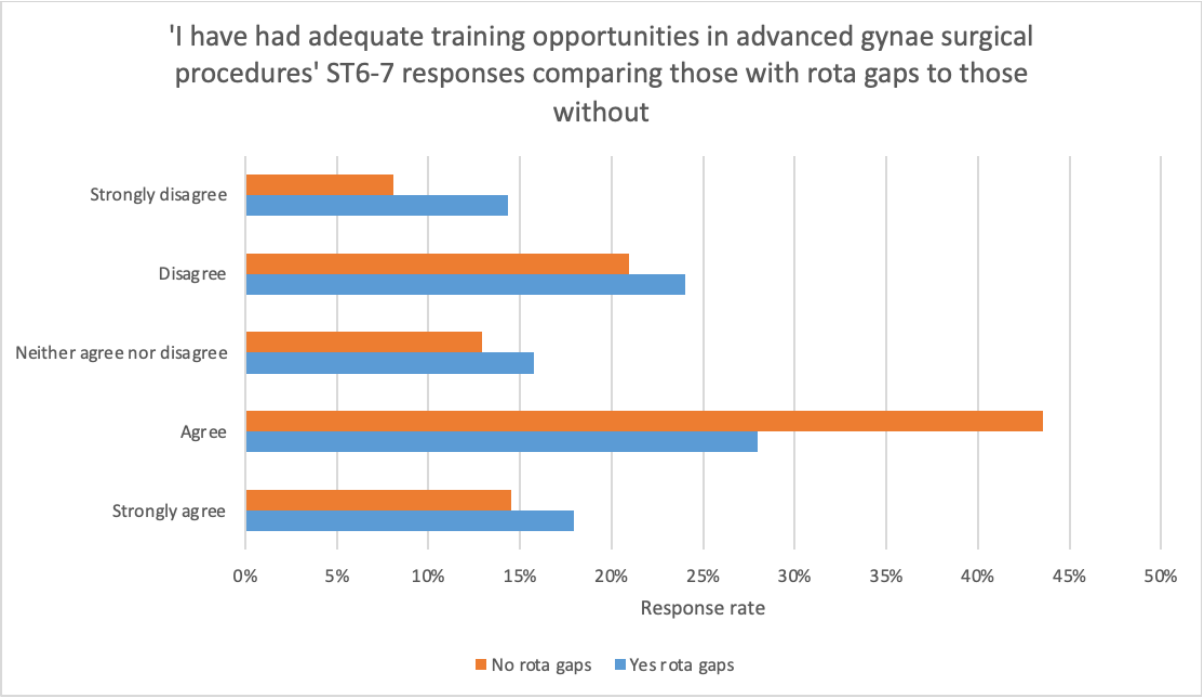


Figure 4: A comparison of responses in higher trainees with and without rota gaps in response to the statement 'I have had sufficient opportunities in advanced gynae surgical procedures'

Additionally, around a third of stage 1 and 2 trainees (ST1-5) also did not agree that they have adequate exposure to advanced gynaecological operating (see fig 5). This data was collected in a different way to the 2023 and 2021 results and hence it is difficult to draw conclusions on trends for the other training grades.

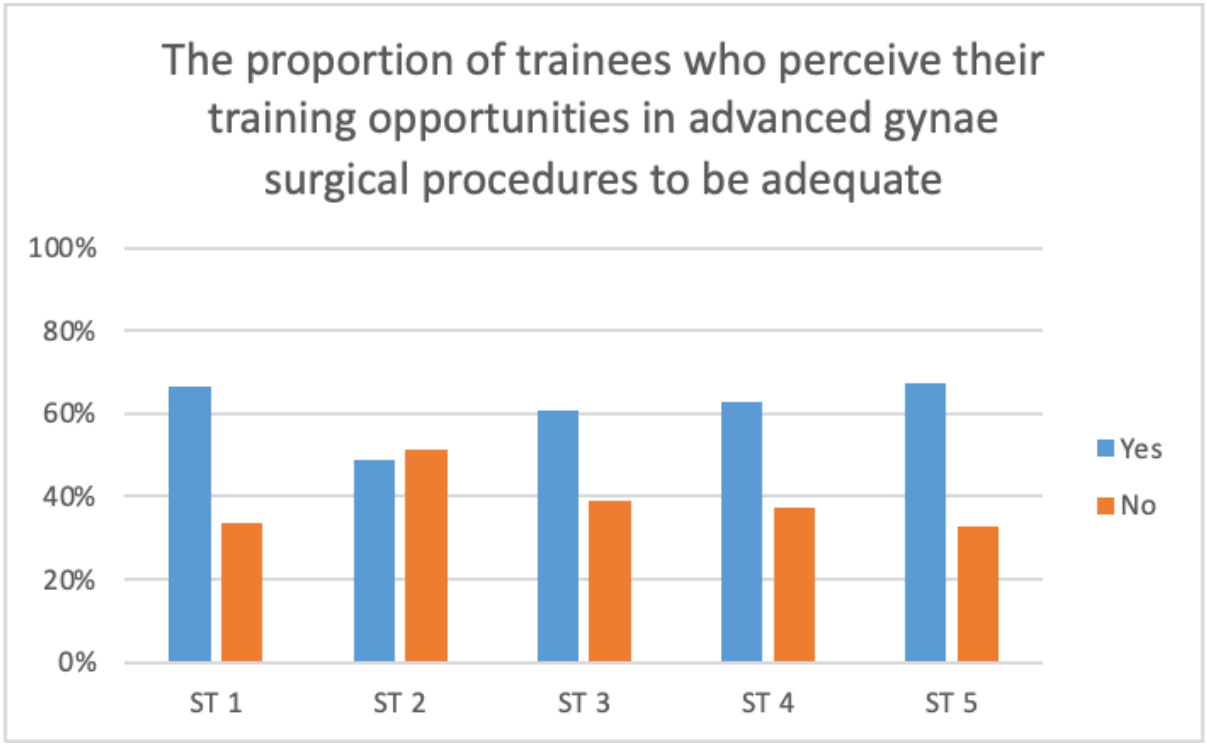


Figure 5: The proportion of stage 1 and 2 trainees who perceive their training opportunities in advanced gynae surgical procedures to be adequate

Emergency procedures

Over a third of ST1s disagreed or strongly disagreed that they get the opportunity to develop their skills in emergency procedures. This improves slightly in ST2 (27%) but then worsens in level 2 training (39% ST3, 30% ST4, 32% ST5). This is a worsening trend from the 2023 results (33% ST3s, 32% ST4s and 29% ST5s – see Fig 6 below) and could be related to the significant obstetric/labour ward workload of the junior registrar and also the obstetric focus of the training matrix during this stage of training.

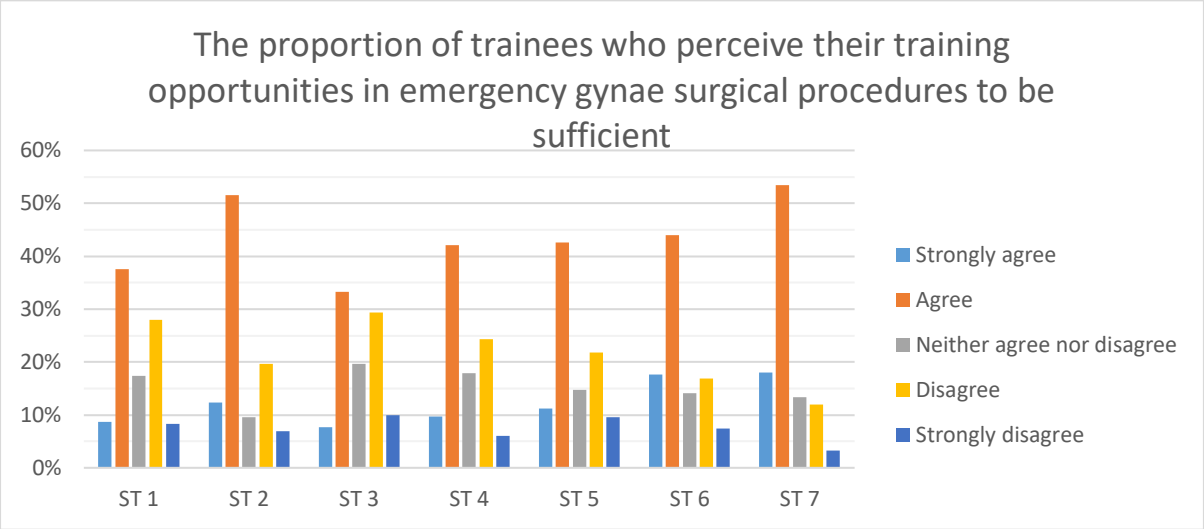


Figure 6: The proportion of trainees who perceive their training opportunities in emergency gynae surgical procedures to be sufficient for their learning needs

Outpatient and office procedures

This was the worst performing area of gynaecological training for development of skills with the lowest reported levels of access. All PGDiTs had high response rates of disagree or strongly disagree to the statement ' I have had sufficient opportunity to develop/maintain my gynaecological surgical skills in outpatient/office procedures', see Fig 7. However, stage 2 (ST3-5s) are the worst affected group with over half of respondents not having opportunities to develop their outpatient procedural skills (60% ST3, 53% ST4 and 50% ST5). Again, this is a worsening trend from the 2023 results (48% ST3, 42% ST4 and 43% ST5) and 2021 results (50% ST3, 42% ST4 and 29% ST5).

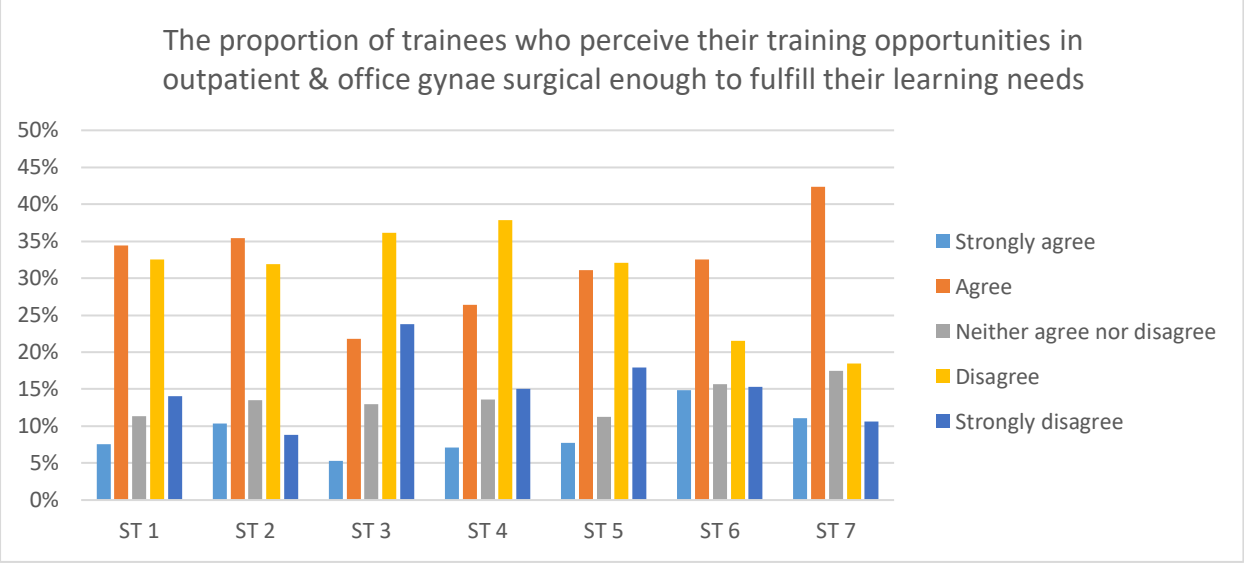


Figure 7: The proportion of trainees who perceive their training opportunities in outpatient and office gynae surgical procedures to be adequate

There is plenty of outpatient activity occurring, so this is most likely due to rota gaps not enabling trainees to attend outpatient clinics because there is no capacity to release them from service provision. Advanced trainees are particularly affected by rota gaps preventing access to outpatient training with 47% agreeing they had opportunities when there were gaps on their rota compared with 66% having opportunities without rota gaps, see Fig 8.

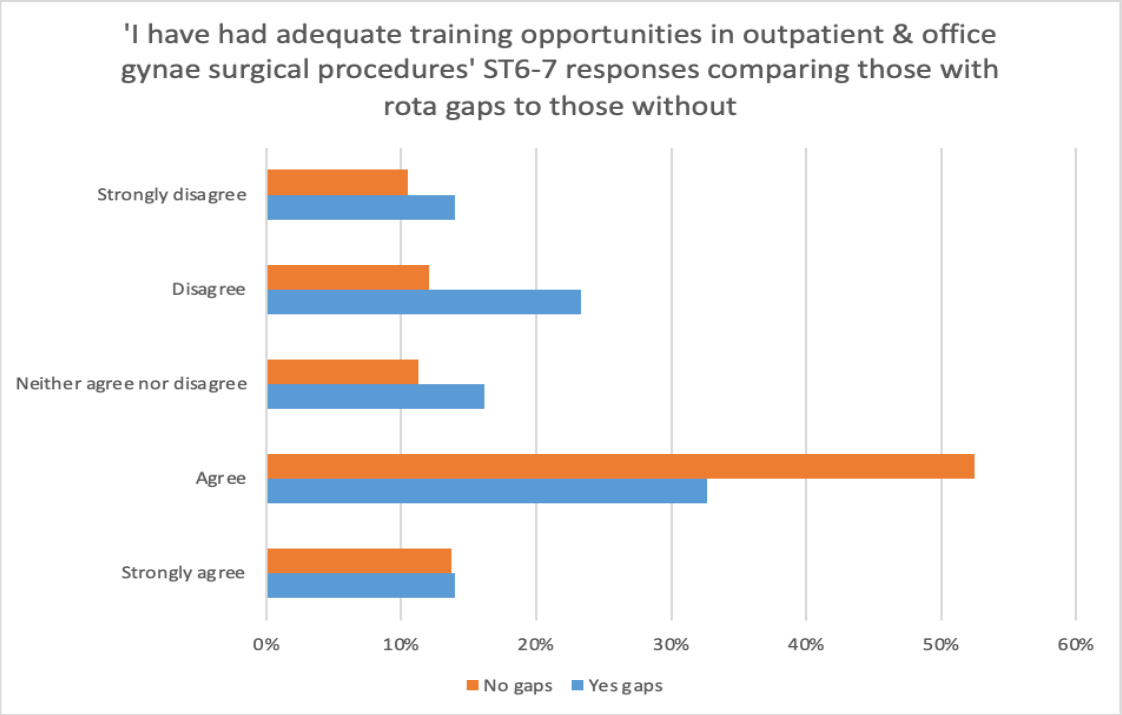


Figure 8: The proportion of stage 3 trainees who perceive their training opportunities in outpatient and office gynae surgical procedures to be adequate, comparing those with rota gaps to those without

Simulation training

All deaneries had a poor response to the existence of a formal programme simulation training in gynaecological procedural skills with only 38% trainees agreeing that they had access to a formal simulation programme, see Fig 9. This suggests that programmes are generally run within specific units as opposed to across entire deaneries, with access restricted to PGDiTs currently placed within certain units.

More work therefore needs to be done within deaneries to ensure that all trainees are aware of local simulation opportunities and to reduce to 'post-code lottery' effect of access to simulation training at a local level. This could include units working together to provide cross-site simulation training with a unifying curriculum and system of supervision for trainees thereby also reducing the burden on specific trainers.

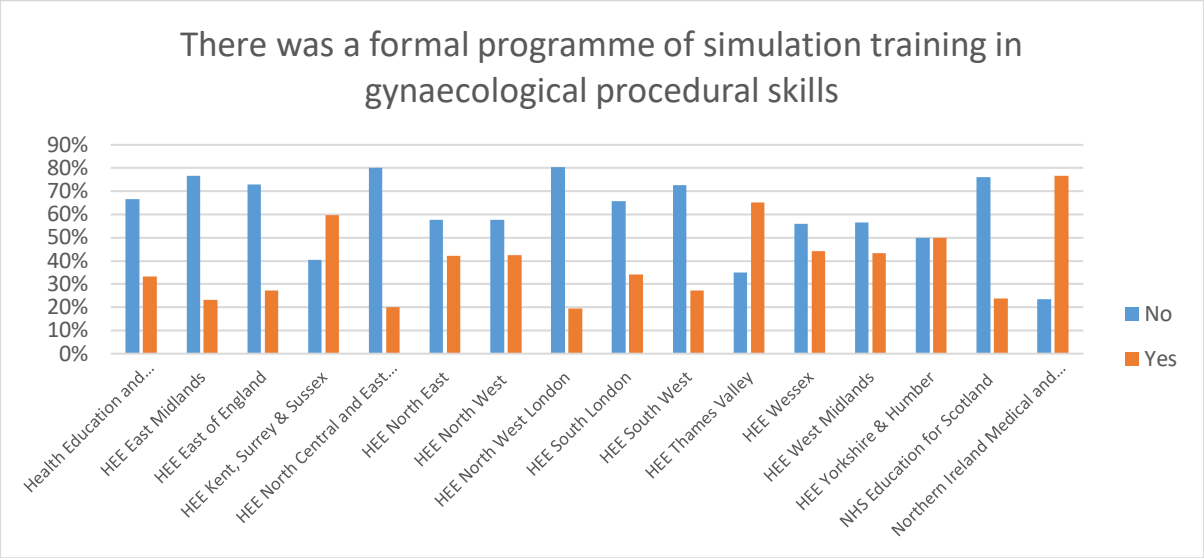


Figure 9: Responses by region to the statement 'There was a formal programme of simulation training in gynaecological procedural skills'

50% of trainees have access to a box trainers for laparoscopic training, with 14% having access to both a box trainer and a virtual reality simulator and 3% having access to a virtual reality trainer only (see table below). These results are almost identical to those from 2023 showing that no further increase in access to laparoscopic simulation equipment has occurred in the last 12 months and only a 5% increase on box trainer access from the 2021 survey results.

I have had access to a laparoscopic box trainer or virtual reality simulator	
No	34%
Yes, box trainer & virtual reality simulator	14%
Yes, box trainer only	50%
Yes, virtual reality simulator only	3%

There is variation in access across the regions, see fig 10. Regions with limited access to simulation equipment could engage with deanery simulation leads to see whether any local funding is currently accessible or enquire as to what other surgical specialities in the region are currently using and see if equipment could be shared or joint bids developed.

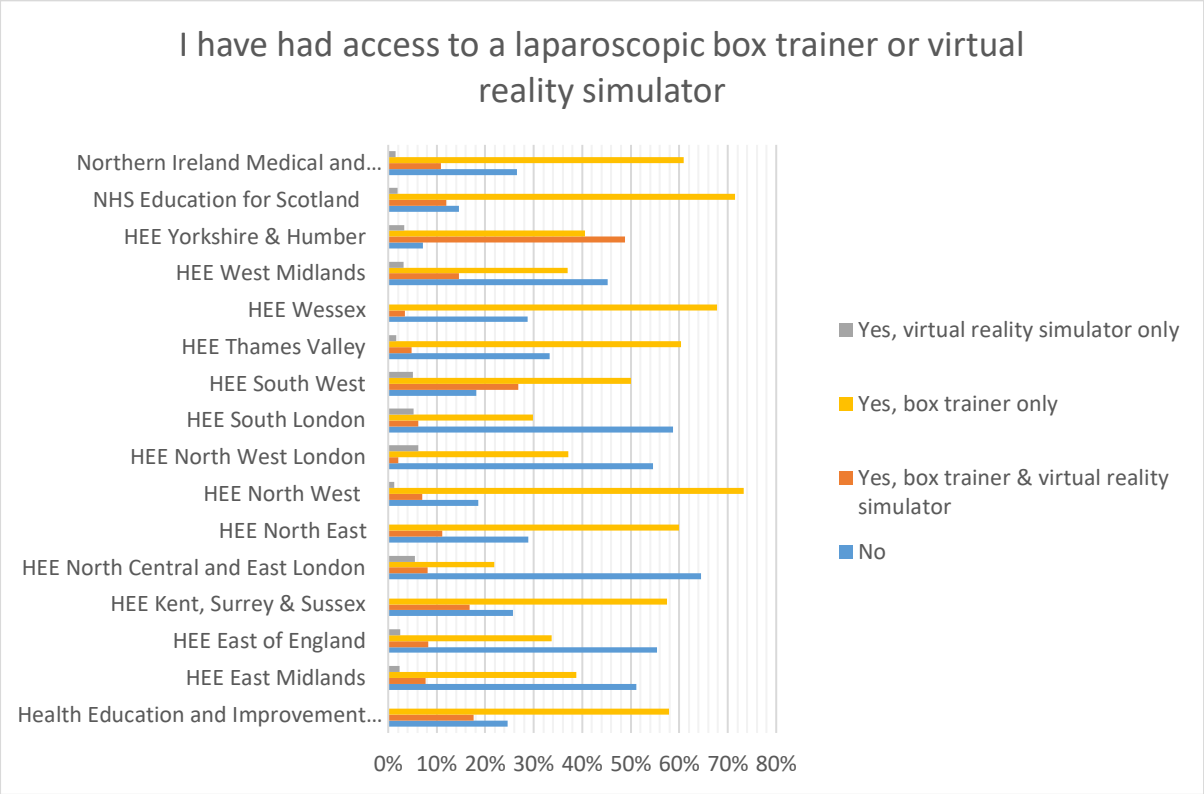


Figure 10: Reponses to the statement 'I have access to a laparoscopic box trainer or virtual reality simulator'

Clinic attendance

50% of all PGDiTs agreed that they had opportunity to attend the gynaecology clinic sufficient for their learning needs. Level 1 trainees were the most affected with only 32% ST1s and 28% ST2s feeling that they attend general gynaecology clinic frequently enough to meet their educational requirements, see fig 11. Trainees towards the end of their training were less affected with 64% ST5s, 65% ST6s and 66% ST7s agreeing that they were able to attend frequently enough but that still leaves approximately a third of each training grade not feeling that they had adequate opportunity.

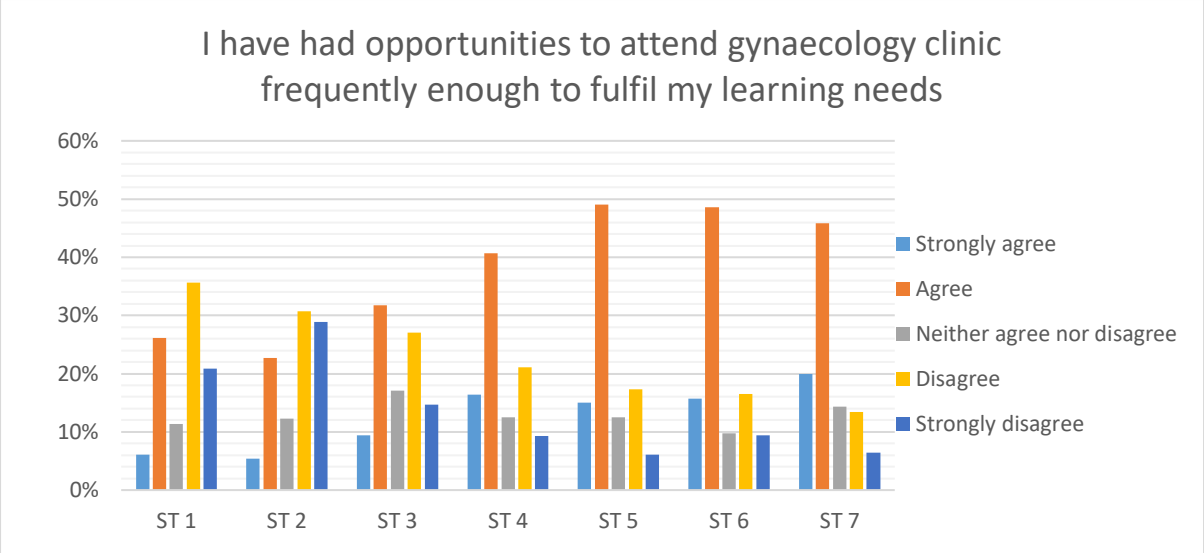


Figure 11: Reponses to the statement 'I have had opportunities to attend general gynaecology clinic frequently enough to fulfil my learning needs'

Overall, few PGDiTs agreed that they were able to attend specialist gynaecology clinics sufficient for their training needs with only 31% agreeing they had adequate opportunity. Again, those at their beginning of their training were most affected with only 25% ST1s, 18% ST2s and 26% ST3s able to attend specialist gynaecology clinics frequently enough, see fig 12 below. However, those in level 3 training are also struggling with less than half (46% ST6s and 49% ST7s) agreeing that they were able to attend frequently enough to meet their training needs. This was a new set of questions for the 2024 survey so unfortunately no comparison can be made to previous data.

We would strongly recommend that educational supervisors work with trainees, rota coordinators and College Tutors to deliver personalised work schedules to ensure sufficient time for the development and maintenance of the skills necessary for the level of training required, as well as imposing minimum attendance levels for SITM/ATSM sign-off. We would also strongly encourage doctors affected to exception-report missed educational opportunities so this data can be analysed and acted upon.

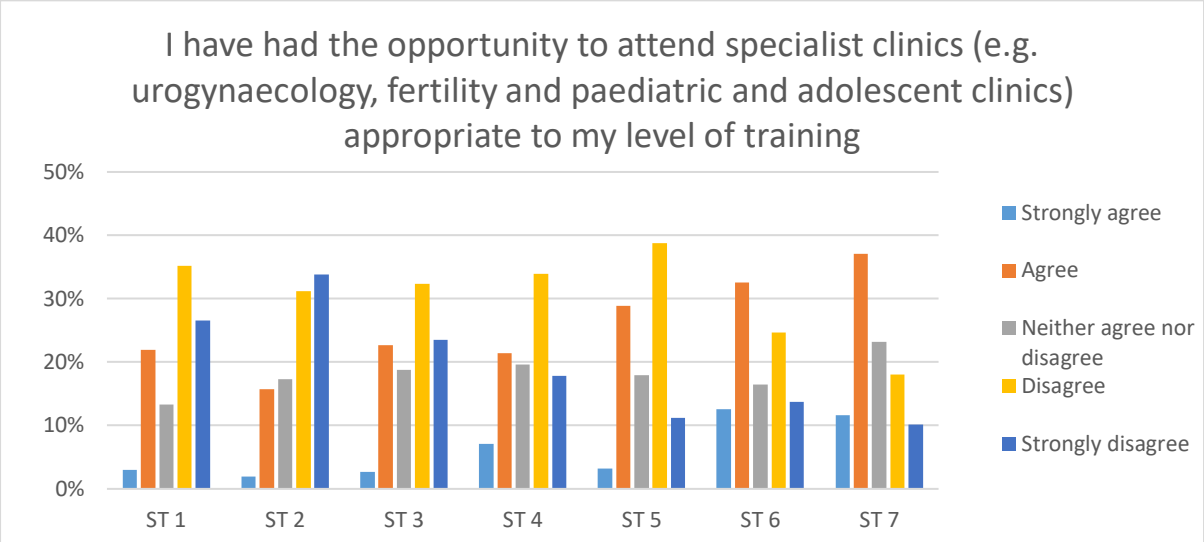


Figure 12: Reponses to the statement 'I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics) appropriate to my level of training'

Supervision

In general, trainees were satisfied with the supervision they received in their gynaecological activities, see Fig 13 below. 73% of all PGDiTS felt they had appropriate supervision in gynaecology clinic and 76% felt they had appropriate supervision for their level of training in gynaecology outside of hours, see Fig 14. However, this is lower than the GMC survey results with 86% of PGDiTs across specialities rating the quality of their clinical supervision as good or very good[1]. In addition, 75% of all PGDiTs agree that trainers were supportive in completing the required gynaecology workplace-based assessments, see Fig 15. This is despite less than half of educational supervisors surveyed (48%) by the GMC being able to use their allocated time for training for its intended purpose[1].

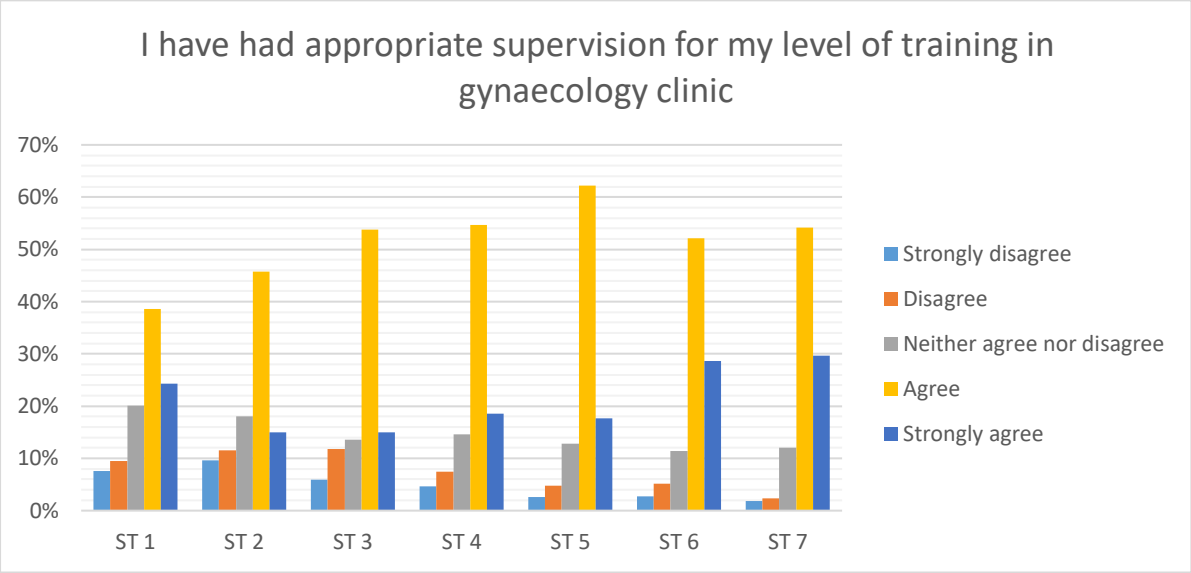
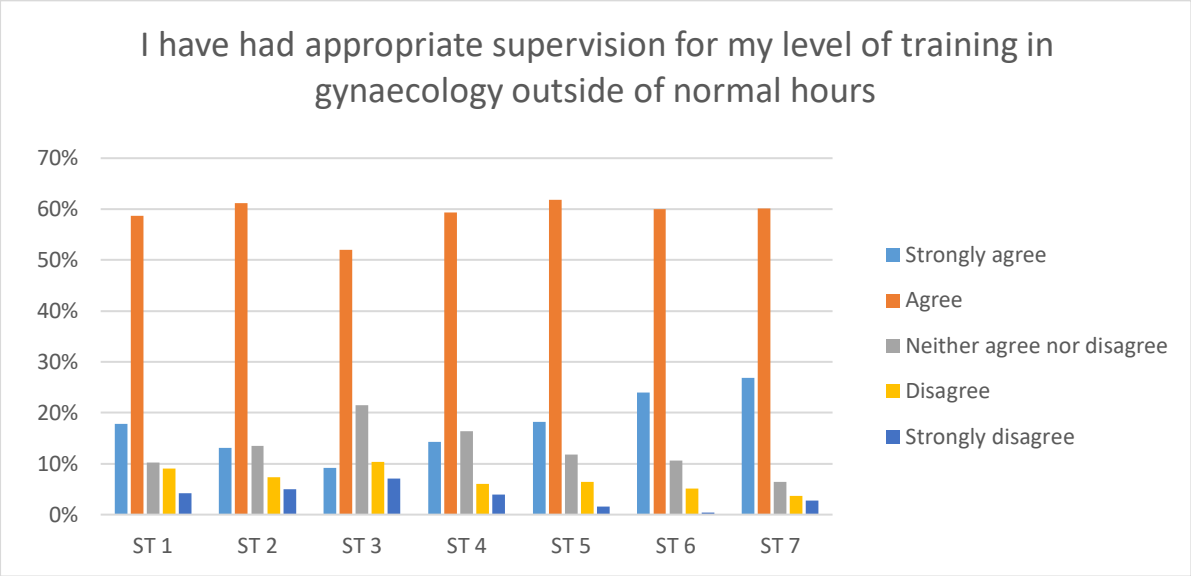


Figure 13: Reponses to the statement 'I have had appropriate supervision for my level of training in gynaecology clinic' - above. Figure 14: Reponses to the statement 'I have had appropriate supervision for my level of training in gynaecology outside of normal hours' – below.



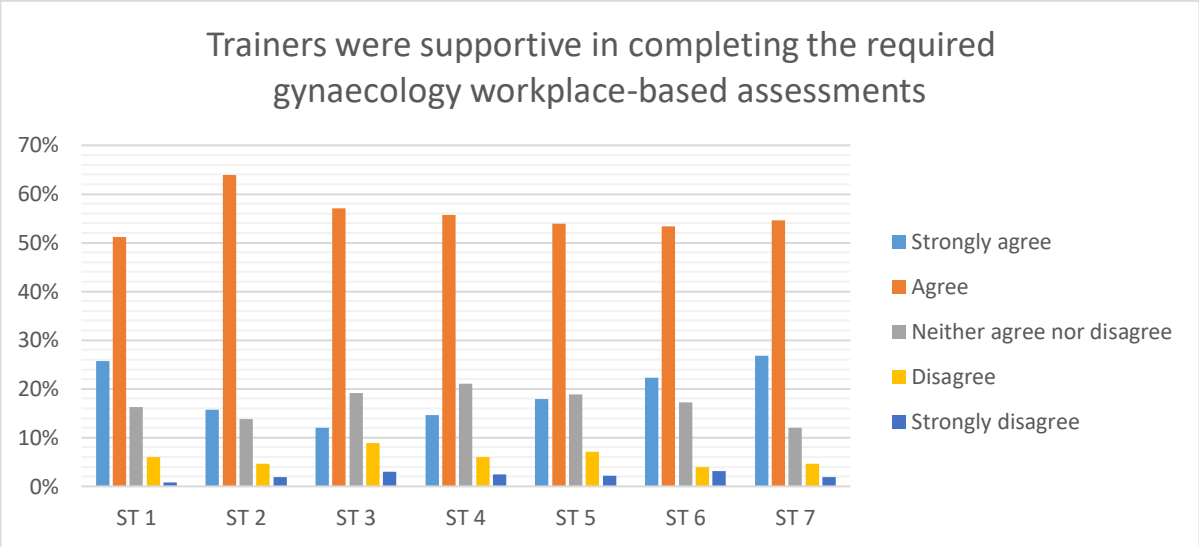


Figure 15: Reponses to the statement 'Trainers were supportive in completing the required gynaecology workplace-based assessments'

Transvaginal ultrasound- gynaecology

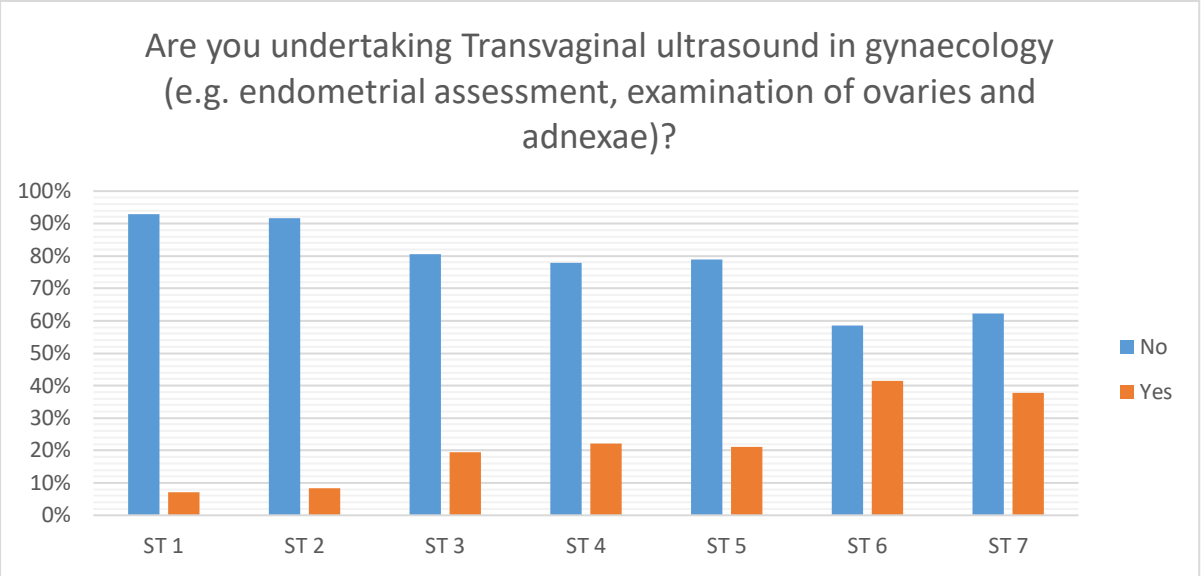


Figure 16: Responses to the statement 'Are you undertaking TVS in gynaecology?'

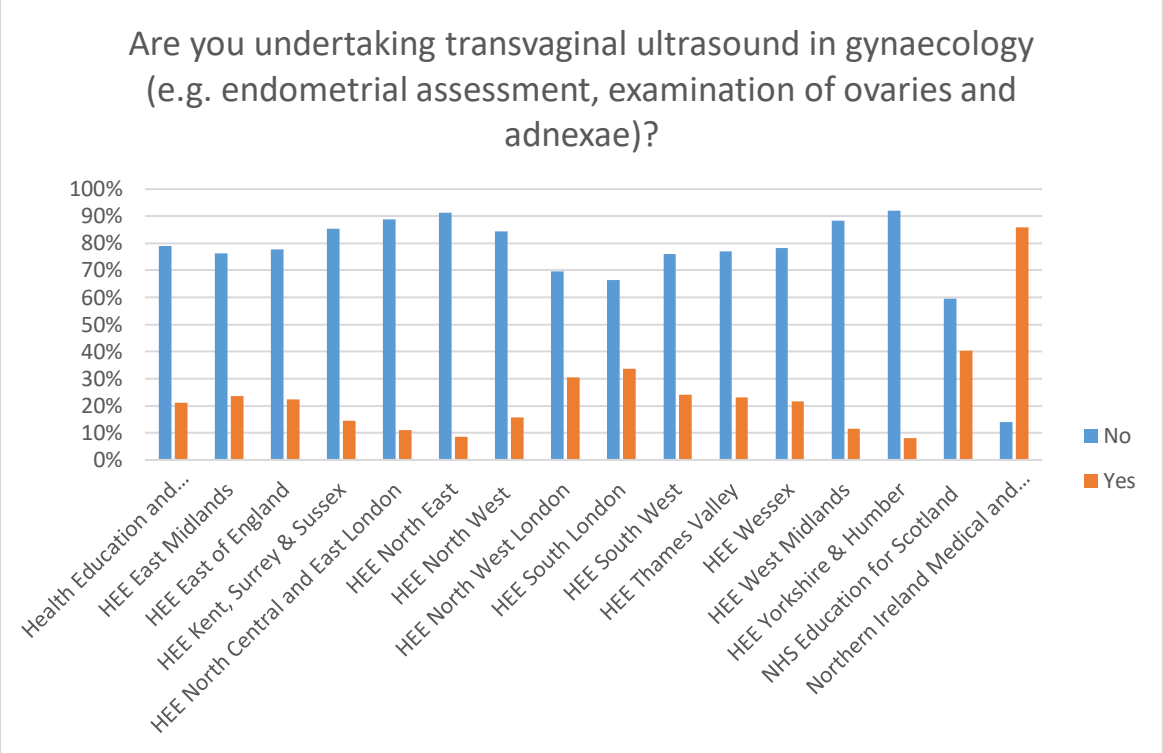


Figure 17: Regional responses to the statement 'Are you undertaking TVS in gynaecology?'

Only 22% of PGDiTs were undertaking transvaginal ultrasound in gynaecology with the majority being stage 3 trainees, see Fig 16. Ireland is the only region with more trainees undertaking transvaginal ultrasound than not with 86% of their residents performing gynaecological ultrasound, see Fig 17. This is likely because of the ultrasound service has

historically been led by doctors rather than sonographers, necessitating a system of comprehensive training to ensure provision of this service. All consultants are expected to do their own scanning; all resident doctors are therefore trained to scan. This expectation is not the same in other parts of the country.

There is a wide variation in numbers undertaking TVUS gynaecological scanning in other areas of the UK from 40% in one region to just 8% in another. This remains an area in need of significant improvement.

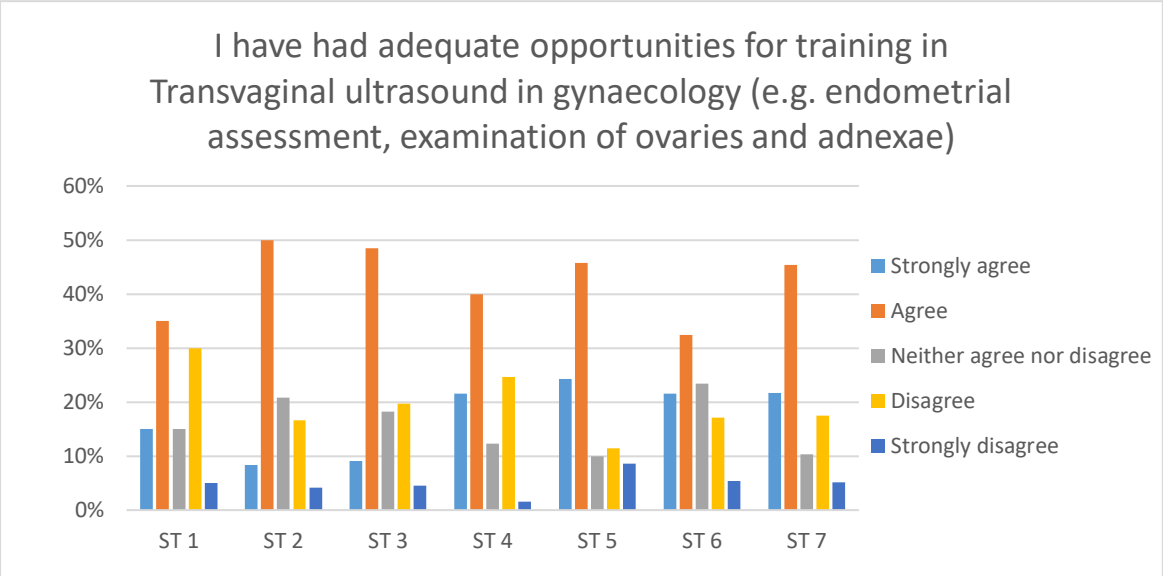


Figure 18: Responses to the statement 'I have had adequate opportunities for training in TVUS in gynaecology'

Paradoxically, many residents agreed that they had adequate opportunities for training in gynaecological transvaginal ultrasound, despite the low proportion who are currently undertaking transvaginal ultrasound, see Fig 18. It is essential that training opportunities are solidified by practise; deaneries should ensure that there are appropriate mechanisms for continued exposure to TVUS by trainees.

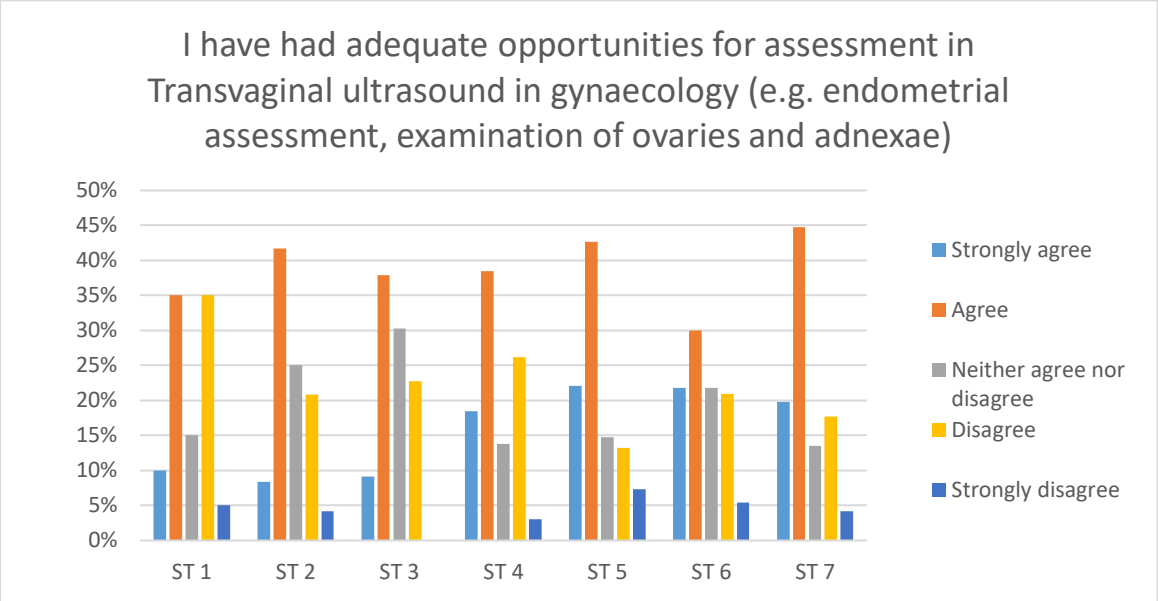


Figure 19: Responses to the statement 'I have had adequate opportunities for assessment in TVS in gynaecology'

On average, just over half of all respondents (56%) felt that adequate opportunities for assessment in transvaginal ultrasound, see Fig 19. These numbers suggest that there remains a lack of opportunity for development, maintenance and the appropriate feedback necessary for robust training in transvaginal ultrasound in gynaecology. There is no clear trajectory for opportunities as training progress – ST6s reported the least amount of availability (for both learning and assessment), more work needs to be done in understanding the barriers to comprehensive ultrasound training across all levels of training.

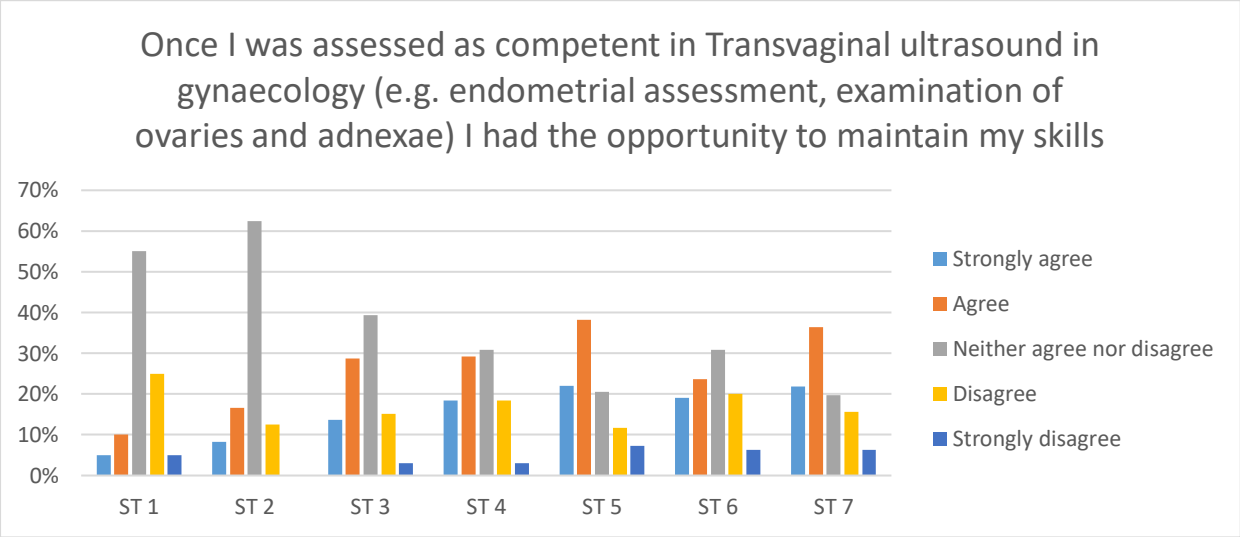


Figure 20: Responses to the statement 'Once assessed as competent in TVS in gynaecology I had the opportunity to maintain my skills'

Approximately half of Stage 2-3 residents agreed that once they were assessed as competent, they had adequate opportunity to maintain their skills in gynaecological ultrasound. However, this data will be slightly skewed by high numbers of residents not having been assessed as competent responding as neither agree nor disagree.

There is a continued dip in positive responses from ST6s with only 43% agreeing they had opportunity to maintain their skills compared with 60% of ST5s and 58% ST7s, see Fig 20. Although we are not able to comment on statistical significance, this trend throughout the three questions relating to gynaecological transvaginal ultrasound suggests a need to focus on better enabling ST6s to attend appropriate clinical activities to both develop and maintain their skills.

Transvaginal ultrasound- early pregnancy

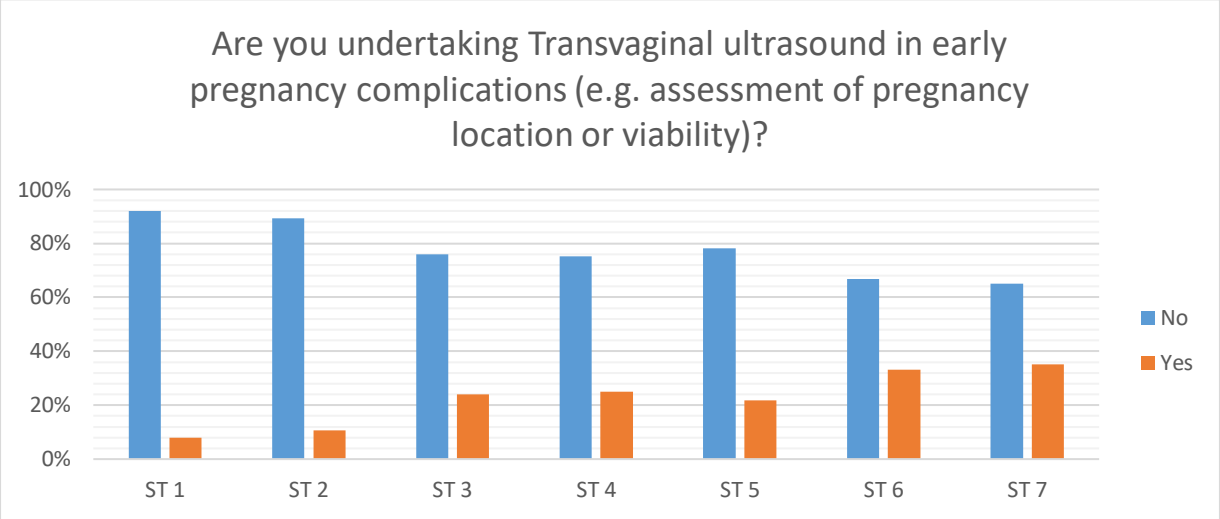


Figure 21: Responses to the statement 'Are you undertaking TVUS in early pregnancy?'

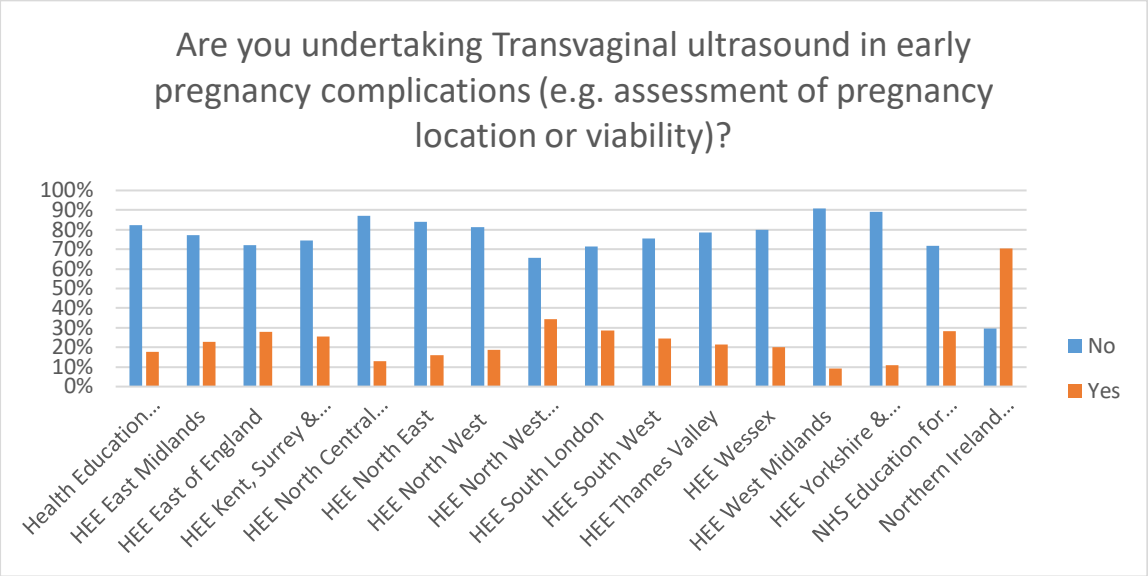


Figure 22: Regional responses to the statement 'Are you undertaking TVS in early pregnancy'

Only 22% of residents are undertaking transvaginal ultrasound for early pregnancy. Approximately one quarter of intermediate trainees performing early pregnancy scanning and one third of advanced trainees, see Fig 21. Again, Ireland is the only region where more residents are doing early pregnancy scanning than not with 70% of their trainees regularly performing this type of scanning. For other areas of the UK, there are low levels of scanning with 34% scanning in being the next highest down to just 9% in the lowest region, see Fig 22. Similar to general gynaecological ultrasound, this should be a real priority for improvement for all deaneries.

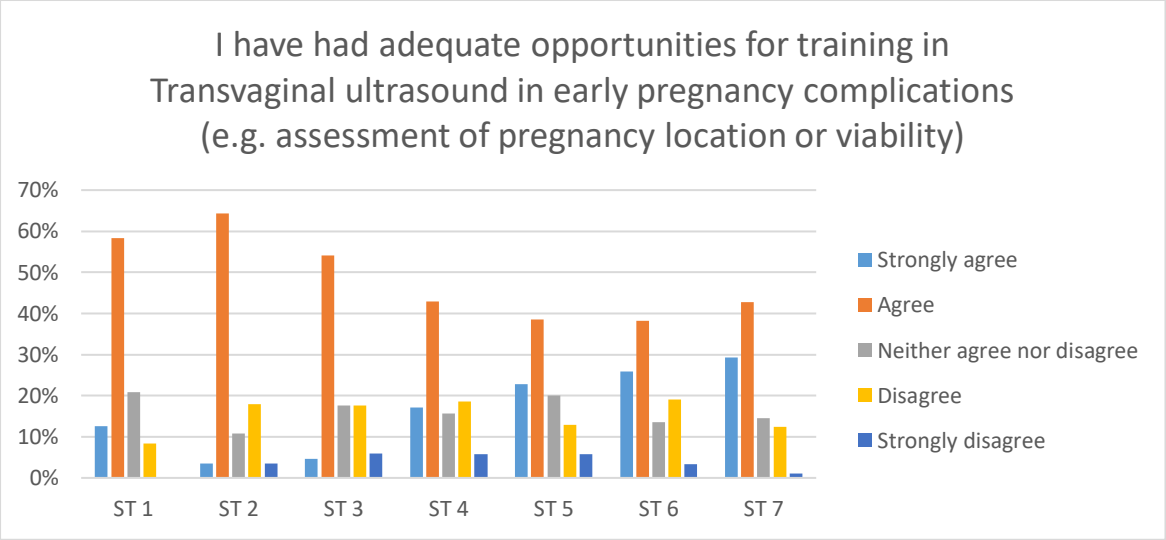


Figure 23: Responses to the statement 'I have had adequate opportunities for training in TVS in early pregnancy complications'

Overall, the majority of residents agreed that they had adequate opportunity for training in transvaginal ultrasound in early pregnancy and this was relatively consistent across training grades however more ST5-7s strongly agreed compared to ST1-4s, see Fig 23 . There also wasn't a noticeable difference in ST6 responses (64% compared to 62% for ST5 and 72%) as seen with transvaginal scanning for gynaecology.

Approximately half of residents felt they had opportunities for assessment in transvaginal ultrasound in early pregnancy. Again, this was consistent across training grades but with more ST4-7s strongly agreeing than ST1-3s, see Fig 24.

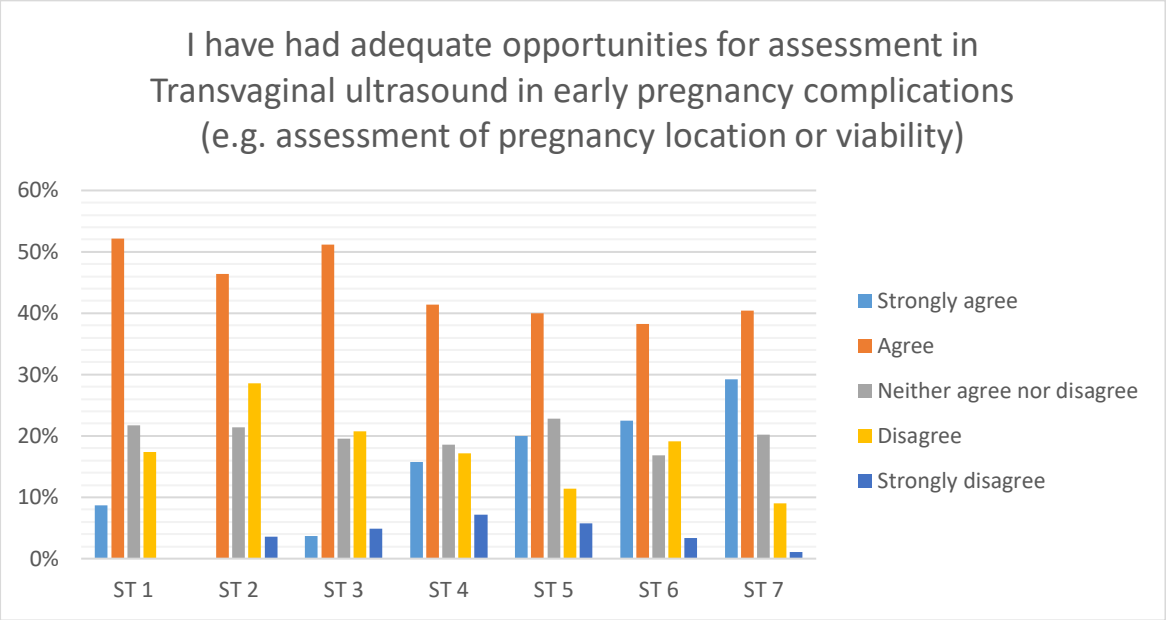


Figure 24: Responses to the statement 'I have had adequate opportunities for assessment in Transvaginal ultrasound in early pregnancy complications (e.g. assessment of pregnancy location or viability)'

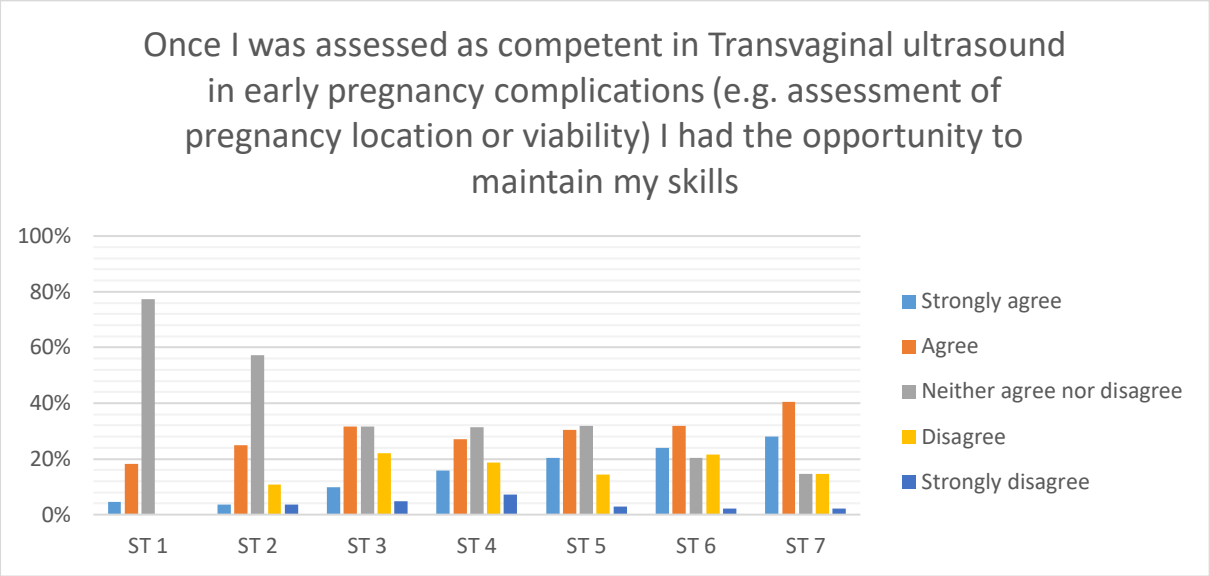


Figure 25: Responses to the statement 'Once I was assessed as competent in TVS in early pregnancy complications I had the opportunity to maintain my skills '

Residents approaching the end of training were more likely to report that they had opportunity to maintain their skills in transvaginal scanning in early. The large numbers earlier responding as neither agree nor disagree likely mirrors those who have not yet been found competent. The shift where the number agreeing exceeding those neither agreeing or disagreeing occurs in stage 3 of training, see Fig 25. More work could be done to support PGDiT earlier in their career so that they can then build on foundation.

Discussion

Exposure to a procedure (observation) is a foundational part of acquiring a new surgical skill or understanding a new concept. Once a skill has been introduced, the next phase is development and even after one is competent, a certain number of cases are necessary for maintenance of clinical acumen.

Unfortunately, these figures suggest that trainees at each stage of training, are experiencing delays in accessing sufficient opportunities to develop and maintain the surgical skill appropriate to their level. Less than half of those (44%) at level 1 of training agreed that they had the necessary opportunities for maintenance of outpatient or emergency procedures although 78% felt they had appropriate exposure to more complex procedures.

Similarly, in level 2 training, only 33% of respondents felt they had adequate opportunities for outpatient procedures, and 48% for maintenance of emergency procedures, and 47% of intermediate procedures, although there had been some solidification of the knowledge and skill needed for basic procedures (71%). 64% felt they had adequate exposure for advanced procedures.

However, even at the highest level of training, level 3, less than half (49%) felt they had sufficient opportunities for outpatient procedures, and over two thirds for emergency procedures, 80% of level 3 trainees felt they had adequate opportunities for basic procedures, 70% for intermediate procedures, and 47% for advanced procedures.

This suggests that whilst training is taking place; we have not reached the right mix of surgical exposure progressing to skills development and then to maintenance and refinement of these skills. The use of simulation training should be considered for the maintenance of emergency procedures. Those towards the end of their training should continue to be exposed to basic procedures – possibly through the delivery of training for those in the earlier stages of training.

Beyond surgical procedures, trainees still report significant difficulty accessing other essential components of gynaecological training – general clinics, specialist clinics and ultrasound. Access may be improved by mandating a certain number of sessions per year, or by providing training in specialist blocks. A more readily available solution would be to utilise the provisions of a personalised work schedule and encourage doctors to exception report when they are not able to attend their rota-ed sessions.

Training in ultrasound training should be a particular priority for deaneries in England, Scotland and Wales as there continues to be limited opportunities for sustained maintenance of ultrasound skills even in regions where there is more training taking place.

Summary of findings

- There is a concerning downward trend in gynaecological surgical skills acquisition in basic, advanced, emergency and outpatient procedures which is worse than seen in 2023 and 2021 TEF results. All grades of training are being affected by a decline in gynaecological procedural skills but the significant downward trend in basic skills is particularly concerning as if residents do not have opportunity to develop these skills early on it will continue to affect their subsequent intermediate and advanced skill development. Outpatient procedural skills were the worst rated and clearly demonstrates the challenge trainees are facing in accessing training in areas of gynaecology that do not also hold an element of service provision.

- 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 therefore addressing some of the issues raised in this thematic report.

- Similar to results from the 2023 TEF report, there remains a considerable disparity in access to a formal simulation programme. This could either be due to geography or lack of awareness about local simulation opportunities. A mere 38% of all residents agreed they had access to formal simulation training.

- Overall, 50% of residents felt they had sufficient opportunity to attend gynaecology clinics to meet their learning needs. This issue was most pronounced among juniors (ST1-2), while seniors (ST5-7) reported better access. Attendance at specialist gynaecology clinics was even lower, with only 31% of residents feeling they had enough opportunities. ST1-3s were again the most affected.

- Ultrasound training still requires improvement across England, Wales and Scotland. Only 22% of residents were performing transvaginal ultrasound in both gynaecology and early pregnancy, with the majority being advanced trainees. This could have a significant impact on our ability to provide an adequate workforce to match the population needs of the future.

Recommendations

- Exception reporting for missed educational opportunities (when pulled elsewhere) can identify problematic rotas, improve staffing locally and ultimately facilitate access to gynaecology theatre, general and specialist gynaecology clinics. These activities form a significant portion of a consultant's workload and we need to ensure we adequately train our residents for their future job roles as well as understand when they are not getting the training opportunities necessary in these areas.

- Personalised work schedules should also be used as they allow for greater continuity between trainee and trainer, which facilitates skills acquisition and provide residents with opportunities for continuous skill development through regular attendance in the same clinic with the same mentor. However, there is recognition that this comes with the challenge of balancing weekly rotas to cover service demands together with the tailored needs of an individual trainee.

- More effort is required within deaneries to ensure all residents are informed about local simulation opportunities and to reduce disparities in access. Regions with limited resources and access to simulation equipment at specific sites could benefit from collaboration with other units and shared funding for equipment.

- In the current climate where trainees are struggling to attend specialist clinics, consideration to upskilling in ultrasound training through on-call opportunities should be investigated. This could be through the introduction of point of care ultrasound training in O&G covering emergency presentations in gynaecology e.g. miscarriage/ectopic. This would both support ultrasound training, increase patient safety/experience and improve patient flow through O&G departments.

References

1. Council GM. National Training Survey 2024 Results. 2024 August 2024.

Questions

Gynaecological training

5.2.1	The following questions relate to your development of gynaecology procedural skills (ST1-2)
5.2.1.1	I have had sufficient opportunities to develop and maintain my gynaecology surgical skills in:
5.2.1.2	Outpatient / office procedures e.g. Word catheters, smear tests
5.2.1.3	Emergency procedures e.g. SMM
5.2.1.4	Basic procedures e.g. SMM, I+D Bartholin's
5.2.1.5	I have had opportunities to observe and / or begin to develop skills in:
5.2.1.6	Intermediate procedures e.g. diagnostic laparoscopies, hysteroscopy
5.2.1.7	Advanced procedures e.g. operative laparoscopy, open gynaecological surgery, gynae-oncology surgery, surgical management ectopic pregnancy
5.2.2	The following questions relate to your development of gynaecology procedural skills (ST3-5)
5.2.2.1	I have had sufficient opportunities to develop or maintain my gynaecological surgical skills in:
5.2.2.2	Outpatient / office procedures e.g. Word catheters, OP hysteroscopy, vulval biopsy, colposcopy
5.2.2.3	Emergency procedures e.g. SMM, emergency diagnostic laparoscopy
5.2.2.4	Basic procedures e.g. SMM, I+D Bartholin's
5.2.2.5	Intermediate procedures e.g. diagnostic laparoscopies, hysteroscopy, simple operative laparoscopy
5.2.2.6	I have had opportunities to observe and / or begin to develop skills in:
5.2.2.7	Advanced procedures e.g. operative laparoscopy, open gynaecological surgery, gynae-oncology surgery, surgical management ectopic pregnancy
5.2.3	The following questions relate to your development of gynaecology procedural skills (ST6-7)
5.2.3.1	I have had sufficient opportunities to develop and maintain my gynaecological surgical skills in:
5.2.3.2	Outpatient/office procedures e.g. Word catheters, OP hysteroscopy, vulval biopsy, colposcopy
5.2.3.3	Emergency procedures e.g. SMM, emergency diagnostic laparoscopy, emergency management suspected ectopic pregnancy
5.2.3.4	Basic procedures e.g. SMM, I+D Bartholin's
5.2.3.5	Intermediate procedures e.g. diagnostic laparoscopies, hysteroscopy, simple operative laparoscopy
5.2.3.6	Advanced procedures e.g. operative laparoscopy, open gynaecological surgery, gynae-oncology surgery, surgical management ectopic pregnancy
5.3	The following questions relate to laparoscopic simulation training in your region
5.3.1	I have had access to a laparoscopic box trainer or virtual reality simulator

5.3.2	There was a formal programme of simulation training in gynaecological procedural skills
5.4	The following questions relate to your experience in gynaecology clinics:
5.4.1	I have had opportunities to attend gynaecology clinic frequently enough to fulfil my learning needs
5.4.2	I have had the opportunity to attend specialist clinics (e.g. urogynaecology, fertility and paediatric and adolescent clinics) appropriate to my level of training
5.5	The following questions relate to your senior supervision in gynaecology settings
5.5.1	I have had appropriate supervision for my level of training in elective gynaecology theatre
5.5.2	I have had appropriate supervision for my level of training in gynaecology clinic
5.5.3	I have had appropriate supervision for my level of training in gynaecology outside of normal hours
5.5.4	Trainers were supportive in completing the required gynaecology workplace-based assessments
5.5.5	My clinical supervisors have provided me with feedback that is constructive and helpful
5.6	I am on track to fulfil my training requirements for the year in gynaecology
5.7	All things considered I would recommend this unit to other O&G trainees for the development of their gynaecology skills

Ultrasound training- gynaecology

7.6	Are you undertaking Transvaginal ultrasound in gynaecology (e.g. endometrial assessment, examination of ovaries and adnexae)?
7.6.1	I have had adequate opportunities for training in Transvaginal ultrasound in gynaecology (e.g. endometrial assessment, examination of ovaries and adnexae)
7.6.2	I have had adequate opportunities for assessment in Transvaginal ultrasound in gynaecology (e.g. endometrial assessment, examination of ovaries and adnexae)
7.6.3	Once I was assessed as competent in Transvaginal ultrasound in gynaecology (e.g. endometrial assessment, examination of ovaries and adnexae) I had the opportunity to maintain my skills
7.7	Are you undertaking Transvaginal ultrasound in early pregnancy complications (e.g. assessment of pregnancy location or viability)?
7.7.1	I have had adequate opportunities for training in Transvaginal ultrasound in early pregnancy complications (e.g. assessment of pregnancy location or viability)
7.7.2	I have had adequate opportunities for assessment in Transvaginal ultrasound in early pregnancy complications (e.g. assessment of pregnancy location or viability)
7.7.3	Once I was assessed as competent in Transvaginal ultrasound in early pregnancy complications (e.g. assessment of pregnancy location or viability) I had the opportunity to maintain my skills
7.8	Do opportunities for gaining ultrasound experience exist within your region if not available in your base hospital?

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