

The quality of obstetric and gynaecology training in the East Midlands is high, provided by an enthusiastic cohort of well trained educational supervisors who are committed to ensuring that trainees in their care are well supported as they progress through the seven years of the curriculum. Our trainees will tell you that it is a very sociable, friendly and nurturing training environment, small enough for the trainees to know one another (77 posts in the north and 45 in the south) and for valuable rapport to develop between trainees and trainers. All of the basic and advanced training specified by the RCOG, as well as the full range of subspecialty training programmes, is available across the region, apart from the advanced laparoscopic skills module (for which there are only a few centres in the UK). We are a family friendly training environment and about a quarter of our trainees are working 'less than full time'. We encourage out-of-programme experience so that trainees can tailor their experience and curriculum vitae. Obstetricians and gynaecologists achieving their CCT in the East Midlands have performed very well in securing substantive consultant posts both locally, and throughout the UK.

There are plenty of opportunities for developing academic and research interests in the region; also teaching skills with several formal postgraduate medical education courses provided by the local university. We teach students from three medical schools - Leicester, Nottingham and Derby (which is a graduate entry school). A high proportion of our local medical student graduates decide on a career in O&G as we (trainers and trainees alike) put a lot of effort into teaching, careers advice and recruitment.

If you talk to an O&G trainee who came to Nottingham for the national "Specialty Registrars in O&G" conference in December 2013, they will be able to tell you that we can host a good conference too with a great social programme. In terms of examinations, coaching is available for MRCOG Part 1 (which has to be passed by the end of ST2) in both north and south. There are two local courses for MRCOG Part 2 - in Leicester and Nottingham - and many of our educational supervisors are Part 2 examiners at the RCOG. In addition to the formal courses, informal coaching is available for the Part 2 exam and our pass rate was the highest in the country on a recent survey. During the past few years, three of the five subcommittees writing the exam papers for the College have been, or are still being, chaired by someone from Nottingham.

The area is well connected geographically by road and rail, well supplied with good schools and is a very inexpensive place to live compared to other parts of the country. You will not regret choosing to live and work in the East Midlands.

Recently the north and south parts of the region merged to replace two deaneries (based in Leicester and Nottingham) with one 'Health Education East Midlands' Local Education and Training Board (LETB) which has resulted in a lot of joint activity between the two training programmes, especially with regard to the teaching programme which has been to the benefit of the trainees.

Training is organised by School Board which meets three times per year in each part of the region and holds one joint north and south meeting annually. The Board comprises the College Tutor from each Trust in addition to the Training Programme Directors and consultants with other responsibilities such as ultrasound training, the teaching programme, simulation training etc. Trainees have a big voice on School Board and there are six trainee reps (three elected from each part of the region) to represent trainee opinion at ST1/2, ST3-5 and ST6/7 levels.

The teaching programme is mapped to the curriculum which can be found on the RCOG website and takes place on Friday afternoons. There are two parallel programmes in the north and the south, with two joint regional training days being held per annum. We have recently invested in teleconference facilities to avoid travelling for non-practical sessions and trainees from either end of the region are allowed to access teaching sessions being provided at the other venue if it suits their portfolio requirements. To help trainees with their study leave budgets, we provide many of the RCOG mandatory courses "in-house" within the region - such as Basic Skills, third degree tear, laparoscopy and hysteroscopy simulation (and local trainees get a discount on the Part 2 MRCOG course).

We still maintain two separate rotations based on the previous post distributions, for geographical reasons of residence, commuting to work and travelling to teaching etc. At interview, you will be asked to choose whether you prefer to be in the north or the south of the area and we have always been able to accommodate such requests in the past. It is also usually possible to transfer between the two rotations if it suits a trainee's needs, such as to access a 'less than full time' job share or if the family moves house, without having to apply for an inter-deanery transfer.

Geographically the East Midlands is rather a large patch and regardless of the merger of the two deaneries, the training in both north and south has been organised around several teaching hospitals rather being a "Tale of two cities". In the south there are two teaching hospitals in one Trust (Leicester University Hospitals) and two smaller district general hospitals in Northampton and Kettering. A couple of posts belonging to the south part of the region rotate to Derby and Lincoln too. In the north there are three large teaching hospitals - Nottingham Queen's Medical Centre / City Hospital in one Trust (Nottingham University Hospitals) and Derby, with four smaller district general hospitals in Chesterfield, Mansfield, Lincoln and Boston.

During your time on the rotation it is very likely that you will work at most, if not all, of the hospitals in your part of the region. If you are successful at interview, you will be able to choose the hospitals that you will be placed at for the first three years of your rotation which makes it easier to decide where to live.

## The training programme in the north

**TPD North:**  
**Alec McEwan**

### **Year 1**

Trainees will spend their first year in one of six hospitals in Nottingham, Derby, Mansfield, Lincoln or Boston. There will be close supervision and trainees will be supported to develop their portfolio as well as learning practical skills. A 'buddy' scheme is in place whereby senior trainees volunteer to help guide new trainees through the first two years. Trainees should be working towards sitting the MRCOG Part 1 examination.

### **Year 2 and year 3**

Trainees will rotate to consolidate their practical skills in a teaching hospital in Nottingham or Derby with the aim of being able to manage gynaecological and labour ward emergencies at second on-call (registrar level) by the end of the year. Trainees will only move up to ST3 if their educational supervisors know that they are ready to undertake these duties safely and for this reason a trainee will normally remain in the same teaching hospital (where there is two-tier on call rota) for the following ST3 year as well. If they have not already passed the Part 1 examination this is also a target for the ST2 year.

### **Years 4 and 5**

There will be some commuting for the next two years as trainees will be rotated to two of the four district general hospitals (DGHs) in Chesterfield, Mansfield, Lincoln or Boston spending a year in each to consolidate their obstetric and gynaecological operating skills. There is usually also a chance to experience special interests with a view to choosing advanced training modules for the final two years of training, as the DGHs have specialist clinics such as fertility, oncology, urogynaecology, colposcopy, hysteroscopy etc. There will also be opportunities to run tutorials for medical students and develop audit and management skills (such as organising the rota, journal club etc).

### **Years 6 and 7**

In the final two years, trainees will undertake advanced training modules (ATSMs) details of which can be found on the RCOG website. All ATSMs can be accommodated in the East Midlands (except advanced laparoscopic skills) and placement on the rotation usually depends on ATSM requirements. So far it has not been necessary to embark on competitive selection for ATSMs in the north but this will depend on future trainee requirements. Senior trainees will normally participate in the third on call tier in the teaching hospitals, directly supervising an ST3 trainee out-of-hours, although some may be placed in a DGH if the required ATSM is available there. Senior trainees who have passed MRCOG are expected to contribute to the central Friday afternoon teaching programme especially in topics related to their ATSMs and to participate as examiners in the University of Nottingham medical student finals.

## The Training programme in the South

### **TPD South**

#### **Rob Haughney**

The south rotation includes Leicester Royal Infirmary (LRI), Leicester General Hospital (LGH), Kettering (KGH), Northampton (NGH), Derby and Lincoln. We aim to maximise learning opportunities by rotating trainees between District General Hospitals and University Teaching Hospitals. We encourage trainees to be pro-active about choosing their placements.

#### **Year 1 and 2**

Trainees are given a choice of 5 rotations; KGH and NGH; LRI and LGH; LGH and NGH; NGH and LRI; NGH and KGH. These will be offered based on scoring at interview. There is close supervision of training to ensure appropriate progress with the curriculum as laid out in the training matrix. Study leave opportunities are given to ensure all mandatory training courses have been attended and the part1 MRCOG is successfully passed. Clinical experience is good in all units, and there is an emphasis towards the end of ST2 in ensuring that trainees are ready to progress to registrar level.

#### **Year 3 - 5**

There are 7 rotations available. If agreement is not reached by trainees as to who has which one, friendly but competitive interviews are held to decide on allocation of rotations. All rotations start in year 3 in units that have a third on call “senior registrar” – LRI, LGH and Derby. This ensures that trainees have close supervision and support as they begin working at registrar level. The rotations include all the hospitals in our area, so some travelling may be required.

Trainees will be encouraged to progress through the curriculum and undertake additional projects to widen their knowledge and develop their CV. Support is given to ensure passing the part 2 MRCOG by the end of year 5. Other theoretical training courses are arranged for appropriate times in the programme. There is a named ultrasound lead in all units.

#### **Year 6 and 7**

The final 2 years are directed at completing general training and developing special skills by acquiring specific ATSMs. An interview is held mid way through year 5 to discuss with trainees their interests and to decide on placement for the last 2 years. Previous placements and ATSM choices are taken into account to give the best balance of training and experience. It is likely that at least 1 of these years will be working on the senior tier in a teaching hospital.

Senior trainees will be asked to take on increasing roles in the training of medical students and more junior trainees, with necessary supervision as required.