



Royal College of  
Obstetricians &  
Gynaecologists

# O&G Workforce Report 2018

Update on workforce recommendations and activities



Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London, NW1 4RG

T: +44 (0) 20 7772 6200

W: [rcog.org.uk](http://rcog.org.uk)

S: [@RCObsGyn](https://twitter.com/RCObsGyn)

Registered Charity No. 213280

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# Introduction

**Professor Mary Ann Lumsden**  
**Senior Vice President, Strategic**  
**Development**  
**Chair, Workforce Task Group**



Ensuring the obstetrics and gynaecology (O&G) workforce is equipped and supported to deliver the highest levels of care to women and girls is a key strategic priority for the RCOG. In 2017 we published our first O&G Workforce Report outlining the challenges facing our profession and the action needed to address them.

Over the past 12 months we have been engaging with key stakeholders including workforce planners and government bodies to ensure the concerns of our profession are heard and, most importantly, understood. Although there is more work to be done we are already beginning to see these discussions bear fruit.

At an average of 30%, attrition from the O&G training programme is one of the highest of any specialty. Understanding why this is the case so we can reduce and mitigate further attrition has been a key priority for us over the past year. Focus groups with trainees explored the reasons many had considered leaving the training programme as well as their suggestions on how best to improve experiences going forward. Among the causes are poor work-life balance, bullying and undermining and the absence of a team structure.

One of our first achievements was the reintroduction of recruitment at ST3 in England. Although this doesn't address all of our rota gap issues it does help to plug gaps created by trainees leaving the specialty training programme in years one and two.

Many doctors will at some point in their career choose to take time out, whether to gain valuable experience elsewhere, to explore research and training opportunities or to raise and support their families. Returning after a period of absence can be daunting, with some choosing not to return at all. To address this we have launched a Return to Work Toolkit to bring doctors up to date with developments and changes in practice.

Another significant step has been the establishment of an SAS/Trust Doctor Advisory Group, led by a new SAS/Trust Doctor Lead. The role that SAS and Trust doctors play in delivering O&G services, and their range of skills and competencies, is pivotal but often little understood – especially by workforce planners.

This means that SAS/Trust Doctors are not receiving the professional development opportunities and career support they need, leading to attrition and the

# Introduction

unnecessary loss of much needed and valued skills from the workforce. The new advisory group will be making recommendations on how to address this.

Using data captured through our annual workforce surveys we have been helping to shape maternity workforce strategies.

It is now acknowledged that as a specialty we are not heading towards an oversupply of O&G consultants, something that workforce planners had previously mooted but not something the vast majority of us can relate to in our daily practice.

In addition it is also now understood that the majority of doctors in our specialty do

both obstetrics and gynaecology, which must be factored into both maternity and gynaecology workforce planning models if we are to accurately predict the number of doctors required to provide these services, now and in the future.

Thank you to everyone involved in our work to date and to those who continue to provide us with valuable insights through our annual workforce surveys.

The information you provide is essential to our work and is making a real and tangible difference to the lives of many within our profession and not least to the women we serve.

## Key messages

The welfare of the O&G workforce is at the centre of delivering the best care for our patients. The RCOG acknowledges that, like many other specialties, we are experiencing workforce shortages in response to increasing demands on the service.

The RCOG believes that one of the most effective ways to address shortages and improve the quality of care for patients, is to improve the welfare of the workforce. This means addressing bullying and

undermining in the workplace, but it also means celebrating talent and success and providing our doctors with rewarding career opportunities as well as addressing the low morale of many of our workforce particularly the trainees.

The RCOG calls on policymakers, regulators and NHS leaders to develop a long-term plan to address workforce welfare. The College invites leaders to come together to agree how this can be achieved.

## Key workforce stats

- 9 out of 10 obstetric units report a gap in their middle-grade rota, which can affect job satisfaction, postgraduate training, quality of care and staff wellbeing<sup>1</sup>
- A 30% attrition rate<sup>2</sup> from the O&G training programme is typical, further compounded by a loss at transition from training to consultant grade posts
- 54% of those on the O&G Specialist Register are international medical graduates with 14% from the EEA<sup>3</sup>. The impact on this group of doctors of the UK's exit from the EU together with the availability of visas for medics is unknown
- O&G services rely on the significant contribution of SAS (Specialty and Associate Specialist) doctors and Trust doctors, however there is a significant turnover among this group with around 12% leaving the NHS workforce in England each year<sup>4</sup>
- Although the majority (63%) of doctors provide both O&G services, 20% provide services in gynaecology only<sup>5</sup>, which must be factored into workforce planning
- O&G trainees report more undermining behaviour than any other medical

specialty<sup>6</sup> and 64% of consultants say they have experienced or witnessed consultants being bullied<sup>7</sup>

- Clinical negligence claims in obstetrics account for 10% of the volume but 48% of the total value of payouts<sup>8</sup>

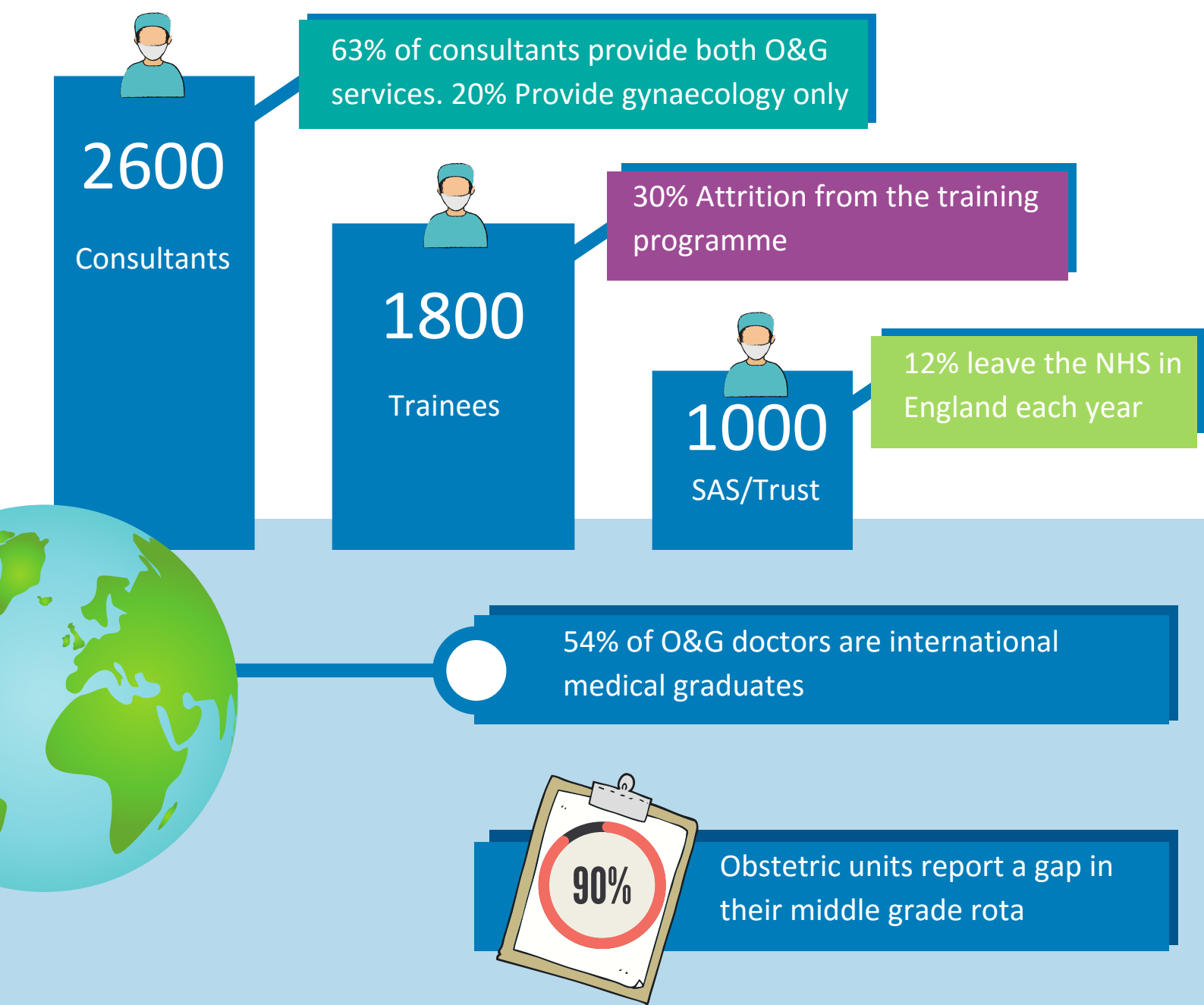
## Key workforce messages

- Workforce planners predict an increased number of consultants will be required on top of the projected supply by 2021<sup>9</sup>
- Developing and retaining talent is vital for the safe delivery of O&G services. This will also have a huge positive economic impact for the NHS
- Within the profession there are many examples of successful teams and working practices. We must celebrate their success and learn from them
- There is a human cost associated with the culture of blame within the NHS, which is not fully understood (both the cost to doctors and to patients and their families)



At the centre of delivering the highest levels of care to women and girls

O&G services are delivered by:



## Demographics



55% of the total workforce are female



80% of all trainees are female

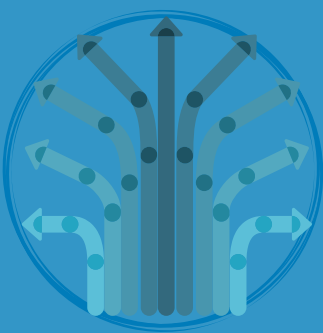


40% on the specialist register are 45-54yrs



30% approaching retirement age within next 5 years

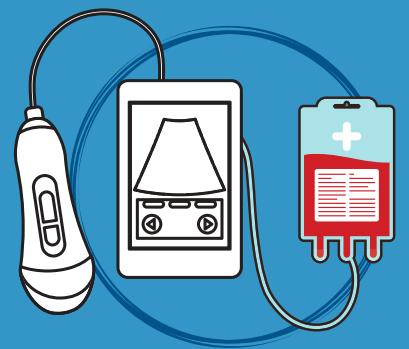
Working in O&G is a stimulating and rewarding career



Varied career paths available



Improving women's healthcare throughout their lives



Versatility - a mix of medicine and surgery

For some, it can come with its challenges



Disproportionate rates of litigation



Difficult to maintain work/life balance

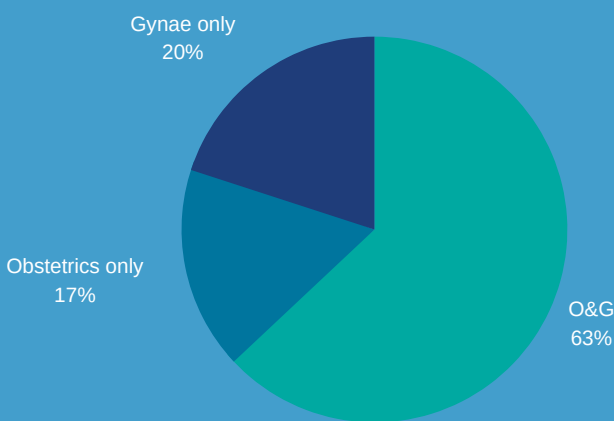


High rates of bullying and undermining

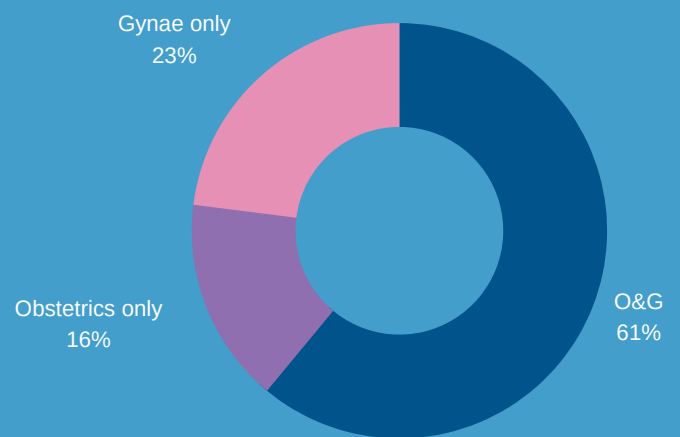
## Consultants

### Consultants provide a mix of O&G services

O&G split of daytime PAs:

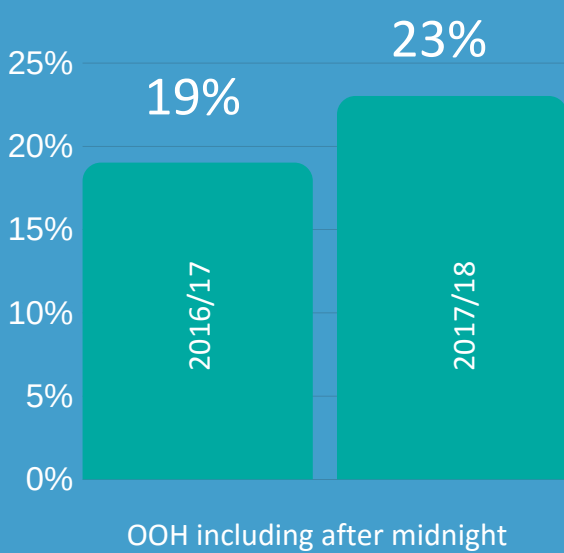


O&G split of out of hours activities:

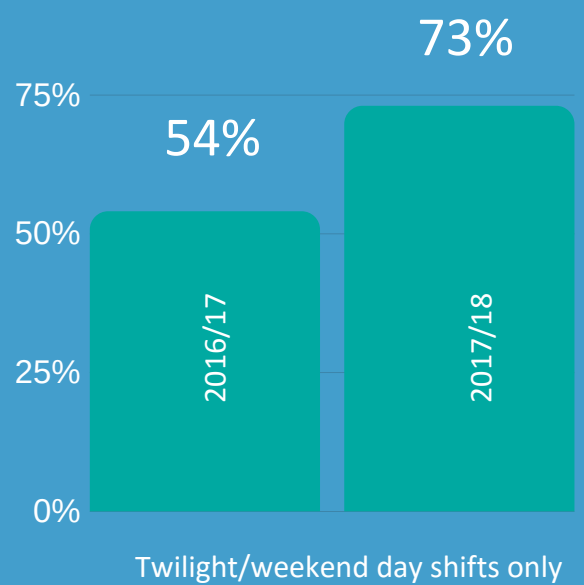


### Resident consultant out of hours working is increasing

Job plans requiring resident consultant out of hours working



OOH including after midnight



Twilight/weekend day shifts only



78%

of consultants are aware of gaps in the trainees rota when on duty



87%

of consultants have SAS/Trust doctors supporting their rotas



11

The median number of PAs in a consultant's job plan

### Top 10 areas of special interest/sub-specialty:

Benign gynaecological surgery (23%)

Labour Ward (23%)

High risk pregnancy/Maternal medicine (22%)

Colposcopy and cervical pathology (19%)

Minimal access surgery (19%)

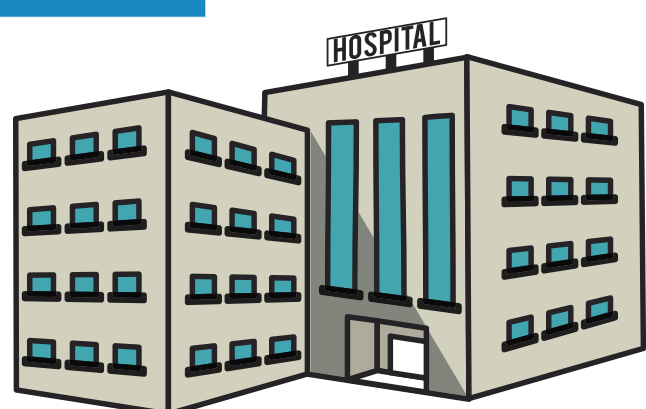
Urogynaecology (15%)

Medical education (15%)

Acute gynaecology and early pregnancy (14%)

Reproductive/Subfertility (13%)

Fetal medicine (12%)



## Trainees

UK training in O&G requires a minimum of 7 years of specialty training (ST1–ST7). There are currently 1,800 doctors on the O&G specialty training programme.

100%

of trainees are aware of rota gaps at their level in their current unit

**EXIT**

35-49%

of trainees have explored leaving medicine entirely

30%

Average attrition rate from the O&G training programme

52% of trainees have so far taken time out of their training

1/3 approximately of trainees are intending to work resident out of hours as a consultant

2/3 approximately of trainees wish to do both O&G with the remaining third evenly split between the two

29% Feel obliged to work more than their contracted hours

81% of trainees would recommend their training placement

81%

80% of trainees are female

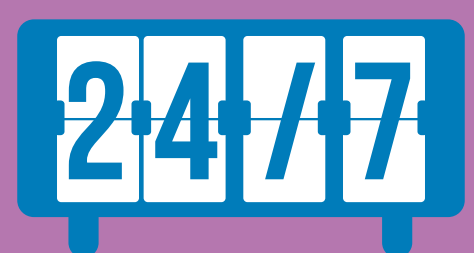
Trainees report more undermining behaviour than any other specialty



Educational supervision is highly rated



Obstetrics training is more highly rated than gynaecology



LTFT are more satisfied with their training than full time



## SAS/Trust Doctors

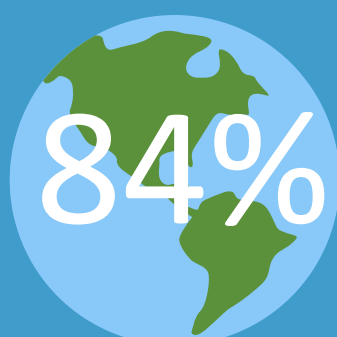
Specialty and associate specialist (SAS) doctors are permanent posts where the doctor has at least four years of postgraduate training, two of those being in a relevant specialty.

Trust doctors are employed directly by trusts and their contracts aren't subject to national terms and conditions. They can be employed at any level.

SAS and trust doctors work alongside trainees and consultants, working resident on-call rotas, running clinics and plugging rota gaps.



67% of SAS/Trust doctors are female



84% qualified outside of the UK



Estimated number of SAS/Trust doctors working in O&G



Most SAS/Trust doctors have been qualified for over 15 years

80%

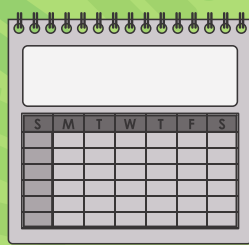
of SAS/Trust doctors work in both obstetrics and gynaecology

75%

say they work at a 'middle grade' level



Virtually all SAS/Trust Doctors work is within the NHS



Majority of SAS/Trust Doctors work full time



12% Leave the NHS in England each year

31%

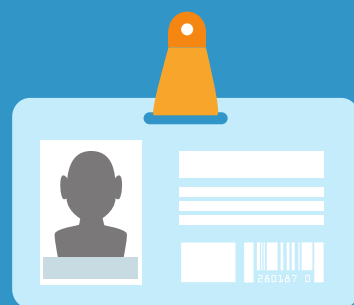
Have explored the option of leaving medicine entirely



of SAS/Trust doctors do resident out of hours second on-call



Anticipate doing this for the rest of their careers



Nearly 25% of SAS/Trust doctors have CESR and nearly 50% are currently working towards CESR

# Activities to Address Workforce Challenges

## Update on O&G Workforce Report 2017 Recommendations

### Maintain and increase the flexibility of the O&G training programme

In the O&G Workforce Report 2017 we recommended a hybrid model of recruitment into the O&G training programme to replace the increasing number of doctors working less than full time (LTFT) or out of programme. This approach also recognises the significant attrition that occurs in the first two years of the programme.

Health Education England (HEE) recognised the need to address these challenges and agreed to implement recruitment at ST3 (previously recruitment was only possible at ST1) in England. This was introduced in 2018 with 219 individuals applying, of whom 87% were offered posts.

### Increased support for SAS/Trust doctors<sup>10</sup>

Specialty and Associate Specialist (SAS) and Trust doctors provide an invaluable service to O&G departments, with many performing highly specialist roles such as running clinics and theatre lists, but with a narrower remit compared with

consultants. However, the turnover of doctors in these posts is approximately 12%<sup>11</sup>, resulting in the loss of valuable and much needed skills from the O&G workforce. Anecdotal evidence suggests that many leave the workforce due to a lack of career development, professional support and recognition of skills.

The Workforce Task Group has recognised the need to engage with and understand the needs of the SAS/Trust doctor workforce better. In January 2018 the College's workforce survey was also sent to SAS and Trust doctors in membership to gain a better understanding of their working patterns, areas of interest and career aspirations as well as the workplace challenges they face. This information is being used to inform our future working.

In addition the College has begun advocating for interventions to retain, reskill and upskill SAS doctors. In March 2018 the RCOG appointed a new SAS/Trust doctor Lead, Dr Laura Hipple, who for the first time is a full voting member of Council.

The lead represents SAS and Trust doctors on a number of RCOG committees as well as at external groups, including the Academy of Medical Royal Colleges' SAS group and a new SAS development and

## Championing change

retention group that has been set up by HEE. The Lead also chairs a new RCOG SAS/Trust Doctor Advisory Group, which was established to provide further advice on issues affecting these doctors.

### Increased resident consultant working

The increasing pressure brought about by middle grade rota gaps is leading to more units introducing resident consultant working out of hours. This is successful in many units and for some consultants. However others, especially newly appointed consultants, are expressing frustration citing unpredictable work patterns, lost professional development opportunities and a lack of management support from consultant colleagues.

Each individual unit needs to decide the best way to provide safe care for women based on their knowledge of their work load and case mix, which in many cases will require some resident consultant working as one of the possible options.

RCOG's 2016 report [Providing Quality Care for Women: The Obstetrics & Gynaecology Workforce](#) contains standards for resident consultant role descriptions and job plans to ensure post holders can take advantage of professional development and leadership opportunities.

The RCOG has also produced job planning principles that encourage a transparent, departmental approach to job planning linked to the developmental objectives of the new appointee as well as to the wider department.

Find out more about the SAS/Trust Doctor Advisory Group here: <http://bit.ly/SASTrustGroup>

This includes a provision that time off before and after night shifts is clear in the job plan and do not impinge on clinical care, nor on professional development. You can read more about the principles of good job planning and download a template person specification for an O&G consultant here: <http://bit.ly/jobplanning>

### Redeployment of retiring consultants

There is concern among job planners that, due to workplace pressures, consultants in the future may start to retire earlier than is currently the case. This would lead to the loss of much needed specialist skills and leadership support and have a detrimental impact on more junior colleagues.

To explore ways to retain these consultants and their skills in a way that is professionally satisfying and supports a positive work-life balance, the Workforce Task Group has established a working party to make recommendations on and take account of the needs of consultants considering retirement. This working party will report back on activities early in 2019.

If you'd like to contribute to this working party please contact us [workforce@rcog.org.uk](mailto:workforce@rcog.org.uk).

## Other activities and initiatives

### Maternity workforce planning

The RCOG sits on HEE's Maternity Workforce Steering Group, Work Stream 5 of the Maternity Transformation Programme. HEE were tasked with delivering the vision set out in Better Births, this includes the provision of maternity services based on the future needs of women and babies and the workforce required to deliver them.

Through the Maternity Workforce Steering Group the RCOG has been advising on the composition of the O&G workforce and the services it provides, as well as the challenges and threats to the continuity of safe care. We have worked directly with workforce planners to ensure that their modelling is based on accurate workforce data including the number and types of roles that provide maternity services as well as their working patterns.

As a result of this work the Maternity Workforce Strategy - Transforming the Maternity Workforce, signed off as part of the Maternity Transformation Programme in June 2018, contains a more accurate reflection of O&G workforce numbers together with a set of recommendations to address the challenges it faces, now and in the future.

Only 12 to 18 months ago workforce planners were predicting a potential oversupply of O&G consultants and there was concern that training places could be reduced. As a result of our

conversations, HEE is now estimating a potential undersupply and is working closely with the RCOG to mitigate this and other risks to the delivery of safe services. Recommendations and actions from the strategy include:

- **Future Workforce Planning:** Work with the RCOG to assess the workforce needed to deliver O&G services over the next 5 to 15 years, including an assessment of acuity
- **Understanding attrition:** The RCOG will sit on a Medical Workforce Steering Group to improve our understanding of the reasons people leave the profession
- **Redesigning the consultant model for the future:** Working with the RCOG and other bodies, develop a future consultant model which addresses growing subspecialisation and changing work expectations at different career stages. The RCOG will consult with its members to ensure that proposals are informed and fit for purpose
- **Developing the role of SAS and Trust doctors:** The RCOG will sit on a newly established SAS Doctors Development Group to coproduce a workforce strategy for SAS doctors; areas of focus will include education, professional development and career structure
- **New role of obstetric physician:** HEE will fund the development of an additional training pathway for obstetric physicians, with plans to pilot this for both established consultants and doctors in training in 2018/19

## Championing change

### Reducing attrition from the O&G training programme

In 2017 a member of the Workforce Task Group, Dr Heidi Stelling, conducted a survey and focus groups among O&G trainees to understand their reasons for considering leaving the training programme. The survey, completed by over 500 trainees, showed that factors behind attrition were:

- Poor work-life balance
- Rota gaps
- More out-of-hours working
- Less supervision
- Fewer training experiences

The survey findings are being shared with Heads of Schools and others involved in training to help shape and improve trainee experiences going forward. This is likely to involve an improved team structure, which could address some of their major concerns.

You can read more about the survey findings in our O&G magazine article 'Retaining Our Workforce' from Summer 2018 here: <http://bit.ly/retainingworkforce>.

### Training Evaluation Form

The Training Evaluation Form (TEF) is an annual survey conducted by RCOG to gather feedback from trainees on their

training experience enabling the College to monitor and improve the quality of training. The TEF survey results, including trust level data, are now available to [view on the College website](#) for the first time. Key findings from the 2018 survey include:

- 81% of trainees would recommend their training placement
- Obstetrics training is more highly rated than gynaecology
- There is wide deanery variation in some areas such as satisfaction with gynaecology training
- Satisfaction with regional teaching continues to improve
- LTFT trainees are more satisfied with their training than full time
- Reported rates of undermining behaviour are unchanged
- Educational supervision is highly rated with top performing units showing extremely positive feedback
- 29% of trainees felt obliged to work more than their contracted hours with wide deanery variation. Increasing obligation correlated with a reduction in satisfaction in the working environment and overall satisfaction with training

TEF awards have also been introduced and recognise the achievements of highly performing units in obstetrics, gynaecology, professional development and overall performance. Feedback from these units, along with recognised



## Championing change

national quality standards for education and training, is being used to produce RCOG national quality criteria which will be published alongside the new curriculum. This will enable units to benchmark their provision against best practice.

The feedback from highly performing units has also been disseminated to schools and is [available on the College website](#) for others to view and apply, where relevant, in their own units.

### Return to work support

Returning to the workplace after a period of absence (parental leave, out of programme experience, etc.) can be very daunting. Many doctors have expressed concerns that they may have lost clinical skills and not be up to date with developments and changes in practice. Funded by a grant from HEE, the RCOG has developed a Return to Work Toolkit to support O&G doctors returning to work after a period of absence.

The toolkit builds on successful courses already running at a regional level and provides information that can be easily accessed by those returning to work as well as those supporting these individuals.

The toolkit is relevant to trainees, consultants and SAS/Trust doctors and also contains guidance to enable regions to develop and run their own return to work courses.

The toolkit was put together by a senior trainee, Dr Sukhera Furness, who built on the work of other successful initiatives in this area. Utilising resources such as this toolkit the RCOG is encouraging all trusts to adopt a consistent approach to supporting doctors back into the workplace after a period of absence.

This is essential if we are to retain much needed and valued talent and mitigate further workforce attrition.

The toolkit is available here: <http://bit.ly/ReturntoworkOG>

### Increased support for new consultants

Making the transition from trainee to consultant can be an overwhelming and often lonely experience. The RCOG has been working with a group of new consultants to develop resources and networks to ensure new consultants feel better supported, equipped and confident to carry out their roles.

This includes refreshing the annual Newly Appointed Consultants meeting, which has been renamed #NEXTSTAGE – Transitioning to Being a Consultant, to include more focus on the non-clinical aspects of consultant roles, including effective leadership, management and team working.

## Championing change

Also in development is a New Consultants' Toolkit for those wishing to set up a local peer group network.

The toolkit will contain a template programme, suggested speakers and contacts as well as useful resources.

#NEXTSTAGE - Transitioning to Being a Consultant, takes place on Tuesday 22 January 2019. Find out more: <http://bit.ly/NextstageOG>

Find out more about our work with the new consultants in our O&G magazine article 'Supporting New Consultants' from Summer 2018 here: <http://bit.ly/SupportConsultants>

## Supporting our Doctors

### Dr Alison Wright Vice President, UK & Global Membership Chair, Supporting our Doctors Task Group



As the professional body for the O&G profession, there is an important role for the College to play in better supporting doctors, and their employers, manage workplace challenges.

The RCOG's Supporting our Doctors Task Group was established in 2017 and aims to:

- Advocate for improved workplace cultures including a nationally recognised and consistent approach to resolving disputes
- Understand the workplace issues faced by doctors, including contributory factors, and seek to mitigate them
- Set a strategy and coordinated approach for supporting doctors (and their employers) with their training and work-place based conduct and practice challenges
- Collaborate with likeminded organisations that provide services to doctors in difficulty to raise awareness of and sign post to support resources available outside the RCOG
- Formalise links and establish respective roles with regulatory, indemnity and other relevant national bodies
- Develop and promote tools, resources and services to effectively manage work-place challenges, including a peer to peer support programme

Below is an update on the group's work and achievements to date.

### Peer to Peer Support Service

There is now an enquiry form on the website for members who are experiencing difficulties in the work place and would like to speak to someone about the options available to them. A panel of members from the Supporting our Doctors Task Group, who have previous experience of supporting doctors, review the enquiries and provide one to one pastoral support. All enquiries are treated as strictly private and confidential.

### Expert Opinion Service

The task group are piloting a service that provides doctors and their employers with an expert opinion on how best to manage a complaint or conduct issue and the options available to them. The aim is to facilitate the resolution of complaints at a local level, minimise the number of suspensions and referrals to GMC and ultimately keep more doctors in work, where appropriate.

Find out more about the support services available here: <http://bit.ly/SupportServicesOG>

## Supporting our Doctors

### Good complaint handling and local resolution

The Supporting our Doctors Task Group is advocating for a more consistent, open and progressive approach to complaints handling. The group has identified five core principles it believes should underpin a good complaint handling process:

- **Inclusion:** Exclusion should be a last resort having demonstrated that no other realistic and acceptable work can be offered, e.g. limiting an area of practice or teaching
- **Peer support:** Doctors should be encouraged to support and speak to colleagues experiencing difficulties
- **Timeliness:** Complaint handling and investigations must be completed in a timely manner
- **Competency:** Training for everyone handling and investigating complaints
- **Equality:** A nationally recognized and applied framework for complaint handling, to ensure parity and consistency across the profession

To support the 'Competency' principle the task group is aiming to run an event in 2019 on how best to handle complaints and resolve disputes locally. The event will be aimed at managers and anyone who could be potentially involved in complaints handling processes.

### Burnout

As part of the RCOG's 2017/18 workforce survey we included questions to assess the impact that workforce challenges are having on doctors' wellbeing and ability to deliver safe services.

The intention is to secure evidence that supports our workforce advocacy and lobbying activities supporting the need to improve workplace conditions. The results are being analysed and will be published early in 2019.

### Bullying and undermining

Undermining and bullying behaviour has long been recognised as a problem in O&G. Trainees report more undermining behaviour than any other medical specialty<sup>12</sup> and 64% of consultants say they have experienced or witnessed consultants being bullied<sup>13</sup>.

The RCOG has developed a network of Workplace Behaviour Champions to support trainees and SAS/Trust doctors respond to bullying and undermining behaviour, and our Peer to Peer Support Service (see above) is available to help consultants who experience similar issues.

The RCOG is also collaborating with other Colleges and healthcare bodies, as well as government organisations and charities, to understand and address the systemic issues having an adverse effect

on workplace cultures and good team working. This also includes sourcing and promoting examples of good practice.

In September 2018 the RCOG jointly hosted a meeting with the Royal College of Surgeons of Edinburgh (RCSEd) to provide clinicians and managers with anti-bullying strategies. The day also included workshops to explore practical aspects of anti-bullying strategies in the workplace.

This is the second anti-bullying and undermining event run by the RCOG and RCSEd with the first one taking place in February 2018. The day was extremely well received and will be followed by a further event at the RCOG on 4 April 2019.

View the RCOG's Undermining and Bullying Toolkit and other resources:  
<http://bit.ly/2HpoWMx>

## Get Involved

The RCOG is keen that all members and trainees have the opportunity to input into our workforce activities.

- Do you have examples of how you have successfully addressed rota gaps?
- Have you undertaken initiatives to improve trainees' experiences?
- What professional development opportunities do you provide to SAS and Trust doctors?
- What training and support is provided within your trust for managing disputes?

- How does your trust make resident consultant roles more satisfying?
- Do you provide retire and return opportunities?

If you have ideas or feedback, particularly if you have examples of approaches that are working well in your trust, then we want to hear from you. Please contact [workforce@rcog.org.uk](mailto:workforce@rcog.org.uk)



# References

- 1) The National Maternal and Perinatal Audit 2017
- 2) NHS Electronic Staff Records and General Medical Council data
- 3) General Medical Council 2018
- 4) NHS Electronic Staff Records
- 5) RCOG O&G Workforce Survey 2018
- 6) GMC National Training Survey
- 7) Shabazz T, Parry-Smith W, Oates S, et al. Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences. *BMJ Open* 2016
- 8) NHS Resolution Annual Report and Accounts 2017/18
- 9) Maternity Workforce Strategy - Transforming the Maternity Workforce 2018. Health Education England
- 10) Specialty and Associate Specialist (SAS) doctors have at least four years of postgraduate training, with at least two of these in a relevant specialty. These doctors are not on a training scheme or in consultant positions but they are employed on a nationally agreed contract and have exactly the same appraisal and revalidation requirements as consultants. Trust Grade Doctors have a variety of titles and are employed on local contracts often on a short term basis. Some of these doctors will have stepped out of the O&G training programme for a period of time to pursue a special interest.
- 11) NHS Electronic Staff Records
- 12) GMC National Training Survey
- 13) Shabazz T, Parry-Smith W, Oates S, et al. Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences. *BMJ Open* 2016

## Infographic references

[‘Number of consultants, trainees and SAS/Trust Doctors’](#) - NHS Digital, NI DoH, NHS Scotland, StatsWales, RCOG Training ePortfolio

[‘O&G Specialist Register’](#) - GMC O&G Specialist Register

[‘Trainees report more undermining behaviour than any other specialty’](#) - GMC National Training Survey

[‘90% of obstetric units report a gap in their middle rota’](#) - NMPA 2018

[‘Consultants provide a mix of O&G services’](#) - RCOG Consultant Workforce Survey 2017/18

'Average 30% attrition rate from the training programme' - GMC/Health Education England

'80% of all trainees are female' - RCOG Training Evaluation Form 2018

'The O&G Workforce - Consultants' - RCOG Consultant Workforce Survey 2017/18

'The O&G Workforce - Trainees' - RCOG Trainees Workforce Survey 2017/18

'The O&G Workforce - SAS/Trust Doctors' - RCOG SAS/Trust Doctor Workforce Survey 2017/18

