

## Matrix of progression 2019-2020 (COVID -19)

Applies to ST6-7 who have switched to the 2019 core curriculum

	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Curriculum progression	CiP progress appropriate to ST1 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST2 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST3 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST4 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST5 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST6 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST7 as per the CiP guides and matrix of entrustability levels.
Examinations		MRCOG Part 1 **			MRCOG Part 2 ** MRCOG Part 3 **		
At least 3 summative OSATS ( <i>unless otherwise specified</i> ) confirming competence by more than one assessor  (can be achieved prior to the specified year)	Cervical smear*	Caesarean section (basic)  Non-rotational assisted vaginal delivery (ventouse)  Non-rotational assisted vaginal delivery (forceps)  Perineal repair  Surgical management of miscarriage/surgical termination of pregnancy  Endometrial biopsy*  Insertion of IUS or IUCD *	Manual removal of the placenta  Transabdominal ultrasound of early pregnancy  Transabdominal ultrasound of late pregnancy	Hysteroscopy  Diagnostic laparoscopy  3 <sup>rd</sup> degree perineal repair  Surgical management of retained products of conception (Obstetrics†) * (examples include post partum evacuation of retained placental tissue or evacuation of retained placental tissue following a medical termination of pregnancy for fetal abnormalities in the 2 <sup>nd</sup> trimester)  Vulval biopsy *	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling)  Endometrial ablation *  Caesarean section (intermediate)  Rotational assisted vaginal delivery (any method)		ATSM/subspecialty training specific  Caesarean section (complex)  Laparoscopic management of ectopic pregnancy  Ovarian cystectomy  Surgical management of PPH*
Formative OSATS	Optional but encouraged						
Mini-CEX	✓	✓	✓	✓	✓	✓	✓
CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
TEF	<b>There will be no TEF survey for 2019/2020</b>						

TO2	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues	1 (if the first set is satisfactory) <b>OR</b> 2 if the first cycle identifies significant issues
Recommended courses	Basic Practical Skills in Obstetrics and Gynaecology  CTG training (usually eLearning package) and other local mandatory training  Obstetric simulation course (e.g. PROMPT/ALSO/other)	Basic ultrasound  3rd degree tear course  Specific courses required as per curriculum to be able to complete basic competencies  Resilience course e.g. STEP-UP	Obstetric simulation course – ROBUST or equivalent			ATSM course  Leadership and Management course	

† Surgical management of retained products of conception (Obstetrics)- examples of this include post partum evacuation of retained placental tissue or evacuation of retained placental tissue following a medical termination of pregnancy for fetal abnormalities in the 2<sup>nd</sup> trimester.

**\* Procedures not previously assessed in Curriculum 2013 by summative OSATs (implementation phase)**

For trainees having an ARCP prior to February 2020 no summative OSATs will be required and trainees will then have a further 12 months (WTE) to achieve the required 3 summative OSATs for the procedure.

For trainees having an ARCP after February 2020 it is suggested that a minimum of 1 summative OSAT will be required and trainees will then have a further 12 months (WTE) to achieve the other 2 summative OSATs for the procedure. However if due to COVID-19 this is not possible then the trainee will progress to the next year of training and will be required to achieve the required OSATs in the next training year.

Trainees who have already passed a year of training where a new procedure has been added are not required to complete summative OSATs for a new procedure required in an earlier year of training (eg. A ST4 is not required to collect 3 summative OSATs for endometrial biopsy).

\*\* Trainees who are meeting all other requirements for the training matrix but progression to the next year of training is dependent on passing either the Part 1 MRCOG or Part 2 &3 MRCOG are able to progress to the next stage of training and should receive an outcome 10.1 Code C1. A trainee who fails the necessary exam at the next sitting will require an extension to their training time at the next ARCP.

## Further guidance on evidence required for CiPs in the Core Curriculum

The philosophy of the new 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 and the new training matrix above demonstrates this.

The CiP guides developed are available for trainers and trainees to give information about what would be appropriate evidence at different stages of training [CiP guides on RCOG eLearning](#).

### Rules for CiPs:

1. There must be some evidence linked to each CiP in each training year to show development in the CiP area.
2. In each stage of training (Basic ST1-2, Intermediate ST3-5, Advanced ST6-7) the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical and non-clinical CiPs. This evidence needs to be appropriate for the stage of training.