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	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. Satisfactory completion of RM CiPs that were planned to be completed in the first or interim year of this SST programme	Progression should be commensurate with the time the trainee has left in training. Completion of all RM CiPs at the end of training
Formative OSATS	Optional but encouraged	Optional but encouraged
Summative OSATS (At least one OSATS confirming competence	There should be at least 3 summative OSATs in at least three procedures confirming competence by more than one assessor.	There should be at least 3 summative OSATs in each core procedure confirming competence by more than one assessor by the end of training.

should be supervised by a consultant)	Core procedures: • Diagnostic hysteroscopy • Diagnostic laparoscopy • Hysteroscopic surgery • Laparoscopic adhesiolysis • Laparoscopic treatment of endometriosis • Laparoscopic ovarian cystectomy • Laparoscopic salpingectomy • Laparoscopic salpingostomy • Myomectomy	
NOTTS	✓	✓
Mini-CEX	✓	✓
CbDs	✓	✓
Reflective practice	✓	✓
Log of procedures	Documentation of a wide range of procedures and skills	Continued record of procedures and skill development
Recommended courses [a]	Attendance at a minimum of one relevant sub specialist training related course or meeting	
Generic areas of RM SST		
Team observation (TO) forms	1 (if the first set is satisfactory) OR 2 if the first cycle identifies significant concerns	1 (if the first set is satisfactory) OR 2 if the first cycle identifies significant concerns
Clinical governance (patient safety, audit, risk management and quality improvement)	1 completed project (can include supervising junior doctors)	1 completed project (can include supervising junior doctors)
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 & 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	As per annual review discussion Ensure that CV is competitive for consultant interview and upload to '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	Evidence of administrative responsibility	Evidence of management experience, including dealing with complaints, incident investigation, development of local guidelines and protocols and audit

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.

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. We are currently producing 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 which will be circulated once finalised.

[a] **Recommended courses**

By the completion of training, it is expected that all trainees will have attended one Reproductive Medicine specific training course and a Leadership and Management course. However, this requirement has been derogated meaning that attendance at these courses is not necessary for completion of subspecialty training.