

Royal College of Obstetricians and Gynaecologists
Setting standards to improve women's health

Advanced Specialist Training

Report of the Working Party



March 2007

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Advanced training will prepare specialists in obstetrics and gynaecology for the diversity in clinical practice that future consultants will be expected to provide. Advanced Training will take place in Years 6 and 7, after approximately 5 years of basic and intermediate training. The diversity in training is provided by a series of 20 Advanced Training Skills Modules (ATSMs) covering all areas of current and future practice. Trainees in Years 6 and 7 will continue with core training but, increasingly, future training will be provided within the context of the ATSMs. It is expected that all trainees, excepting the minority who will undertake subspecialty training, will undertake a portfolio of ATSMs that will enhance their service capability in the relevant areas. Training will focus much more on service and patient needs.

This development builds on much work carried out in the College to develop our specialist training curricula, including the work of the Basic Specialty Training Working Party and the Core Curriculum Group. The specialty is immensely grateful to Dr Wendy Reid and her colleagues on the Working Party for their vision, focus and sheer hard work. I would also like to pay tribute to the many contributors from the Specialist Societies in obstetrics and gynaecology, who have contributed willingly and positively to this endeavour. Without their input we would not be where we are now. The College is very proud of its new Specialist Training Programme and this is an opportunity for me to thank all those in the specialty, as well as our educational advisers, for their support. Now the equally hard work of implementation at local and regional level will begin.

Professor Allan Templeton
President

Terms of reference

1. To consider the structure of further training in years 4 and 5, following completion of the core curriculum of basic training.
2. To develop opportunities for further experiential training in years 4 and 5 in the light of service requirements, on-call commitments, the Hospital at Night and other recent initiatives.
3. To appraise the current situation regarding the number of Special Skills Modules produced and in production and the number of trainees signed up for each.
4. To define modules of additional skills training that should be made available in years 4 and 5.
5. To discuss the educational objectives of these modules, with particular reference to the content, skills and expertise to be acquired by the trainee.
6. To discuss involvement of the specialist societies in content and standard setting of modules. To be aware that the syllabic content of the curriculum should be unified.
7. To identify any other groups, e.g. consultants, midwives to whom the attaining of Special Skills Modules would be applicable.
8. To look at the role of Special Skills Modules for international trainees, both those studying in the UK and those based outside the UK.
9. To define the role of the preceptor and the support and training required for that role.
10. To reflect on the expected methods of learning, teaching, feedback, supervision and assessment in these modules of additional training.

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Abbreviations used in this report

ATSM	Advanced Training Skills Module
CCT	Certificate of Completion of Training
EWTD	European Working Time Directive
FFPRHC	Faculty of Family Planning and Reproductive Health Care
MMC	Modernising Medical Careers
MRCOG	Membership of the Royal College of Obstetricians and Gynaecologists
NHS	National Health Service
PMETB	Postgraduate Medical Education and Training Board
RCOG	Royal College of Obstetricians and Gynaecologists
RITA	record of in-training assessment
SSM	Special Skills Module
ST1	specialist training year 1 (<i>et seq.</i>)
STC	Specialist Training Committee

Executive summary

1. *Modernising Medical Careers: The Next Steps*¹ requires the development of 'run through' or seamless training entered directly after completion of Foundation Programme Training and leading to the award of a Certificate of Completion of Training (CCT) by the Postgraduate Medical Education and Training Board. The RCOG has therefore commissioned a number of working parties to develop the curriculum. This report focuses on the final 2 years of training: Advanced Training (specialist training years 6 and 7).
2. The working party is convinced of the necessity to train doctors in both aspects of our specialty: that is, obstetrics, particularly with reference to delivery ward skills and gynaecology, with emphasis on the skills required in acute gynaecological practice.
3. All trainees successfully completing basic and intermediate training will progress into Advanced Training. The core curriculum will continue throughout training from years ST1 to ST7, allowing for the progressive development of skills and professional attributes across the generality of obstetrics and gynaecology. The CCT will therefore be applied for after completion of all competences defined by the training programme over an indicative 7 years.
4. The plans for advanced training are based on the RCOG publication *The Future Role of the Consultant*.² The recognition that working patterns for consultants will be different for the next generation of doctors following the introduction of the European Working Time Directive, the changes in patients' expectations and, in our specialty, the reduction in major gynaecological surgery, require a training pathway that will produce doctors able to work in the modern National Health Service.
5. Current trainees do not receive specific career advice as part of their training programme. This is one of the integral parts of Modernising Medical Careers and should underpin Advanced Training, with particular reference to the choice of Advanced Training Skills Modules (ATSMs).
6. Trainees will receive guidance about the ATSMs in year ST5. In cases where training programme directors have identified clinical weaknesses, trainees may be allocated specific modules.
7. Each deanery or school of obstetrics and gynaecology will provide the majority of the ATSMs. For modules addressing smaller areas of practice cooperation across deanery boundaries may be necessary and the support of the postgraduate dean will be sought.
8. Workforce planning and training have not been linked through the training programme in the past. The development of modular training in the final 2 years prior to CCT allows local health advisers an opportunity to direct trainees to areas of need. For example, the present advertisements for

consultants focus on labour ward care. If this trend continues trainees can be directed to the obstetric ATSMs. It is unacceptable to over-produce CCT holders with areas of specialist interest that the NHS does not require and so expose trainees to a significant risk of unemployment post-CCT. However, it must also be recognised that ATSMs allow trainees to develop their personal interests within the training scheme. The role of an expert careers adviser as part of the Specialist Training Committee (STC) or school of obstetrics and gynaecology is vital to the development of the specialty.

9. The Specialist Societies and the Faculty of Family Planning and Reproductive Health Care have contributed to the writing of the ATSMs and will continue to support this development by helping recruit trainers with expertise in the specialist area for each training programme, developing course and academic material and providing advice when new elements of training are necessary.
10. The provision of ATSMs as an integral, mandatory part of training requires an increase in the number of consultants as module trainers. Consultants with expertise in the clinical area or who are members of the relevant Specialist Society may self-nominate to the local STC or be put forward by the relevant Specialist Society to deliver all or part of an ATSM. Each deanery or school will have a preceptor responsible for each ATSM. Large training programmes may require more than one person for this role, particularly in the more common ATSMs. Preceptors will be responsible for the local provision of their respective ATSM and will ensure that the appropriate educational support is provided and the assessments performed. The preceptors in a deanery will work with the training programme directors and will report to the director of ATSMs. This new role will be responsible for the quality control of this element of advanced training. This individual will have prior experience of postgraduate education and training and be a member of the school board or equivalent training committee.
11. The assessment strategy for advanced training follows the pattern of workplace based assessments in basic and intermediate training. The working party rejected the possibility of an exit examination as the lack of flexibility of such a tool would limit educational development and not reflect the diversity of training offered within the ATSMs.
12. The ATSMs submitted for approval as part of the curriculum are designed for trainees in the UK system. However future developments may allow doctors training and working outside the UK and those in the UK in non-training posts to access this material and will provide the standards of good practice expected by the RCOG.

1. Advanced training in ST6 and ST7 is part of the core requirement for all obstetricians and gynaecologists for award of the CCT.
2. All trainees except those in subspecialty training should continue to train in both obstetrics and gynaecology.
3. The core curriculum contains the basic elements of safe practice for consultants of the future but must be supported by increased expertise in certain defined areas by the acquisition of ATSMs.
4. ATSMs will be used to produce doctors fit-for-purpose within the consultant careers defined in the document *The Future Role of the Consultant*.
5. Each part of the curriculum will be rigorously assessed and ATSMs must also have appropriate assessment methodology that is robust and defensible.
6. A number of credits will be awarded to each ATSM and trainees will be expected to accumulate a minimum number of credits before being recommended for a CCT.
7. Trainees must have consistent, well-informed career counselling throughout their training.
8. National and local workforce planning in obstetrics and gynaecology will inform the provision of ATSMs.
9. The Specialist Societies and the Faculty of Family Planning and Reproductive Health Care will continue to work closely with the RCOG to produce the ATSMs and the educational resources to support training in these fields.
10. For the present, access to ATSMs is limited to specialist trainees in ST6 and ST7 of a UK training programme. The curricula, however, will be freely available to all from the RCOG.
11. The RCOG Specialist Training Committee will review the curriculum for each ATSM, which will be submitted for approval by the RCOG Education Board and PMETB.
12. A member of the local specialist training committee or school of obstetrics and gynaecology should be responsible specifically for careers guidance for doctors in the specialist training programmes.

Introduction

National changes in postgraduate medical education with the advent of the Postgraduate Medical Education and Training Board (PMETB) and the evolution of Modernising Medical Careers (MMC) have been addressed by the RCOG via a number of working parties. The recognition by the College that the needs of patients in the future would be different and that doctors in the profession must have the skills to fulfil those expectations was encapsulated in the document, *The Future Role of the Consultant*. The new curriculum has been developed to fulfil those aspirations and the Advanced Training Working Party was asked to develop the template for the last 2 years of training within that framework.

The enormous amount of concurrent work on the structure of training in obstetrics and gynaecology (that is, the requirements and content of the first 2 years of Specialist Training, ST1 and ST2, the continuing development of the subspecialty curricula, development of the academic curriculum and the need to complete the core curriculum through to the end of training at CCT level) meant that, inevitably, the task of the working party evolved as each piece of the training jigsaw was agreed. Members of the working party have been involved across the spectrum of activities developing postgraduate education and training within the College and beyond.

Within the duration of this working party, the RCOG Council has approved two working party reports key to the understanding of advanced training: *The Future Role of the Consultant* and *Basic Specialty Training in Obstetrics and Gynaecology: A Working Party Report*.

The working party recognises that subspecialty training is not part of the remit and, hence, the requirements for advanced training recommended below do not apply universally to the different subspecialty programmes.

The Working Party has made a consistent effort to align the recommendations within the overall framework iterated for postgraduate training and consultant practice.

It is already apparent that the consultants of the future will be working in different ways and in different environments to those currently familiar. The expectation for the majority of consultants in the future will be that they will be able to provide a safe and effective service in obstetric care and emergency gynaecology. The training of future consultants needs to be rigorous and of a high standard but must also be flexible enough to address changes in clinical practice and in manpower requirements rapidly. The future consultant will be expected to have a portfolio of skills underpinned by secure and safe practice in the core skills required by obstetrics and gynaecology.

The structure of advanced training

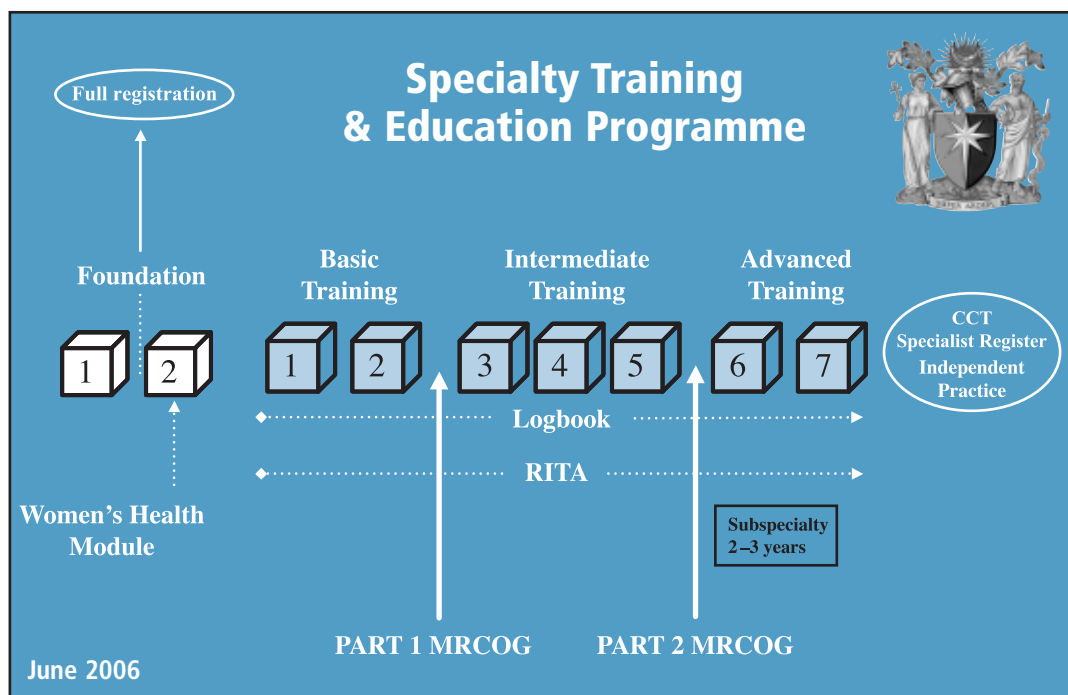
Background

Changes in the governance of postgraduate medical education and training following the advent of the PMETB have become a focus of activity for both the Royal Colleges and the postgraduate deaneries. The PMETB must approve all training curricula and programmes for specialist training.

Structure of training

Figure 1 shows the structure of the 7-year postgraduate training in obstetrics and gynaecology. The terms of reference for this working party refer to years 4 and 5 of training. However, with the advent of the new training programme in August 2007, specialist training commences after the Foundation Programme when doctors enter year 1 (ST1, equivalent to the senior house officer posts in the past); hence, the final 2 years of training become years 6 and 7, now termed Advanced Training.

The Working Party reviewed the curriculum for the first 5 years of training. There is no doubt that the College is committed to training obstetricians and gynaecologists capable of safe, independent practice in general obstetrics and gynaecology at the attainment of the CCT. The standard for the CCT must therefore be reflected in the core curriculum throughout training; that is, from years 1 to 7.



The nomenclature for defining the curriculum is important to clarify: basic training equates to ST1 and ST2, intermediate training to ST3 to ST5 and advanced training to ST6 and ST7. The core curriculum underpins all these years of training and, as can be seen in Figure 1, other training requirements such as the MRCOG examination and the modules in advanced training (ATSMs) are required by specific years of completion. It is the totality of training that prepares an individual for practice after award of the CCT.

The working party was convinced of the importance of trainees continuing in obstetrics and gynaecology throughout their training. The emphasis of the core curriculum in years 6 and 7 is on increasing the skills related to acute obstetrics and gynaecology to ensure safe practice in these vulnerable clinical areas. However, in these final 2 years of training, trainees will be expected to develop professional interests commensurate with their skills and interests and the future needs of the population. The working party considered how the training programme should be developed to allow trainees not only to gain the competences necessary for effective practice but to also develop skills appropriate to the modern NHS. The implementation of modules (ATSMs) related to skills in the variety of specialist areas will allow trainees to access specific training for future consultant practice.

Workforce planning

Workforce planning is an inexact science but, by developing a modular approach to areas of special interest, a trainee will be enabled to develop a career profile that will improve opportunities for employment as well as ensuring that the needs of patients are met in a timely manner.

The present year 4 and 5 training is less structured with reference to developing career pathways and the purpose of the special skills modules is obscure in relation to workforce planning and individual career pathways. It is also manifestly unplanned in relation to the needs of the NHS. The proposal for the new years ST6 and ST7 is that, while continuing to build on the experience gained in the basic and intermediate training years, a trainee will gain further clinical skills and develop judgement and professionalism across the spectrum of obstetrics and gynaecology, as defined by the needs of a district general hospital consultant. The core curriculum has been completed and the logbook amended to reflect the requirements of advanced training and been approved by the Education Board (available on the RCOG website: www.rcog.org.uk/index.asp?pageID=1587). During ST6 and ST7, trainees will have opportunities to develop areas of specialist interest by completing ATSMs. Careers advice will be vital for trainees so that appropriate ATSMs can be linked to allow focused career development and to ensure access to these training opportunities regionally is planned.

Assessment

The Working Party agrees that the assessment of trainees will continue throughout their training and this is reflected in the logbook requirements. The role of an exit examination was discussed but unanimously rejected as too limited an approach to assessment at this level of training. The workplace assessment methodology will be the same as in the earlier phases of training and will develop accordingly under PMETB approval.

Developing opportunities for further experiential training

The working party is committed to producing a training programme that enables obstetricians and gynaecologists with a CCT to practise effectively, safely and professionally at a level consistent with present consultant practice. It is accepted that a reduction in surgical gynaecological case work, the expectation that care will increasingly be delivered by fully trained doctors and the implementation of the European Working Time Directive (EWTD) to 48 hours/week in 2009 will all impact on future patterns of work.

The Future Role of the Consultant recognises the reduction in traditional surgical gynaecology and balances this with expanded roles within medical, outpatient-based gynaecology, for example. With this in mind, the working party has reviewed the core curriculum to define the areas of gynaecology that need further experiential learning in ST6 and ST7, while suggesting the development of modules for other, decreasingly common areas of surgical practice. This will enable the general obstetrician and gynaecologist to have the secure grounding in both obstetrics and the gynaecology required for safe emergency care provision, as well as providing an acceptable standard for the ATSMs to build on for further special interest development. The number of consultants needed to deliver surgical gynaecological care will be smaller than at present, so the training opportunities can be maximised by ring-fencing the required amount of major surgical casework for trainees undertaking the surgical modules. However, this does not imply that trainees in ST1 to ST7 of a programme will not perform any major gynaecological surgery and the core curriculum reflects the need for training in this aspect of gynaecology for all, with clear guidance about the level expected. However, the emphasis of advanced training must be to provide sufficient experience for those trainees undertaking surgical modules, so that they are skilled at a level consistent with consultant practice.

There is an increasing need for senior medical staff to be actively involved in the care of women in labour. The relative inexperience of trainees as hours of work and years of training are reduced and the clinical governance of a high-risk area of practice will be the driver for continued consultant appointments in obstetrics. It would be disingenuous if the balance of the training programme did not reflect these realities and train doctors appropriately.

The experiential learning in craft specialties must not be undermined by the introduction of MMC or reduced hours of work. It is important to recognise that, in our specialty, the acute decision-making skills and the practical skills defined in the early years of training need consolidation and ‘testing’ before a CCT can confidently be recommended. Although it is recognised that many departments provide mentoring for newly appointed consultants, the delivery of safe care will be secured by ensuring that an adequate period of training has been devoted to increasing experience. This gaining of experience across the spectrum of general obstetrics and gynaecology will be the core of training in ST6 and ST7.

Special skills modules

The remaining terms of reference of the working party refer to the role of the present Special Skills Modules (SSMs) and their development into ATSMs within the new curriculum.

The working party considered that a fundamental requirement of the new curriculum should be to develop a workforce that is not only fit for purpose in the NHS but also can be flexible enough to meet the inevitable changes that arise in clinical practice and that will also allow individuals to develop professionally throughout their career. To that end, the proposals for modules of training in a variety of clinical and professional skills have been suggested. The work with representatives of the specialist societies has produced newly aligned modules and has recognised that the limited time available for trainees to access learning requires the modules to be realistic and address the ‘gaps’ in learning between the core curriculum and the subspecialty curricula. With this aim in mind, and with the clear guidance from *The Future Role of the Consultant*, the working party has devised a list of modules designed to augment various aspects of training with a view to developing a workforce that is both flexible and trained to a high standard.

The issue of how many modules should be attained is addressed partially by this report, as a complete answer to this cannot be given until all the modules are completed and approved. However, the working party is keen to allow both local and national manpower planning to influence the direction of training to ensure the appropriate workforce is produced. It is unacceptable for the only planning around uptake of modules to be either the trainee’s enthusiasm or the availability of training opportunities. The service needs – the needs of women – must be paramount not only in planning consultant work but also in the delivery of appropriate training. One of the recommendations is therefore that modules are grouped in two groups: the first group will contain a variety of modules from which a trainee must complete one: it will be compulsory for each trainee to complete at least one from this group of modules. The second group will contain modules that may be chosen in addition to the compulsory one. In this way, by moving modules from one group to another either at national level or at local level the workforce can be manipulated over a relatively short time frame (see Appendix 1 for list of modules). It may be that the present workforce development plans are not able to address local or national plans at the level of training but it is clear that the present emphasis is to produce CCT holders with obstetric skills, as the majority of advertised consultant posts have this as the primary requirement. Workforce planning is important for the service but also vital if trainees are not to be disadvantaged in the competition for consultant posts. The decision about choice of ATSMs that trainees must make in their fifth year requires clear career advice and good information about employment prospects at consultant level 2–3 years hence.

Although the ‘Hospital at Night’ concept of broadly based team work is successful in a number of settings, the working party is not aware of any unit where doctors other than obstetricians and gynaecologists deliver out-of-hours maternity care. The emph-

asis of obstetric practice both within training and increasingly for consultants must therefore be reflected in the training programme.

It is important that as the ATSM curricula are completed the RCOG Curriculum Group and the RCOG Specialist Training Committee decides on the number of credits to be awarded on successful completion and that the credit system does not disadvantage those trainees completing one large, complex module rather than several smaller ones. Given the changes within training, the service and in particular with the reduction of working hours to 48 hours/week in 2009, the working party expects that the number of credits required for completion of training must be realistic. It will be unacceptable for trainees to have their CCT date compromised because ATSMs are not deliverable within the time frame. The careful planning and use of local resources to support ATSMs will require good programme management locally and, on occasion, collaboration between deaneries. The working party has proposed a management structure for Advanced Training and ATSMs.

Each of the newly produced modules will have a curriculum in the same style as the core curriculum and will have a defined logbook and assessment strategy, again using assessment tools familiar throughout training. All curricula will be reviewed by the newly constituted Curriculum Group and approved by the Specialist Training Committee and the Education Board and then submitted to PMETB.

The current situation

The review performed by the Trainees' Committee of the RCOG revealed wide variation in regional opportunities for trainees to access SSMs, with some deaneries having waiting lists for popular modules. The number of trainees signed up and the completion rate are attached (Table 1). It is, however, difficult to equate these numbers with the number of trainees presently in year 4 or 5, as many places with preceptors are filled with doctors not on training schemes, such as clinical research fellows or trust doctors. The completion rate for some modules is small and while trainees may be benefiting from the educational opportunities offered, it is hard to reconcile this with any potential for planning the service.

In summary, the problems with the present SSMs would seem to be:

- variable opportunities for trainees most likely due to too few preceptors
- variable completion rates
- inadequate assessment processes
- lack of clear objectives in terms of future practice
- inconsistencies in style, length of module and degree of difficulty.

The working party proposes that the series of new modules which are being developed to be called Advanced Training Skills Modules or ATSMs. These will replace the SSMs. ATSMs will clearly address the needs of trainees for the future service between the level of the CCT and future consultant practice, except where subspecialist accreditation is required. The supervision for ATSMs will be at a much more local level than for SSMs, allowing more consultants to become ATSM educational supervisors and reserving the preceptor role for an individual who will have regional or deanery-wide responsibility

Table 1. Number of trainees and non-training grades registered and completed (as at 17 August 2006)

Module	Registered trainees	Registered non-training grades	Trainees completed	Non-training grades completed
US imaging	95	24	169	63
Urodynamics	37	2	63	21
Maternal medicine	45	4	44	13
Menopause	11	9	14	4
Assisted reproduction	33	7	13	11
Management of infertile couple	42	17	17	10
Labour ward management	52	10	18	5
Medical education	17	2	3	0
Advanced hysteroscopic surgery	49	6	16	2
Fetal medicine	16	2	5	2
Intermediate. level laparoscopic surgery	53	5	10	2
Paediatric and adolescent gynaecology	6	0	0	0
Total	459	90	369	133

for planning access to a module and working with the training programme director to deliver the advanced training curriculum.

Modules of additional skills training that should be made available in years 6 and 7

The working party has defined a series of ATSMs based on the skills required by consultants in the future. Trainees must recognise that collecting a wide range of unrelated training elements is no longer realistic and indeed will disadvantage them in the market place as specialisation within units becomes more widespread. The working party also is aware that NHS trusts employing consultants in obstetrics and gynaecology will want a clear understanding of the skills and abilities of these valuable members of staff and job plans in the most effective units will reflect the needs of the service locally and the interests of the individual consultant. We have also looked at how ATSMs may be grouped together to produce a coherent training strategy. For example, if a trainee aspires to be a consultant leading the labour ward in a high-volume, high-risk obstetric unit, then completing several obstetric ATSMs would be advisable. Similarly, if a trainee aspires to work in a smaller unit with less high-risk obstetrics and wishes to maintain an interest in gynaecology, then completing one of the obstetric modules and one of the gynaecology modules would be appropriate. It is not the role of the working party to define how the modules should be linked but, as the curricula are produced and the feasibility of delivery of them as part of the training programme is investigated, the Curriculum Group and the STC will be able to issue advice to deaneries and training programmes. Similarly, as the requirements of the service are understood, local training programmes will advise trainees of the opportunities and how to access the appropriate ATSMs. It is envisaged that several ATSMs will be accessed concurrently by some trainees, such as some of the advanced obstetric level modules. The development of careers advisers for trainees within the intermediate stage of training programmes is strongly endorsed

as appropriate career advice and guidance is vital if the correct balance within the workforce is to be realised and trainees' aspirations are to be managed.

At present, trainees in years 4 and 5 have two sessions a week dedicated to special skills training. This is poorly protected for many trainees and has been eroded by intense shift patterns. Trainees in ST6 and ST7 will need to complete both the core curriculum and a number of ATSMs. Training programmes must be constructed to allow trainees sufficient access to the clinical experiences and supervision necessary for successful completion of training. Colleagues preparing the curricula for the ATSMs and those responsible for delivering the training in the future need to be aware of the limitations that the EWTD hours impose. Training programme directors and local STCs or schools of obstetrics and gynaecology are to be expected to assist training units in identifying appropriate time and resources to support ATSMs and to place trainees in ST6 and ST7 where access to an ATSM is assured. Trainees will need to accept that individual study outside of the time defined by the EWTD may be necessary to supplement the clinical experience provided in the workplace and is an accepted part of professional behaviour.

Educational objectives of ATSMs

The working party supports the aim that, at completion of training, each individual should be competent across the broad generality of obstetrics and gynaecology and should have developed expertise in a clearly defined area of practice by the additional acquisition of ATSMs. The working party was greatly helped by members of Specialist Societies and the Faculty of Family Planning and Reproductive Health Care (FFPRHC), who attended a study day and to began the process of writing the curricula for the suggested modules. Each module will follow the pattern of curricula developed for the core curriculum, based on the General Medical Council's document *Good Medical Practice*. The aims and objectives of each module will be defined and the expected skills and expertise will be assessed and documented as evidence for the record of in-training assessment (RITA) process. The colleagues writing the curricula are focused on the future roles for consultants as defined in the RCOG document.

Involvement of the Specialist Societies in content and standard setting of modules

The specialist societies and the FFPRHC have contributed in writing and developing the new ATSMs. The working party recognises the need for the Faculty, the specialist societies and the RCOG to maintain close working relations as the new training programme is developed. However, the curriculum in its totality is the responsibility of the RCOG and, as such, the ATSMs must fulfil the needs of trainees as defined by the College. The establishment of the Curriculum Group by the RCOG is welcomed by the working party as the ideal method of reviewing modules and commissioning changes and new modules, as the need arises. It is expected that the excellent working relations between the RCOG, the Faculty and the Specialist Societies established in the early stages of this work will be maintained and be the basis for future work. The specialist societies will be the educational resource for both trainees and the RCOG in terms of developing the curricula and the assessment methods for the modules. The logbook for each ATSM defines the level of achievement necessary for completion of the module.

The Specialist Societies and members of the FFPRHC will play an important role at local level in assisting training programmes in identifying where delivery of modules is feasible and in producing educational resources such as courses to support the educational process.

The discussion with members of Specialist Societies around developing modules inevitably moved on to look at expanding the number of modules suggested. The working party has suggested a list of ATSMs, after consultation, and these are now in development. The RCOG is obliged to submit the outstanding parts of the curriculum to the PMETB and, as the modules in preparation cover the envisaged future roles of consultants, it is not envisaged that further ATSMs will be commissioned immediately. The working party recognises that medical advances in the future will require adjustments to existing or the addition of new modules which would be commissioned by the Curriculum Group. This does not prevent specialist societies developing other courses, certificated programmes, and so on, as they see fit, but trainees are unlikely to access these, given the restrictions of the working week and the intensive curriculum to be covered for their CCT.

Identifying other groups to whom the attaining of special skills modules would be applicable

The working party was sympathetic to the view that the modules should stand alone as educational entities and should be developed for a wide number of professionals. However, the emphasis is on the process that produces a safe, high-standard doctor at the time of the CCT. The working party agreed that, until the impact of the EWTD, the new consultant contract, the increased need for direct assessment of trainees at all levels, the changes in service delivery and the increased numbers of trainees in the specialty were understood, the ATSMs should be for trainees in Specialist Training years 6 and 7. A trainee should discuss their options with their programme director during year ST 4/5 to allow for local planning of educational programmes and workforce numbers. The careers advice element in the training programme will have to develop to meet the needs of trainees entering advanced training. The working party strongly supports the development of a position on each local STC or school board of a consultant with responsibility for careers advice and management for specialist trainees.

Where a module is oversubscribed, it is suggested that trainees are 'selected' competitively (for example, following structured interview). As some modules will not be delivered in smaller deaneries, trainees who wish to access these less common ATSMs will be managed across deanery boundaries wherever feasible and where there is postgraduate dean support. It is expected that each module will include and indicate the time for completion. While the working party recognises that competence-based training allows trainees to complete elements of the curriculum at different rates, the experiential requirements in the modules suggest that it is unlikely that, for the modules where there is an emphasis on clinical skills, trainees will finish before the designated time.

It may be that, as the profession develops, there will be a need for consultants to access further training or develop new skills and the ATSMs may be a future model for this training.

Role of special skills modules for international trainees

The essential requirement of the curriculum is to provide the template and define the standard for training obstetricians and gynaecologists in the UK. This curriculum needs to be approved by the PMETB and one of the prerequisites for approval will be the feasibility of delivering the various components at local level. The working party has focused primarily on the requirements of years 6 and 7 training for those in specialist training. However, it recognises that doctors outside the UK have a particular interest in developing skills in the areas suggested for ATSMs. There are a number of confounding variables that have resulted in the recommendation that ATSMs be offered preferentially to trainees in years 6 and 7 of specialist training:

- The capacity within training programmes to deliver ATSMs will be limited.
- The numbers of international doctors in UK training programmes will alter, following changes to the permit free system.
- The ATSMs are built upon the learning achieved in years 1 to 5 of the curriculum and are not ‘stand alone’.

The working party suggests that it is manifestly unfair to allow trainees in short-term training posts access to ATSMs, as these posts will not be at the level of year 6 or 7. It may be more appropriate for vacancies in ATSMs to be offered to existing staff-grade doctors to enable their career development. This is an issue for local training programme directors and educational supervisors to resolve. International doctors working in the UK as part of the specialist training grade will have the same opportunities as any other doctor in the specialist training programmes. Vacancies in ST6 or ST7 will be filled competitively and, on occasion, will be available for application from doctors outside the UK.

The question of franchising the ATSMs for delivery outside UK training programmes, although attractive in terms of offering succinct quotients of training, perhaps should be addressed by seeing the ATSMs as integral components of the entire curriculum. As with the total curriculum, there is no reason why doctors practising outside the UK should not have access to the material and attend the appropriate courses. However, assessing trainees undertaking a module who are not part of a training programme is not recommended by the working party. It may be that the RCOG, together with the Specialist Societies, will choose to develop similar programmes for doctors practising outside the UK but the ATSMs recommended by this working party should be viewed as part of the body of training to be assessed for the award of the CCT in the UK.

Role of the preceptor

Evidence from the trainees’ survey³ and from STC chairs and programme directors has identified the relative lack of preceptors as a significant reason why the present SSMs are difficult for trainees to access. As the Working Party is recommending that ATSMs will be a compulsory part of advanced training, the capacity of each deanery for the proposed ATSMs must be clear. There is a perception that many consultants who have not functioned as preceptors would be suitable as educational supervisors for areas of specialist training. The recommendation to increase the training oppor-

tunities in ATSMs is that ‘educational supervisors’ are recommended to the local STC for approval and that self-nomination is acceptable. The term ‘preceptor’ should be reserved for the individual responsible for a module within a deanery or region. This individual should coordinate the delivery of the ATSM across the region; liaise with colleagues in the specialty and the training programme director to ensure that both the ATSM and the core curriculum are delivered without conflict or adverse service impact. The preceptor will be responsible for ensuring that the workplace based assessments required by the ATSM’s curriculum are performed, and he or she will sign these off with all other supporting evidence of progress for submission to the RITA process. Where there are few training opportunities in small ATSMs, it would be sensible for deaneries to cooperate and appoint one person as preceptor working across the regions. Similarly, large modules may result in significant workloads for individuals and deaneries or schools may wish to have more than one preceptor for a module. The preceptors for the ATSMs in a deanery should report to an individual on the local STC, the director of ATSMs. This individual must take responsibility for the quality control of all the ATSMs by being responsible for the standards and the delivery of training. They will be the link between the deanery and the RCOG for this remit. Appendix 2 gives outline job descriptions for these roles.

Expected methods of learning, teaching, feedback, supervision and assessment

ATSMs will each have a curriculum established in the style of the core curriculum. The aims and objectives of the module will be defined and the educational resources to support the trainee will be outlined within the curriculum. An ATSM must not compromise trainees elsewhere in the training programme, so it is imperative that the deliverability of a module in an NHS trust is not only feasible as far as the service is concerned but also fits within the totality of the local training programme. The aim of the ATSMs is to enhance training in certain areas of the core curriculum not covered in such depth and is not part of subspecialty training. Inevitably, there will be some crossover of training experience and requirements, and trainees may therefore be able to carry over some of the competences gained. For small numbers of trainees, completion of an ATSM will be a route into subspecialty training. The ATSMs listed address two areas of training:

- enhanced clinical skills in smaller, specialist parts of the curriculum
- development of higher professional skills.

The structure of the former is by necessity more proscriptive as clinical observation and experience needs to be scheduled. Advice on the minimum number of clinical episodes to be attended will be given but the successful completion of the module will not be dependent only upon clinic attendance. The role of the educational supervisor for each trainee undertaking an ATSM will involve workplace-based assessment and, in some modules, a written recommendation of satisfactory performance. However, the final assessment to be submitted to the RITA process will also be by colleagues not directly involved with day-to-day training within the ATSM. The RCOG will make the assessment methodology clear within the curriculum of each ATSM. It will be up to the local deanery to clarify which units and consultants will be able to deliver the training.

There will be trainees who fail to complete the requirements for a module or who are deemed unsatisfactory. There must be an appeals mechanism for these trainees that is openly available and rapid.

Credits

Each module will vary in intensity and detail, so advice to trainees as to how many modules they will be expected to complete is not possible as yet. The working party proposes that each module be given a 'score' of a certain number of credits. The more intensive, detailed modules will have a higher number of credits allocated to them. The Curriculum Group is ideally placed to advise the STC on the relative credits for each module and the STC will then be able to advise on the minimum number of credits for application for the CCT. It is suggested that, rather than a total number of modules completed, a trainee is required to have gained sufficient credits by successfully completing a combination of modules to be recommended for CCT. Trainees in difficulty will be identified in the usual manner and referred to the relevant deanery for management. The most important factor will be that trainees must complete ATSMs that will at least fit them for one of roles defined in *The Future Roles of the Consultant* document.

Choice of modules

Career advice needs to be a robust, continual process throughout training. Trainees can no longer expect to simply choose an area of interest and develop their skills accordingly. Trainees who have had difficulties at any time in their training may have their advanced training managed by being allocated to specific ATSMs to develop their skills effectively. It should be at the discretion of the local STC or school of obstetrics and gynaecology, under the auspices of the local deanery, which ATSMs a trainee may access. Similarly, ATSMs may be withdrawn from programmes where there is no perceived future service need for doctors with specialist skills in that area. It is perhaps unlikely that modules will be withdrawn completely but a reduction in the number of places available will help to drive workforce development in other directions. The service implications of manipulating the future workforce by increasing and decreasing opportunities for specialist training need to be addressed locally. If the service has been dependent upon a specialist trainee undertaking a particular ATSM, it may be possible for short-term attachments of doctors not in training or from outside the UK to be arranged to fill the service gap.

References

1. Department of Health. *Modernising Medical Careers: The Next Steps – The Future Shape of Foundation, Specialist and General Practice Training Programmes*. London: Department of Health; 2004.
2. Royal College of Obstetricians and Gynaecologists. *The Future Role of the Consultant: A Working Party Report*. London: RCOG Press; 2005.
3. Royal College of Obstetricians and Gynaecologists Trainees' Committee. *Survey of Training 2002*. London: RCOG; 2003.

Appendix 1. List of proposed Advanced Training Skills Modules

Obstetric

- Fetal medicine
- Maternal medicine
- Advanced Labour ward practice
- Advanced antenatal practice
- Labour ward leadership

Gynaecology

- Acute gynaecology and early pregnancy
- Gynaecological oncology (unit lead)
- Subfertility and reproductive endocrinology
- Urogynaecology
- Benign abdominal surgery
- Vaginal surgery
- Hysteroscopic surgery
- Laparoscopic surgery

Cervical disease management

- Vulval disease
- Abortion care
- Sexual health and contraception
- Menopause
- Paediatric and adolescent gynaecology

Others

- Education and training

Appendix 2.

Generic job descriptions

ATSM 'module' educational supervisor

- Consultant of good standing practising in the NHS.
- Expertise in area of specialty defined in job plan.
- Member of appropriate specialist society and/or recognised expertise in the special interest skill as approved by the deanery STC or school.
- Experience of postgraduate teaching

Consultants wishing to be module educational supervisors may self-nominate or be nominated by colleagues. The deanery STC or school of obstetrics and gynaecology for each deanery will be responsible for approving these appointments.

ATSM preceptor

- Consultant of good standing practising in the NHS.
- Expertise in the area of specialty defined in job plan.
- Member of appropriate specialist society and/or recognised expertise in the special interest skill as approved by the deanery STC or school.
- Experience of leadership in postgraduate teaching (that is, previous experience as college tutor, membership of the deanery STC or educational committee).

The preceptor will have overall responsibility for a module across a deanery. They will be responsible for coordinating access to the ATSMs across a deanery, ensuring that the module educational supervisors are satisfactory and that the workplace-based assessments are in place. The preceptor will liaise with all the educational supervisors and with the training programme director for specialist training, reporting to the director of ATSMs. The preceptor should be considered as the programme director for ATSMs locally.

Director of ATSMs

The director of ATSMs will be a member of the deanery STC or school of obstetrics and gynaecology and will be responsible for the quality control of this aspect of training. He or she will ensure that the preceptors and education supervisors of modules are delivering all elements of the curricula and will report to the deanery STC or school and the RCOG. The director will be responsible with the deanery STC

or school for implementing any changes to the provision of ATSMs required for workforce planning. The director will be expected to have had experience of ATSM delivery, either as an educational supervisor or preceptor, and to have expertise in postgraduate training.

Proposed management of advanced training

- Years 6 and 7 core training – training programme director reporting to deanery STC or school of obstetrics and gynaecology.
- ATSMs will be managed by:
 - educational supervisors at trust level managing individual trainees.
 - preceptors for each ATSM at regional/deanery level.
 - the director of ATSMs, who will be a member of the deanery STC or school of obstetrics and gynaecology board.