

# Strategies for Training Hospitals to Improve Trainee Gynaecological Surgery Procedure Numbers

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## Background: Why are Procedure Numbers Important?

### Objectives of Basic FRANZCOG Training

The objectives of Basic FRANZCOG Training are to acquire knowledge, skills, and attitudes across a broad area of O&G practice in order to:

- a) Produce a graduate from Basic Training who is able to undertake their choice of one of the Advanced Training Pathways to FRANZCOG
- b) Produce a future Specialist Obstetrician & Gynaecologist with sufficient knowledge and experience across a broad scope of O&G to appropriately refer to and interact with O&G Specialists with expertise in special interest areas.

### Basic FRANZCOG Training in Elective Gynaecological Surgery

The objective is to achieve a level of competence whereby the trainee is able to:

- a) Undertake any of the 4 Advanced Training Pathways (or a preparatory year thereof) that lead to a career in major elective gynaecological surgery:  
Generalist O&G Pathway, CREI, CU, CGO
- b) In the event of undertaking a pathway not involving major gynaecological surgery, attain sufficient knowledge and experience to appropriately refer to and interact with gynaecological surgeons.

Competence is achieved through:

1. Inherent Abilities  
Including surgical dexterity, application etc that determine the impact of training on the ultimate product of the training program
2. Quality of Training  
Including workshops, simulation, expert instruction
3. Quantity of Training  
Including Trainee Procedure Numbers

NOTE: It is an important to recognise that surgical training in general may assist in surgical expertise in some less common surgical procedures but where the same surgical principles apply.

## Target for Major Gynaecological Procedure Numbers

Not unexpectedly, those hospitals that struggle to meet targets, often believe that there should not be a target. The target is derived from the historical precedent of an average of one major gynaecological surgical case per week during basic training. There are 46 training weeks in a calendar year, hence the target of 23 per 6 months.

This is an average over the four years of basic training across an Integrated Training Program (ITP) – so periods of “obstetrics only” or nights need to be balanced over the four years with an equivalent time period in posts averaging two or more major surgical cases per week. Similarly, time spent in hospitals providing exposure to complex cases without much surgical training, need to be balanced with rotations providing more surgery suitable for a basic trainee.

## Strategies to Improve Gynaecological Surgical Training Numbers

$$\text{Gynaecological Surgery per Trainee} = \frac{\text{Total Gynaecological Surgery allocated to Trainees}}{\text{Total Number of Trainees}}$$

The above simple equation illustrates the obvious point that training can only improve with either more surgery done by trainees or lower numbers of trainees.

### Reducing the Number of FRANZCOG Trainees

It is no secret that there is a massive demand on obstetric service delivery in many/most hospitals binationally – increasingly out of proportion to the amount of gynaecological surgical training available. A reduction in trainee numbers should result in more training being available per trainee BUT creates a requirement for an alternative workforce(s) for obstetric service delivery.

### Service Delivery by GP Obstetricians or GP Obstetrician Trainees

The leading Basic FRANZCOG Training sites with respect to major gynaecological surgery procedure numbers nearly all have only 1 or 2 trainees and a primarily GP-delivered obstetric service. The FRANZCOG trainees perform only the complex obstetric cases with routine obstetric service performed by GP Obstetricians or Diploma Advanced trainees.

### Service Delivery by Prevocational Trainees

With the declining numbers of overseas trained doctors, the prevocational trainee has assumed an increasingly important role in basic obstetric service delivery. Hospitals wanting to utilise this workforce for obstetric service delivery need to ensure that prevocational trainees in their first year of O&G obtain the necessary training to meet service needs in their second prevocational year of O&G.

### Service Delivery by all Advanced FRANZCOG Trainees

The total number of FRANZCOG trainees needed for service delivery is often impacted considerably by the need for 24-hour trainee cover by junior doctors in O&G. A relatively minor contribution of subspecialty trainees and other gynaecology advanced trainees (e.g. AGES Fellows) can make a substantive difference to the numbers of trainees needed by a large tertiary hospital. Contracts offered to all advanced trainees should obligate that the trainee contributes his/her fair share of the obstetric & gynaecology on-call requirements.

### Sufficient working hours for all FRANZCOG Trainees

Specific hospitals / health services may hide behind a doctrine of ‘Safe Working Hours’ when their privately confessed motivation is to avoid paying any overtime. In some cases, the consequence is far too many trainees for the gynaecological surgical training that is available. These hospitals are currently benefiting from financial savings in overtime, relative to those hospitals providing good training. Increasing the average

working week to say 50 hours, may significantly reduce the number of trainees needed and thereby increase the procedural training per trainee.

## Increasing Surgery allocated to FRANZCOG Trainees

### Do not employ Overseas Fellows

Overseas Fellows may directly impact on surgical training for Basic FRANZCOG Trainees, or indirectly by taking surgery away from Advanced FRANZCOG and Subspecialty Trainees – which in turn has an impact on Basic FRANZCOG Training.

Hospitals are currently incentivised to employ Overseas Fellows because they are often:

- a) Cheaper – salaries either only paid in part (illegal but it occurs), paid from overseas or supplemented by private assisting
- b) More experienced – allowing consultants more time for other work (e.g. private work)
- c) Not intending to stay in Australia/New Zealand and therefore not adding to the pool of specialists in that area of practice.

A hospital intent on improving surgical training for FRANZCOG trainees should resist agreeing to requests from consultant gynaecologists to employ an Overseas Fellow.

### Utilise Consultant Gynaecologists with Gynaecological Private Practices

Gynaecologists that are performing frequent major gynaecological surgery in their private practices are less likely to need to take surgical cases from trainees to “maintain their surgical skills”.

A hospital intent on enlarging the total pool of gynaecological surgery available to trainees may increase the proportion of private gynaecologists supervising FRANZCOG trainee lists and obligate participation of the trainee as primary operator for some or all of the surgical case.

## Summary Key Points

1. FRANZCOG trainees are needed by hospital in the provision of obstetric service delivery but the hospital must in turn provide the necessary gynaecological surgical training.
2. Where gynaecological surgical training is not meeting benchmarks prescribed by the FRANZCOG Hospital Accreditation Guidelines, the hospital is obligated to improve surgical training in order to maintain accreditation for the current number of trainees.
3. Hospitals struggling to meet training needs must develop clear strategies to improve gynaecological surgical training at minimal cost or disruption to service. Very simply, this requires a reduction in the number of trainees (and expanding the workforce options for obstetric service delivery) and/or an increase in the number of gynaecological surgical procedures available to FRANZCOG trainees.

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