Royal College of Obstetricians & Gynaecologists

Continued surgical professional development

BRITISH GYNAECOLOGICAL CANCER SOCIETY

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

BSUG
British Society of Urogynaecology

BIARGS

This guidance sets out a framework for continued professional surgical development (CPSD) in obstetrics and gynaecology. Its aim is to support the maintenance, consolidation and advancement of surgical skills across all career stages, enhancing professional development while promoting patient safety, workforce sustainability and high-quality care.
Developed as part of the Royal College of Obstetricians and Gynaecologists (RCOG) Surgical Skills Project, this document reflects a new, partnership-driven direction for the College. It demonstrates the RCOG working collaboratively with its specialty societies to co-produce guidance that supports lifelong learning, reduces variation in access to training, and aligns surgical development with service and workforce needs.

The guidance builds on evidence gathered through the Surgical Skills Project, alongside examples of good practice and the lived experience of clinicians working across diverse clinical settings. It recognises the challenges faced by many obstetricians and gynaecologists in maintaining and developing surgical skills after completion of training, particularly in the context of service pressures and reduced access to operative experience. In response, it outlines structured approaches to support early consultant consolidation, ongoing skill development and lifelong learning.

Central to this work is recognition of the vital role of educators, mentors and supervisors in sustaining surgical excellence. The guidance emphasises the need for protected time, formal recognition of educational roles, access to simulation and governance frameworks, and structured mentorship to enable safe and effective teaching. In doing so, it positions education and training as integral components of professional practice and organisational responsibility, rather than optional or informal activities.

The RCOG is grateful to the Specialty Trainees, consultants and educators who contributed their time, expertise and insight through the lifelong learning workstream that informed this guidance. Their contributions have ensured that the framework is practical, equitable and responsive to the needs of the workforce.

This guidance has been developed in close collaboration with, and is reviewed and endorsed by

- The British Society of Gynaecological Endoscopy
- The British Gynaecological Cancer Society
- The British Society of Urogynaecology
- The British and Irish Association of Robotic Gynaecological Surgeons.

Through shared leadership and partnership, the RCOG and its stakeholder societies are setting a clear and collective direction for continued professional surgical development,

supporting safe, sustainable surgical careers and high standards of care for women and people now and in the future.

Supporting surgical skills beyond specialisation

1. Introduction

After achieving specialisation, either through completion of core training (CCT) or the portfolio pathway (previously referred to as CESR), O&G doctors face challenges to advance and maintain their surgical skills amidst clinical, teaching, and administrative pressures. As highlighted by the RCOG Surgical Skills Interim Report, there is strong support for providing new consultants/specialists with greater access to ongoing surgical training and development of new skills.

When surveyed during phase 1 of the Surgical Skills Project, each Head of School supported that continuous training is essential and that surgical skill development is a lifelong process. This was also supported by the British Society of Gynaecological Endoscopy (BSGE) survey in 2021. They found that many new consultants/specialists face limited theatre exposure, with 76% of those within five years of CCT performing one or fewer surgical sessions per week, often due to obstetric on-call commitments and the reduction in theatre lists dedicated to gynaecology. Notably, 82% of these early-career consultants/specialists expressed a desire for more operating time. In contrast, senior consultants/specialists typically perform more complex procedures, report higher surgical confidence, and are less involved in obstetrics. This correlation between increased operating time, surgical complexity, and confidence underscores the need to better support newer consultants with protected time for ongoing training and theatre experience.

As part of the conversation on simulation and structured training, it’s important to also recognise the need for better surgical support during the early years of consultant/specialist practice. Transitioning from training to independent roles can bring significant anxiety and stress, particularly when individuals face complex surgical situations, they feel underprepared for despite completing formal training. Providing structured mentorship, ongoing skills development opportunities, and accessible simulation resources beyond CCT could help mitigate this risk and reduce the potential for burnout. Furthermore, it's crucial to challenge the misconception — still held by some Specialty Trainees and external stakeholders — that surgical skill development ends upon completion of training years. Surgical competence should be seen as a continuum, with opportunities for refinement, revalidation, and advancement throughout an entire career, not just within the confines of training years.

This document outlines frameworks to enable continued surgical professional development for our senior doctors and support lifelong learning.

I am a...

- I am a Specialty Trainee doctor within six months of completing my CCT or portfolio pathway, and I am seeking to undertake a post-specialisation fellowship to further develop my surgical skills.
- I am a consultant/specialist with less than five years of experience and wish to continue building and refining my surgical skills.
- I am a senior consultant/specialist and would value support in acquiring new skills to enhance my clinical practice.

2. Post-specialisation fellowships: A platform for skill expansion

2.1 What is a post-specialisation or post CCT fellowship?

- A post-specialisation or post CCT fellowship is an optional, structured one year or more of additional training and development undertaken by doctors after completing their specialty training, primarily designed to enhance subspecialty skills, develop leadership and become a senior teacher.
- These fellowships are not subconsultant posts, but rather vehicles for formalised advanced skill development.

2.2 Features of a post-specialisation fellowship

- Career development focused: Fellowships are not service posts but are designed to help newly qualified specialists develop their career, explore niche areas, or transition into academic, educational, or leadership roles.
- Supervised and structured: Fellows receive educational supervision and are involved in peer learning groups. Programmes have built-in governance and quality assurance.

2.3 Royal College of General Practitioners post-specialisation fellowships

- GP Fellowships from HEE are aimed at GPs in their first 5 years post specialisation.

- It is funded nationally but delivered at a local level through regional training hubs and integrated care boards (ICBs).
- It follows three pillars as per the HEE model:
    - Clinical practice (e.g., 40% of time in general practice)
    - Project or specialist placement (e.g., 40% in a CCG, hospital, prison, etc.)
    - Education and training (e.g., 20% protected time for qualifications like PGCert, MBA, MSc)

2.4 Royal College of Surgeons post-specialisation fellowships

- Post-CCT fellowships in general surgery provide structured, competency-based training in high-volume, subspecialist units to address gaps in surgical skill not gained in training.
- In 2008-2009, over 100 RCS fellowships were nationally funded primarily in colorectal, hepatopancreatobiliary, bariatric, and emergency surgery.
- Fellows are assessed using Intercollegiate Surgical Curriculum Programme tools, and activity aligns with Academy of Medical Royal Colleges (AoMRC) CPD standards 1–6, ensuring robust PDPs, reflective learning, and multidisciplinary exposure.
- The fellowships are advertised on the RCS page (RCS England Senior Clinical Fellowships in General Surgery — Royal College of Surgeons) with descriptive job plans and expected operating numbers clearly displayed.
- This model enhances consultant appointment readiness while contributing to service delivery and surgical research capacity.

2.5 Post-specialisation fellowships in O&G

- Post- specialisation or more commonly called post CCT fellowships in obstetrics and gynaecology exist but lack the national structure, accreditation, and consistency provided by the RCS model in surgery.
- Many O&G fellowships are informally arranged, geographically concentrated and lack quality-assurance. The absence of central oversight leads to variability in training quality, limited equity of access, and reduced alignment with workforce needs.
- Advocacy should involve adoption of a centrally governed, accredited fellowship framework—mirroring the RCS Senior Clinical Fellowship Scheme—to ensure national standardisation, equitable distribution, and strategic workforce integration.
- These fellowships could be designed not only to support the professional development of Specialty Trainees but also to proactively address future workforce gaps and ensure high-quality, sustainable care for patients.

My experience of post CCT fellowship: Tabassum Khan

I recently completed a 9-month post-CCT fellowship in robotic endometriosis surgery, which I pursued after a 6-month grace period. My main motivation was to further develop my surgical skills while awaiting a suitable consultant position.

This fellowship was an incredibly rewarding experience. I had the opportunity to work closely with a mentor, setting clear objectives and acquiring specific skills in a focused, structured environment. I particularly enjoyed the autonomy in my practice, especially in areas where I had already gained competence, such as in advanced laparoscopic excision of benign disease through my ATSM training. The absence of portfolio requirements and assessments allowed me to concentrate fully on refining my technique and broadening my surgical competencies without additional pressure.

Through this fellowship, I acquired a new surgical competency, which directly contributed to securing a substantive consultant role in my desired field. The experience has also significantly boosted my confidence in performing complex surgeries independently, which I am carrying into my new consultant post.

I would strongly recommend a post-CCT fellowship to Specialty Trainees aiming to advance their surgical expertise and gain more confidence in independent surgery. While the lack of clear frameworks for some post-CCT fellowships can present challenges, I found that regular meetings with my mentor to discuss learning objectives and progress kept me on track. This experience has taught me the value of self-motivation, time management, and how to organise my learning to achieve the desired outcomes.

I believe post specialisation fellowships should be more readily available for surgical skills in obstetrics and gynaecology as it promotes greater independence and confidence to pass onto others.

2.6 What does success look like?

A successful post-specialisation fellowship in O&G should include:

- Defined operative experience with minimum procedural targets based on unit activity.
- Represented regionally across the UK, especially in areas where service development is needed.

- Opportunities for fellows to act as the third on-call role, such as being the consultant covering labour ward, where clinically appropriate and if the fellow was comfortable. This could also provide an incentive for trust buy in and support.
- Structured, mentor-led teaching responsibilities to build educator skills.
- Certification or formal documentation of competencies to support future consultant credentialing.
- Supervised clinical autonomy with increasing responsibility.
- Standardised assessment and CPD documentation in line with national guidance.
- Protected Supporting Professional Activities (SPA) time for fellows to support governance activities such as guideline development, quality improvement projects and audit.

2.7 What organisational benefits?

- Post specialisation fellowships provide structured, high-level training aimed at advancing independent surgical practice with the development of teaching others. They provide a benefit over roles such as locum consultant which do not routinely carry responsibility or service development in their job plan.
- Organisational benefits include increased capacity for service delivery, with fellows able to maintain clinics and theatre lists during consultant leave, improving theatre utilisation and reducing patient waiting times.
- The cost-effectiveness of post-CCT fellows could be hypothesis as more cost effect in terms of workforce value, educational progress and the option of individuals acting as the third on call for obstetrics and/or gynaecology if suitable.
- Well-designed fellowships help fellows build confidence in supervising and supporting Specialty Trainee development, ensuring appropriate progression of surgical skills across training levels.
- This model promotes a balanced approach to service delivery and education, acknowledging the positive role fellows can play in supporting Specialty Trainees without displacing opportunities.

3. Supporting ongoing skills maintenance and development for newly appointed consultants and specialists

3.1 What is the issue?

- With only 50% of senior Specialty Trainees undertaking gynaecology operative ATSMs feeling ready for independent practice, it is not surprising that many newly appointed consultants and specialists in O&G feel underprepared for independent complex operative practice and rely on more senior colleagues.
- Many wish to further develop technical and decision-making skills with structured support during the early consultant years.
- In the absence of a formalised framework, many clinicians pursue skill development informally or outside contracted hours.
- These activities often lack governance, or recognition and receive limited or no institutional support from trusts or hospital management.
- This ad hoc approach is not a sustainable future for our speciality and risks inconsistencies in training quality leading to difficulties in providing the care our women need.

My experience: Abi MacLeod-Thompson, Consultant for 1 yr as of Jan 2026,

Consultant Obstetrician & Gynaecologist with special interest in Urogynaecology

Becoming a consultant is a significant achievement, but it can also be accompanied by considerable anxiety, including feelings of imposter syndrome and a lack of self-belief. As a new consultant, I was fortunate to secure a substantive post within a trust where I had previously worked. This continuity enabled me to align my SPA time with surgical lists with a consultant who had trained me previously. This helped me to build confidence and develop new skills that complement my urogynaecology practice. From this I have now gained skills to perform single compartement prolapse surgery and colpoclesis under local anaesthetic. This has been invaluable not only for my own development but also for my consultant mentor, supporting the maintenance of high clinical standards, encouraging meaningful professional reflection for appraisal, and contributing to effective succession planning, all of which benefit my NHS trust.

During on-call gynaecology operating and when managing complex cases on my elective lists, I ensured that a fellow consultant was available on an informal basis if required. This supportive arrangement has helped to effectively manage my anxiety around independent operating while maintaining patient safety and confidence in decision-making.

I realise I am extremely lucky to have had this support and mentorship at the start of my consultant career and feel a formal arrangement should be available for all new consultants to minimise burnout, stress and above all ensure patient safety.

3.2 Where are the gaps?

- There is currently no nationally coordinated framework for structured skills development in the early consultant years, particularly in gynaecological surgery.
- Access to mentorship, operative experience, and supported learning varies widely between trusts and regions.
- Most trusts do not have protected time, funding, or job plan flexibility to support skill consolidation after completion of specialisation. This results in variable practice with many reliant on ad hoc arrangements based on good will, perpetuating inequity and inefficiency in workforce development.

3.3 What does success look like?

- A post-specialisation support model would offer structured, time-protected fellowships or early consultant development posts with defined learning objectives, operative targets, and mentorship.
- These should be embedded within job plans, supported by hospital management, and aligned with service needs. Compliance could be monitored with the individual's personal development plan on their Continues Professional Development Portfolio (CPD).
- Consultants/Specialists should have access to local or regional training pathways that facilitate independent practice while ensuring patient safety, peer support, and formal progression.
- Integration with CPD and credentialing frameworks would ensure transparency, equity, and long-term workforce benefit.
- Consultants/Specialists who completed a surgical SITM/ATSM and who wish to maintain or develop surgical skills should be allocated a certain percentage of their job plan sessions to theatre for example starting at 20% of PAs in theatre.
- If the consultant wishes to have support for a more senior peer during their operating, this should be formalised with hospital management to ensure clinicians time and efforts are recognised.

4. Supporting senior consultant and specialists in lifelong learning and the development of new surgical skills

4.1 Lifelong learning

- Lifelong learning is essential in O&G with how evident the surgical techniques and technologies are evolving.
- New technologies and equipment often require retraining to ensure optimal patient outcomes and procedural safety. For example, throughout some of our senior consultant and specialists' careers, they have seen the change from open operating to laparoscopic and now the advent of robotics.
- Regardless of years in practice, all O&G doctors must have the opportunity and support to main high surgical skills. Good clinicians must continually refresh and advance their skills to meet modern clinical standards.
- Advancements in laparoscopic operating, the rise of the robotic surgery and the role of AI in our practice is evident of the dynamic nature of our speciality.
- Consultants/Specialists who wish to maintain or develop new skills should be supported with dedicated time within their job plans to pursue professional development and hands-on surgical training.
- Ongoing skill acquisition should be recognised as a core part of the consultant and specialist role, not an optional extra.
- Structured opportunities, including simulation, mentorship, and theatre-based learning, should be accessible and encouraged.
- A culture of continuous improvement and upskilling at all career stages strengthens surgical teams and enhances service delivery.

4.2 Simulation in the development of surgical skills

- For consultants and specialists who wish to safely acquire or refine advanced skill, simulation provides a safe environment to do so.
- The successful model of robotic surgery training, which combines simulation with structured proctorship and supervised operating, demonstrates how consultants and specialists can upskill efficiently. This model should be adapted and expanded for other advanced gynaecological procedures.
- Simulation should not be limited to Specialty Trainees; senior clinicians must be included in ongoing development pathways to stay current with surgical advances and maintain clinical excellence.
- Trusts and training bodies must work collaboratively to ensure these opportunities are equitably available and prioritised as a standard component of ongoing consultant education. Potential routes include:

- Considering protected time in job plans specifically allocated to simulation and skill development for consultants and specialists who wish for this.
- Formal access to simulation courses and advanced training programmes relevant to new technologies.
- Mentorship or proctorship models, enabling safe transition to independent practice with new techniques.
- Recognition of simulation as a legitimate and essential part of their continued professional development (CPD).
- Embedding simulation into consultant CPD pathways supports safer patient care, reduces variation in surgical outcomes, and promotes a culture of lifelong learning and innovation.

My experience: Tony Chalhoub, BSGE Chair Robotic Surgery Committee

Consultant Gynaecologist, Robotic & Minimal Access Surgeon

As a pioneer in robotic-assisted gynaecological surgery, I have dedicated much of my career to training colleagues across the UK (both within the NHS and private sector) as well as internationally. My work has focused on advanced and complex procedures, including surgery for deep infiltrating endometriosis, day-case hysterectomies, myomectomies, and the management of endometrial cancer.

In parallel, I have placed strong emphasis on educating and supporting the development of safe, sustainable, and efficient multispecialty robotic programmes. This work has involved close collaboration with surgical, anaesthetic, and nursing teams to ensure that robotic surgery is embedded within a culture of multidisciplinary excellence, governance, and patient-centred care.

Importantly, many of the gynaecologists I have trained have gone on to become trainers and proctors themselves, creating a sustainable and expanding cycle of surgical education and mentorship. This model demonstrates how structured training and mentorship can empower senior clinicians to continue evolving their skills while shaping the next generation of robotic surgeons.

Case Example: Dr Inna Sokolova

An illustrative example is Dr Inna Sokolova, Consultant Gynaecologist and Clinical Director at NHS Ayrshire & Arran, Scotland, whom I trained in robotic-assisted gynaecological surgery in July 2023.

Within two years, she progressed to become a proctor, actively training the next generation of surgeons.

She developed the first robotic-assisted benign gynaecology programme in Scotland.

Under her leadership, her unit achieved a 95% same-day discharge rate for hysterectomies, clearly demonstrating the transformative potential of robotic surgery for patient pathways and healthcare delivery.

This case exemplifies the value of mentorship-driven CPD, showing how senior clinicians can not only acquire advanced technical skills but also rapidly translate them into service innovation, leadership, and improved patient outcomes**.**

Supporting the RCOG Vision

I strongly support the RCOG's emphasis on lifelong learning and simulation in surgical skills as central components of consultant CPD. Embedding robotic-assisted surgery within this framework will ensure that our specialty continues to evolve safely and sustainably. By providing structured opportunities for simulation, mentorship, and proctorship, we can empower senior consultants to remain at the *forefront of surgical innovation while equipping them to train and inspire the next generation.*

4.3 What does success look like?

- Job plans for all consultants and specialists should reflect agreed learning goals, operative targets, and mentorship or proctorship where needed. They must be reviewed at regular intervals depending on what the individual needs.
- Support should be flexible to accommodate the complexity of the skill being learned.
- Hospital management should recognise and support this development through formal job planning.
- Access to local or regional training, simulation, and supervised theatre sessions should be available.
- Development should align with CPD, revalidation, and credentialing frameworks.
- Peer support in theatre should be formalised and recognised within job plans.
- It could be valuable to establish a formal role, such as a consultant or specialist lead, to identify and promote the early adoption of emerging skills, technologies, and innovations. This would help ensure clinical teams remain up to date and responsive to advancements that enhance patient care.

5. Conclusion

Supporting ongoing surgical development after specialisation must be multi-faceted: structured fellowships, protected theatre time, simulation-based learning, and formal mentorship. Recognising the challenges within the current NHS climate, such an approach ensures that continued professional growth is realistic and sustainable. By adopting standards from established surgical frameworks, this could help build a workforce that remains technically and professionally agile, improving long-term efficiency, efficacy, and ultimately the quality of care for women and people.

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