Royal College of Obstetricians & Gynaecologists

Training matrix

Annual expectation of educational progression ST6 and ST7 in O&G for 2018-19 staying on the pre-2019 core curriculum

All ST1-5 trainees must be following the 2019 curriculum and will be assessed using the 2019-20 matrix. All ST6-7 who have switched to the 2019 core curriculum will be assessed using the 2019-20 matrix

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Matrix of progression 2018-2019 (COVID -19)

	ST6	ST7
Curriculum progression (as evidenced in the log book on the ePortfolio)	Progress with signing off advanced competencies 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 Completion of at least 2 ATSMs or subspecialist training
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	ATSM/subspecialty training specific 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)		ATSM/subspecialty training specific Complex caesarean section Intermediate operative laparoscopy (e.g. ectopic pregnancy surgery/ ovarian cystectomy/ salpingectomy/ oophorectomy)
Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP	Caesarean section Operative vaginal delivery Laparoscopy For subspecialist trainees to confirm competency in areas specific to subspecialist training	Operative vaginal delivery Laparoscopy [i] For subspecialist trainees to confirm competency in areas specific to subspecialist training
Mini-CEX[d]	6[d]	6[d]
CbDs[d]	6[d]	6[d]
Reflective practice[e]	6[e]	6[e]
Regional teaching	Attendance at regional or national educational events appropriate for individual trainee's learning needs.	As per ST6
Obligatory courses	ATSM course Leadership and Management course	

	ST6	ST7
Team observation (TO) forms	**1** (if the first set is satisfactory) **OR** **2** if the first cycle identifies significant issues	**1** (if the first set is satisfactory) **OR** **2** if the first cycle identifies significant issues
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
Presentations and publications (etc)	As per previous annual review discussion Ensure CV is competitive for consultant interviews	As per ST6
Trainee Evaluation form (TEF)[j]	**There will be no TEF survey for 2019/2020**	**There will be no TEF survey for 2019/2020**

[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