



Training matrix

**Annual expectation of educational
progression for trainees on the 2013
core curriculum in O&G for 2023 - 2024**



	ST6	ST7
Curriculum progression (as evidenced in the log book on the ePortfolio)	<p>Progress with signing off advanced competencies</p> <p>Adequate progression of subspecialist training or special skills for ATSM(s) – progress in both is expected by end of ST6 such that 2 ATSMs will be complete by end of ST7)</p>	<p>Completion of advanced competencies</p> <p>Completion of at least 2 ATSMs or subspecialist training</p>
Clinical skills	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
Formative OSATS (SLE) showing evidence of training since last ARCP	<p>ATSM/subspecialty training specific</p> <p>Intermediate operative laparoscopy (e.g. ectopic pregnancy / ovarian cystectomy/ salpingectomy/ oophorectomy)</p>	
At least 3 summative OSATS confirming competence by more than one assessor (can be achieved prior to the specified year)		<p>ATSM/subspecialty training specific</p> <p>Complex caesarean section</p> <p>Intermediate operative laparoscopy (e.g. ectopic pregnancy surgery/ ovarian cystectomy/ salpingectomy/ oophorectomy)</p>
Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP	<p>Caesarean section (does not apply to subspecialty trainees if previously signed off as competent)</p> <p>Operative vaginal delivery (does not apply to subspecialty trainees if previously signed off as competent)</p>	<p>Operative vaginal delivery (does not apply to subspecialty trainees if previously signed off as competent)</p> <p>Laparoscopy¹ (does not apply to subspecialty trainees if previously signed off as competent)</p> <p>For subspecialist trainees to confirm competency in areas specific to subspecialist training</p>



	ST6	ST7
	Laparoscopy (does not apply to subspecialty trainees if previously signed off as competent) For subspecialist trainees to confirm competency in areas specific to subspecialist training	
Mini-CEX^a	8 Mini-CEXs ^a	8 Mini-CEXs. ^a
CbDs^a	8 CbDs ^a	8 CbDs ^a
Reflective practice^b	8 reflective practices ^a	8 reflective practices ^a
Regional teaching	Attendance at regional or national educational events appropriate for individual trainee's learning needs.	As per ST6
Obligatory courses^c (once during advanced training)	ATSM course Leadership and Management course	ATSM course Leadership and Management Course
Team observation (TO) forms	Two separate TO1's and TO2's	Two separate TO1's and TO2's
Clinical governance (patient safety, audit, risk management and quality improvement)	As per ST5	As per ST5
Teaching experience	As per ST5	Meets the standards required by GMC to become a clinical supervisor
Leadership and management experience	As per ST2-5	As per ST6



	ST6	ST7
Presentations and publications (etc.)	As per previous annual review discussion Ensure CV is competitive for consultant interviews	As per ST6
Trainee Evaluation Form (TEF)^d	TEF completed	TEF completed

^aThese should be obtained throughout the year, not just in the weeks before ARCP. The WBAs should reflect a level of complexity expected at that year of training. Trainees should have a mixture of obstetrics 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.

^bThe 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.

^c 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.

^d 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](#).

Find out more at
rcog.org.uk



Royal College of
Obstetricians &
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