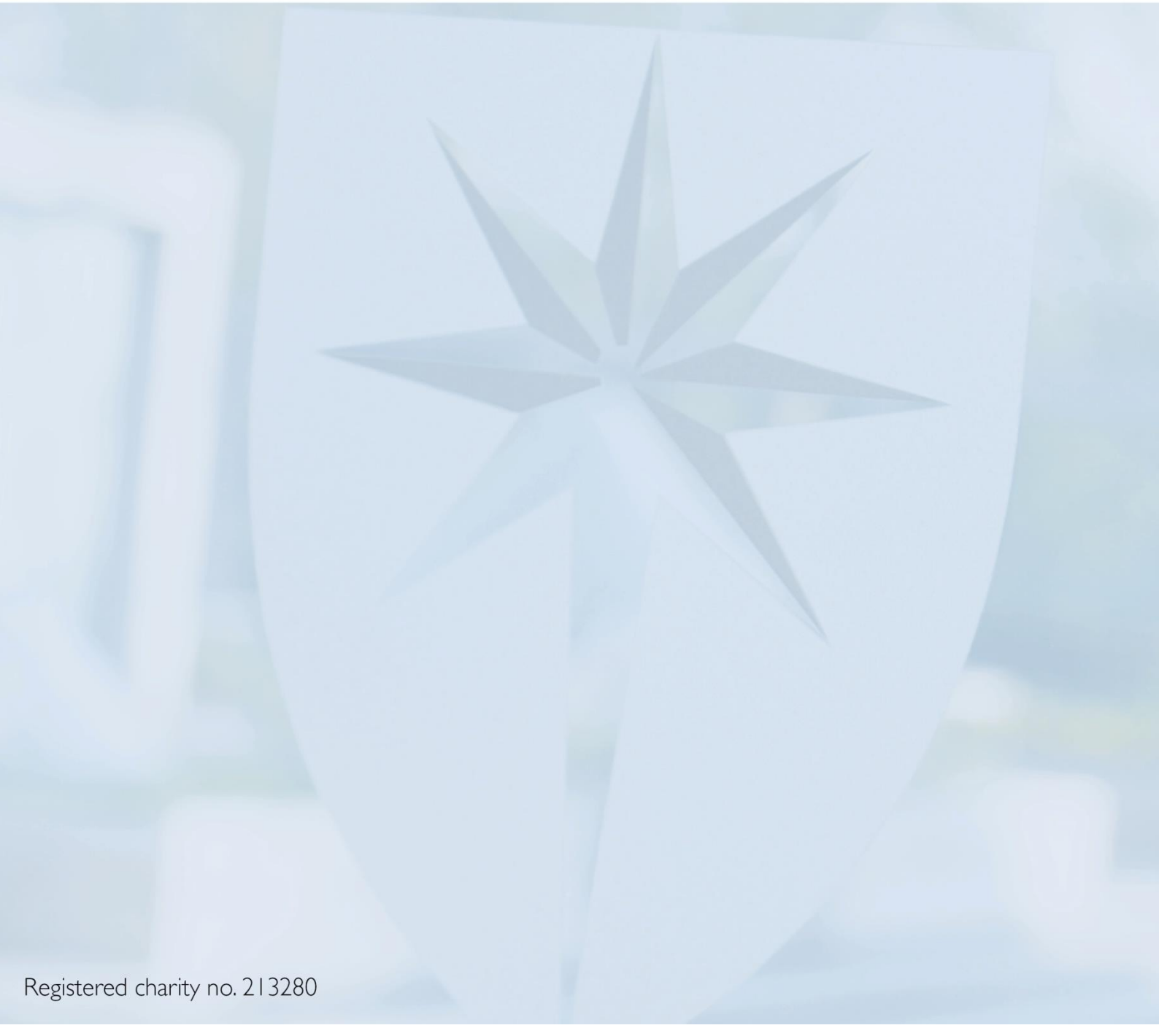
Royal College of Obstetricians & Gynaecologists

# Training matrix

## Annual expectation of educational progression ST1 to ST7 in O&G for 2018-19



Registered charity no. 213280

Royal College of Obstetricians & Gynaecologists

These standards represent the minimum required. Trainees are encouraged to exceed these requirements.

Please read related ARCP Outcomes guidance on the website

| | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 |
|---|---|---|---|---|---|---|---|
| **Curriculum progression (as evidenced in the log book on the ePortfolio)** | Progress with signing off basic competencies | Completion of basic competencies | Progress with signing off intermediate competencies<br><br>Completion of basic ultrasound modules for trainees starting as ST1 from August 2013 | Progress with signing off intermediate competencies such that completion by end of ST5 is expected | Completion of intermediate competencies<br><br>Completion of basic ultrasound modules for trainees starting as ST1 before August 2013<br><br>± Additional competency development as determined by programme director | Progress with signing off advanced competencies<br><br>Adequate progression of subspecialist training or special skills for ATSM(s) – progress in both is expected by end of ST6 such that at 2 ATSMs will be complete by end of ST7) | Completion of advanced competencies<br><br>Completion of at least 2 ATSMs or subspecialist training |
| **Clinical skills** | 1st on call[a] | Initially 1st on call[a]<br><br>Develop competencies in readiness to be 2nd on call by end of ST2[a] | 2nd on call[a] | 2nd on call[a] | 2nd on call[a] | Usually 2nd on call. May have opportunities to be resident 3rd on call in some units | Usually 2nd on call. May have opportunities to be resident 3rd on call in some units |
| **Examination** | | Part 1 MRCOG | | | Part 2 MRCOG<br><br>Part 3 MRCOG from September 2016 onwards | | |

| | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 |
|---|---|---|---|---|---|---|---|
| **Formative OSATS (SLE) showing evidence of training since last ARCP** | Fetal blood sampling[b]<br><br>Manual removal of placenta<br><br>Uncomplicated caesarean section<br><br>Non-rotational assisted vaginal delivery (ventouse)<br><br>Non-rotational assisted vaginal delivery (forceps)<br><br>Surgical management of miscarriage | Hysteroscopy<br><br>Laparoscopy<br><br>Basic ultrasound scanning with relevant OSATs[f] for trainees starting as ST1 from August 2013 onwards | Hysteroscopy<br><br>Laparoscopy<br><br>Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g adhesiolysis/ ovarian drilling)<br><br>3rd degree perineal repair | Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g adhesiolysis/ ovarian drilling)<br><br>Rotational assisted vaginal delivery (any method) | Intermediate operative laparoscopy (e.g. ectopic pregnancy/ ovarian cystectomy/ salpingectomy/ oophorectomy) | ATSM/subspecialty training specific<br><br>Intermediate operative laparoscopy (eg ectopic pregnancy / ovarian cystectomy/ salpingectomy/ oophorectomy) | |
| **At least 3 summative OSATS confirming competence by more than one assessor[c] (can be achieved prior to the specified year)** | Perineal repair<br><br>Opening and closing abdomen (at LSCS) | Caesarean section (basic)<br><br>Non-rotational assisted vaginal delivery (ventouse)<br><br>Non-rotational assisted vaginal delivery (forceps)<br><br>Fetal blood sampling[b]<br><br>Surgical management of miscarriage<br><br>Manual removal of placenta[b] | Basic ultrasound modules with relevant summative OSATs for trainees starting as ST1 from August 2013 onwards[g] | Hysteroscopy<br><br>Laparoscopy<br><br>Opening and closure of abdomen (gynaecology case) | Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling)<br><br>Intermediate caesarean section<br><br>3rd degree perineal repair<br><br>Rotational assisted vaginal delivery (any method)<br><br>Basic ultrasound modules[g] | | ATSM/subspecialty training specific<br><br>Complex caesarean section<br><br>Intermediate operative laparoscopy (e.g. ectopic pregnancy surgery/ ovarian cystectomy/ salpingectomy/ oophorectomy) |

| | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 |
|---|---|---|---|---|---|---|---|
| **Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP** | | Perineal repair | Caesarean section<br><br>Operative vaginal delivery<br><br>Surgical management of miscarriage | Caesarean section<br><br>Operative vaginal delivery<br><br>Basic ultrasound[f]:<br>1. examination of 8–12-week pregnancy<br>2. examination of fetal measurement, lie and presentation<br>3. assessment of liquor<br>4. placental assessment | Operative vaginal delivery<br><br>Hysteroscopy<br><br>Basic ultrasound OSATs as per ST4[f] | Caesarean section<br><br>Operative vaginal delivery<br><br>Laparoscopy<br><br>For subspecialist trainees to confirm competency in areas specific to subspecialist training | Operative vaginal delivery<br><br>Laparoscopy[i]<br><br>For subspecialist trainees to confirm competency in areas specific to subspecialist training |
| **Mini-CEX[d]** | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] |
| **CbDs[d]** | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] | 8[d] |
| **Reflective practice[e]** | 8[e] | 8[e] | 8[e] | 8[e] | 8[e] | 8[e] | 8[e] |
| **Simulation Training** | 1 formative OSAT - basic laparoscopy skills[h] | 1 formative OSAT - basic laparoscopy skills (if not achieved in ST1)[h] | | | | | |
| **Regional teaching** | Attendance at regional teaching programme as per regional guidelines | As per ST1 | As per ST1 | As per ST1 | As per ST1 | Attendance at regional or national educational events appropriate for individual trainee's learning needs. | As per ST6 |

| | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 |
|---|---|---|---|---|---|---|---|
| **Obligatory courses** | Basic Practical Skills in Obstetrics and Gynaecology<br><br>CTG training (usually eLearning package) and other local mandatory training<br><br>Obstetric simulation course (e.g. PROMPT/ ALSO/other) | Basic ultrasound<br><br>3rd degree tear course<br><br>Specific courses required as per curriculum to be able to complete basic competencies<br><br>Resilience course e.g. STEP-UP for those starting ST1 from August 2016 onwards | Obstetric simulation course – ROBUST or equivalent for trainees entering ST1 from August 2015 onwards | | Specific courses required as per curriculum to be able to complete intermediate competencies | ATSM course<br><br>Leadership and Management course | ATSM course<br><br>Leadership and Management course |
| **Team observation (TO) forms** | TO1s at least twice per year as per RCOG recommendations (www.rcog.org.uk)<br><br>Summary should not raise significant concerns to ARCP panel | As per ST1 | As per ST1 | As per ST1 | As per ST1 | As per ST1 | As per ST1 |
| **Clinical governance (patient safety, audit, risk management and quality improvement)** | 1 completed and presented project<br><br>Evidence of attendance at local risk management meetings | As per ST1 | As per ST1 | As per ST1 | 1 completed project (can include supervising more junior doctors) | As per ST5 | As per ST5 |

| | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 |
|---|---|---|---|---|---|---|---|
| **Teaching experience** | Documented evidence of teaching (e.g. to medical students/ foundation trainees/GPSTs) | As per ST1 | As per ST1+organsing departmental teaching of medical students/FYs/ GPSTs | As per ST3 | Formal specialty teaching by ST5 e.g. as part of regional education programme | As per ST5 | Meets the standards required by GMC to become a clinical supervisor |
| **Leadership and management experience** | | Evidence of departmental responsibility e.g. rota/ departmental meetings | As per ST2 + working with consultants to organise (e.g. "office work") including clinical administration and dealing with correspondence | As per ST3<br><br>And including dealing with complaints | As per ST4 + involvement in departmental meeting/forum e.g. labour ward group/risk management review process | As per ST2-5 | As per ST6 + completion of a leadership and management course |
| **Presentations and publications (etc)** | Departmental presentation | As per previous annual review discussion | As per previous annual review discussion | Presentation outside own local department by ST4<br><br>Ensure CV is competitive for ATSM/ subspecialist training interviews | As per previous annual review discussion | As per previous annual review discussion<br><br>Ensure CV is competitive for consultant interviews | As per ST6 |
| **Trainee Evaluation form (TEF)**[j] | TEF completed on ePortfolio | TEF completed on ePortfolio | TEF completed on ePortfolio | TEF completed on ePortfolio | TEF completed on ePortfolio | TEF completed on ePortfolio | TEF completed on ePortfolio |

[a]Trainees will work with direct supervision (first on call) until they have the confirmed competencies to work without direct supervision (second on call). OSATS showing evidence of competence are required for LSCS, assisted vaginal delivery (ventouse and forceps), manual removal of placenta, perineal repair, fetal blood sampling, and evacuation of uterus are required to be able to work without direct supervision. At least one OSATS confirming competence should be supervised by a consultant. It is advised that best practice is for the transition from direct to indirect supervision for labour ward skills should occur in the same unit. The RCOG, therefore, recommends that ST2s should usually progress to ST3 in the same unit.

[b]If a ST2 trainee has evidence of formative training in MROP but lacks 3 summative assessments, due to difficulty gaining exposure to these cases, an outcome 2 should be given and progression into ST3 should not be delayed. Trainees should not however undertake MROP as ST3 without direct supervision until the competency is signed off with 3 summative OSATs in the usual way.
Likewise if a trainee lacks formative or 3 summative OSATs for Fetal Blood Sampling and works in a unit where this is not routinely undertaken, they should not receive an outcome 2 or 3 for this omission. However, they then could not undertake to perform fetal blood sampling without direct supervision, until they have gained 3 competent summative OSATS.

[c]Additional note for clarification – summative OSATS confirming competency can be undertaken by ST6/ST7s for ST1–ST5s; however, more than one assessor must be used. A consultant must undertake at least one of the assessments.

[d]These should be obtained throughout the year, not just in the weeks before ARCP/RITA. The WBAs should reflect a level of complexity expected at that year of training. Trainees should have a mixture of obstetric and gynaecology WBAs and, in the first 5 years of training, there should be four in obstetrics and four in gynaecology. Thereafter, they should reflect the nature of the attachments undertaken.

[e]The number of reflective practice logs that have been revealed to the educational supervisor. Reflective practice logs should include reflection on all serious and untoward incidents and complaints that the trainee has been named in.

[f]Basic ultrasound OSATS –OSATs demonstrating competence can be completed by a consultant or other accredited trainer in:

1. Transabdominal ultrasound scan of 8–12-week pregnancy
2. Assessment of fetal size, lie and presentation
3. Assessment of liquor volume
4. Placental assessment

[g]Basic USS modules to be completed by the end of ST3 for all trainees commencing ST1 from August 2013 and by ST5, for all trainees commencing ST1 before August 2013

[h]All trainees entering ST1 from 2016 must undertake one assessment in laparoscopic simulation via OSATS before entering ST3. Ideally this should be achieved during ST1.
[i] Only required if summative OSATs for operative laparoscopy are completed prior to ST7

[j] Non-completion of the TEF alone will not generate an adverse ARCP outcome.

It is acknowledged that not all trainees are being assessed at the end of their training year due to the timing of the ARCPs and changes in an individual's anticipated CCT date for a variety of reasons. Likewise, many trainees have an annual ARCP (calendar years) whilst not undertaking 12 months of full-time training during the time since the last assessment (e.g. LTFT). In this situation, the ARCP panel will judge the progress the trainee has made during the time period pro rata against the standards detailed in the Matrix (which describe the standards to be achieved over a 12-month period).

Please also read related ARCP Outcomes guidance