

Reproductive Medicine training matrix (COVID-19) for pre-CCT SSTs on 2019 core curriculum and post-CCT and overseas SST

This matrix is meant as an aide to subspecialty trainees in RM, Subspecialty Training Programme Supervisors and subspecialty assessors and sets out the *minimum* requirements for a satisfactory subspecialty assessment. Trainees are encouraged to exceed these requirements. This assessment will inform the subsequent ARCP. It is important to note that although this RM-specific matrix has been modelled on the general matrix, and there is much overlap, they are not exactly the same. The SST assessors will use this matrix as a guide to the minimum standards required and will give a recommendation to the subsequent general ARCP which will use the general matrix to ensure that any training requirements not assessed by the subspecialty assessors have also be considered and assessed. It will be possible therefore to achieve a satisfactory SST assessment, but nevertheless receive a suboptimal outcome from the general ARCP.

The date of SST assessments is dictated by the planned ARCP date of the trainee. Some subspecialty trainees will have completed only 5-6 months of subspecialty training at the time of their first assessment. In view of this, the targets required for the first assessment are not necessarily quite straightforward to achieve, and the expectations regarding accumulation of WBAs will be proportionate to the time spent so far in subspecialty training.

Subspecialty trainees who already hold a CCT, or who are overseas trainees, will only undergo SST assessments, and will not have general ARCPs following the SST assessment. They are expected to achieve the targets set out in the RM specific matrix, but clearly will not need to consider the general matrix because these targets must have been met to be awarded a CCT, or will be considered in the training structures and general curricula of their home country.

	First or interim year of SST (progress expected after completion of 12 months of whole time equivalent clinical subspecialty training)	Final year of SST (progress expected after completion of 24 months of whole time equivalent clinical subspecialty training)
RM CiP Curriculum Progression	<p>The ePortfolio should show engagement with the curriculum and RM CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support RM CiP sign off.</p> <p>Satisfactory completion of RM CiPs that were planned to be completed in the first or interim year of this SST programme.</p> <p>(rough guide: achieved 50% of entrustability levels for RM, i.e. 14/25)</p>	<p>Progression should be commensurate with the time the trainee has left in training.</p> <p>Completion of all RM CiPs at the end of training.</p>
Formative OSATS	Optional but encouraged	Optional but encouraged
Summative OSATs (at least one OSAT confirming competence should be supervised by a consultant)	<p>There should be at least three summative OSATs in <u>at least three procedures</u> confirming competence by more than one assessor.</p> <p>Core procedures:</p> <ul style="list-style-type: none"> • Diagnostic hysteroscopy • Diagnostic laparoscopy 	<p>There should be at least three summative OSATs in each core procedure confirming competence by more than one assessor by the end of training.</p>

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	<ul style="list-style-type: none"> • Hysteroscopic surgery • Laparoscopic adhesiolysis • Laparoscopic treatment of endometriosis • Laparoscopic ovarian cystectomy • Laparoscopic salpingectomy • Laparoscopic salpingostomy • Myomectomy 	
NOTSS	✓	✓
Mini-CEX	✓	✓
CbDs	✓	✓
Reflective practice	✓	✓
Log of procedures	Documentation of a wide range of procedures and skills	Continued record of procedures and skill development
Required courses / required objectives ^a	Attendance at a minimum of one relevant subspecialist training related course or meeting.	Attendance at a minimum of one relevant subspecialist training related course or meeting. Evidence of attendance at a leadership/management course.
	The above competencies may be achieved by attending recommended courses or by demonstrating to the subspecialty assessment panel that content and learning outcomes have been achieved using alternative evidence.	
Generic areas of RM SST		
Team observation (TO) forms	From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required. For the assessment pre-August 2022, one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required. For the assessment pre-August 2022, one will suffice unless significant concerns are raised.
Clinical governance (patient safety, audit, risk management and quality improvement)	One completed project (can include supervising junior doctors).	One completed project (can include supervising junior doctors).

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HFEA governance	Evidence of understanding of HFEA Code of Practice and HFE Act.	Evidence of preparing for/attending HFEA inspection, HFEA incident reporting or investigation.
Research and development	If not research exempt, evidence of research activity. Ensure up to date with GCP training.	If not research exempt, evidence of research activity as per requirement for SST. If research exempt, evidence of involvement in service development
Presentations and publications	As per annual review discussion. Ensure that CV is competitive for consultant interview. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.	As per annual review discussion. Ensure that CV is competitive for consultant interview. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.
Teaching experience	Evidence of teaching activity relating to Reproductive Medicine.	Evidence of teaching activity relating to Reproductive Medicine.
Leadership and management experience ^a	Evidence of administrative responsibility.	Evidence of management experience, including dealing with complaints, incident investigation, development of local guidelines and protocols and audit. Evidence of attendance at a leadership/management course.

^a All courses are no longer derogated and competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.

Further guidance on evidence required for RM CiPs in the RM SST Curriculum

The philosophy of the 2019 RM SST curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace based assessments (WBAs) and the tick box approach. The new training matrix above demonstrates this.

The RM Curriculum Guide developed is available for trainers and trainees to give information about what would be appropriate evidence during RM SST: [RM Curriculum Guide](#).

Rules for RM CiPs:

1. There must be some evidence linked to each RM CiP in each training year to show development in the RM CiP and for the generic competencies and skills for the following areas relevant to RM SST: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.
2. At the end of SST the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical RM CiPs. The generic competencies as outlined in the RM matrix must be completed to a level appropriate for a senior trainee.

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For pre-CCT SSTs the trainee will need to provide sufficient evidence for their Educational Supervisor to sign off all the generic core CiPs at meeting expectations for 'ST6/7 level' by the time of completion of SST and general training. The generic evidence collected during SST to satisfy the SST matrix will contribute significantly to the sign off of the generic core CiPs. It will be up to the trainee and their ES to decide if any additional generic evidence will be needed to sign off the generic core CiPs for the ARCP purposes.

Pre-CCT SSTs in readiness for their ARCP which will usually follow the subspecialty training assessment a few weeks later, will need to provide evidence for the obstetric core CiPs 10 and 12 to ensure that they will receive a CCT in O&G in addition to subspecialty accreditation at the end of training. Guidance and examples of appropriate experience, suggestions on how this experience can be obtained and what the required evidence might be to allow educational supervisors to sign off progress in these core CiPs is available [here](#) on the 2019 Curriculum Resource on the RCOG eLearning platform.