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Commentary

# Silken Mastery: Exploring Obstetrics & Gynaecology Training in the UK & Egypt - A Cultural Exchange

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## Introduction

There are growing concerns from obstetrics and gynaecology (O&G) trainees regarding surgical training in the United Kingdom (UK).[1] Whether this has been a result of the impact of the European Working Time Directive (EWTD), the 2016 junior doctor contract, or the shift in balance between service delivery and training.[2,3] They appear to have collectively led to diminished training opportunities and contributed to job dissatisfaction and increased sickness rates amongst juniors.[4,5]

Approaching the end of O&G specialty training in the United Kingdom (UK), I recently finished a four-week clinical attachment at Ain Shams University Hospital in Cairo, Egypt. My interest in complex obstetrics surgery led me to choose Cairo, a setting known for having one of the highest caesarean birth rates globally. [6]

Reflecting on my experience left me with two standout features displayed by Egyptian trainees. This was their incredible surgical expertise and dedicated work ethic. Having observed this different training, I wanted to share my reflection as I feel it can offer insights into enhancing our training in the UK.

## Overview of Egyptian University Training:

Ain Shams University manages 18,000 births annually, with a 72% caesarean birth rate, offering a unique training environment. Junior O&G doctors undergo a three-year residency, equivalent to our speciality training years 1-5, followed by 2-3 years as assistant lecturers (similar to years 6-7), maintaining weekly 24-hour on-call duties. They then transition to lecturer roles, with private practice forming part of their work and income due to limited university funding. Nonetheless, they remain affiliated with the university, participating in weekly theatre lists and 24-hour on-call duties 1-2 times a month.

## Surgical Expertise

Trainees at a similar stage of training to me, exhibited notably advanced surgical skills. They demonstrated competent open gynaecological surgery and performed caesarean-hysterectomies in the middle of the night with minimal fluster.

Reflection suggests three primary factors contributed to this:

### 1. Extensive Case Exposure

The sizable hospital presented a high caseload, providing trainees ample opportunities to refine surgical skills. During 24-hour casualty shifts, attendance at the operating theatre for 10-20 cases was routine, including complex caesareans involving placenta praevia or accreta on most days.

### 2. Continuity

A structured program within the same hospital ensured continuity in training. The hospital's six-unit structure ensured trainees worked with the same surgeons, refining skills during weekly gynaecology operating lists. The team-oriented structure, coupled with demanding hours, ensured continuity in patient management and a valuable learning experience.

In the UK, the European working time directive and annual hospital rotations may hinder continuity and exposure to cases, affecting surgical training. The frequent hospital rotations admittedly expose you to diverse practices, but the constant inter changing of working with multiple consultants often delays significant involvement in surgical training until your abilities and level are known to the specific consultant who is training you.

### 3. Educational Atmosphere

The University fostered a culture of education. Every Tuesday morning, a departmental meeting convened from 9-11am, involving each unit presenting morbidity and mortality for the cases observed throughout the week and discussions on how the management could have been improved.

Each trainee was assigned a gynaecology operating list every week with their unit. Notably, the consultant rarely performed the surgeries; focusing instead on creating teaching opportunities where senior trainees supervised junior counterparts. This emphasis on training mitigated concerns of delays or pressure to accommodate extra cases into an already full schedule, fostering a conducive learning environment supported by all the theatre staff.

## Work Ethic:

Despite the rigorous demands, Egyptian doctors exhibited exceptional dedication, often residing in the hospital during their residency due to intense working hours. Sacrifices such as missing holidays and family events weren't uncommon.



Yet, the trainees rarely complained. They displayed remarkable loyalty and appreciation to the university. They were aware it had been hard work, but this is where they learnt all their skills which had shaped them into the doctors they had become, opening up the opportunities to develop their careers and private practice.

### UK Training Perspective

While acknowledging the invaluable training experience in Egypt, challenges such as demanding hours and limited social life were evident. The intense shifts, though necessary, didn't always guarantee optimal care throughout the entire 24-hour period. The UK's adherence to the European Working Time Directive and the implementation of 12-hour shifts contribute to a safer environment and improved patient care.

The UK's holistic approach to labour management, supported by more resources including midwives (which Egypt did not have), stands out. The structured training program and global accreditation add to the advantages.

Nevertheless, shorter working hours and a shift towards consultant-led care in the UK, have ramifications for the breadth and depth of training. The impact is particularly evident in the development of surgical competencies over the 7-year training program.

While recognising the UK's strengths, there exists a need to strike a balance. Embracing a proactive approach to learning from diverse global experiences can revitalise our training frameworks. Reintroducing an educational atmosphere into our hospitals and prioritising shifts as opportunities for skill development can enhance surgical proficiency within the UK's 7-year O&G training program.

In conclusion, the exploration of global training practices underscores the importance of cross-cultural learning and adaptation. By leveraging insights gleaned from diverse contexts, we can fortify our training frameworks, ultimately weaving a more robust fabric of patient care and professional development worldwide.

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### Conflicts of Interest

There are no conflicts of interest to declare

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