

Gynaecological Oncology training matrix (COVID-19) - 2 year programme for pre-CCT SSTs on new 2019 core curriculum and post-CCT and overseas SST

This matrix is meant as an aide to subspecialty trainees in GO, 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 GO-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 been 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 GO 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.

| Assessment Domain | First SST assessment (progress expected after completion of 12 months of whole time equivalent clinical subspecialty training) | Second and subsequent assessments (progress expected after completion of 24 months of whole time equivalent clinical subspecialty training) |
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| GO CiP Curriculum Progression | <p>The ePortfolio should show engagement with the curriculum and GO CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support GO CiP sign off.</p> <p>Complete GO CiPs 1, 2, 5, 11, 12, 14 and 17 and have timetable for completion of other GO CiPs.</p> <p>(rough guide: achieved 50% of entrustability levels for GO, i.e. 43/85)</p> | <p>Progression should be commensurate with the time the trainee has left in training. All GO CiPs must be signed off by the end of training.</p> |
| Formative OSATs | Optional but encouraged | Optional but encouraged |

RCOG Subspecialty training - GO Educational Progress Matrix (2022)

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| Summative OSATs (at least one OSAT confirming competence should be supervised by a consultant) | <p>There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor:</p> <ul style="list-style-type: none"> • Laparoscopic hysterectomy (TLH) • Laparoscopic pelvic lymph node dissection • Open pelvic lymph node dissection • Total omentectomy • Vulvectomy • Open para-aortic lymph node dissection | <p>There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of training:</p> <ul style="list-style-type: none"> • Groin lymphadenectomy • Radical Hysterectomy • Small bowel resection and anastomosis • Large bowel resection with formation of colostomy • Diaphragmatic peritoneal stripping +/- resection |
| NOTSS | ✓ | ✓ |
| Mini-CEX | ✓ | ✓ |
| CBDs | ✓ | ✓ |
| Reflections | ✓ | ✓ |
| Required courses / required objectives ^a | <p>Attend CrISP course in first year</p> <p>Relevant scientific meeting (BGCS/ESGO, etc.) per year</p> <p>Advanced communication skills course</p> <p>Anastomosis course</p> | <p>Gestational trophoblastic course</p> <p>Accreditation with BSCCP</p> <p>Relevant scientific meeting (BGCS/ESGO, etc.) per year</p> <p>Evidence of attendance at a leadership/management course</p> |
| | <p>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. For mandated courses with practical skills, see guidance on alternative evidence here.</p> | |
| Surgical logbook | <p>Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.</p> | <p>Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.</p> |

RCOG Subspecialty training - GO Educational Progress Matrix (2022)

| Generic areas of GO SST | | |
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| 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) | Have commenced a GO relevant audit and/or service development project. Evidence of attendance at morbidity and mortality meetings. | Completion of GO relevant audit and/or service development project. Evidence at attendance at risk meeting or involvement in RCA at least once during training. Evidence of attendance at morbidity and mortality meetings. Author of local guideline or update of existing guideline at least once during training. |
| Teaching | Evidence of GO related teaching, with feedback. | Evidence of GO related teaching, with feedback. |
| Research | Ensure up to date with GCP training. | Ensure CV is competitive for consultant interviews |
| Leadership and management ^a | Evidence of department responsibility and working with consultants to organise (e.g. "office work") including organising lists and dealing with correspondence. | Evidence of department responsibility and working with consultants to organise (e.g. "office work") including organising lists and dealing with correspondence. Evidence of attendance at a leadership/ management course. |
| Presentations and publications | As per annual review discussion. Ensure CV is competitive for consultant interviews and uploaded to 'Other Evidence' section on the ePortfolio. | As per previous annual review discussion. Ensure CV is competitive for consultant interviews and uploaded to 'Other Evidence' section on the ePortfolio. |

^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 GO CiPs in the GO SST Curriculum

The philosophy of the 2019 GO 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 GO Curriculum Guide developed is available for trainers and trainees to give information about what would be appropriate evidence during GO SST: [GO Curriculum Guide](#).

Rules for GO CiPs:

1. There must be some evidence linked to each GO CiP in each training year to show development in the GO CiP and for the generic competencies and skills for the following areas relevant to GO 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 GO CiPs. The generic competencies as outlined in the GO matrix must be completed to a level appropriate for a senior trainee.

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.