

**Reproductive Medicine training matrix (COVID-19) – for pre-CCT SSTs on the pre-2019 core curriculum**

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 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 will only undergo SST assessments, and will not have general ARCPs following. 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.

	<b>First or interim year of SST (progress expected after completion of 12 months of whole time equivalent clinical subspecialty training)</b>	<b>Final year of SST (progress expected after completion of 24 months of whole time equivalent clinical subspecialty training)</b>
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	In <u>at least six</u> core procedures Core procedures: <ul style="list-style-type: none"> <li>• <a href="#">Diagnostic hysteroscopy</a></li> <li>• <a href="#">Diagnostic laparoscopy</a></li> </ul>	In <u>each</u> of the core procedures should have been completed in the course of training

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	<ul style="list-style-type: none"> <li>• <a href="#">Hysteroscopic surgery</a></li> <li>• <a href="#">Laparoscopic adhesiolysis</a></li> <li>• <a href="#">Laparoscopic treatment of endometriosis</a></li> <li>• <a href="#">Laparoscopic ovarian cystectomy</a></li> <li>• <a href="#">Laparoscopic salpingectomy</a></li> <li>• <a href="#">Laparoscopic salpingostomy</a></li> <li>• <a href="#">Myomectomy</a></li> </ul>	
Summative OSATS (At least one OSATS confirming competence should be supervised by a consultant)	<p>There should be at least 3 summative OSATS in <u>at least three procedures</u> confirming competence by more than one assessor.</p> <p>Core procedures:</p> <ul style="list-style-type: none"> <li>• <a href="#">Diagnostic hysteroscopy</a></li> <li>• <a href="#">Diagnostic laparoscopy</a></li> <li>• <a href="#">Hysteroscopic surgery</a></li> <li>• <a href="#">Laparoscopic adhesiolysis</a></li> <li>• <a href="#">Laparoscopic treatment of endometriosis</a></li> <li>• <a href="#">Laparoscopic ovarian cystectomy</a></li> <li>• <a href="#">Laparoscopic salpingectomy</a></li> <li>• <a href="#">Laparoscopic salpingostomy</a></li> <li>• <a href="#">Myomectomy</a></li> </ul>	There should be at least 3 summative OSATS in each core procedure confirming competence by more than one assessor by the end of training.
NOTTS	At least 1 NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty	At least 1 NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty
Mini-CEX	6 per year distributed through the period of the training	6 per year distributed through the period of the training
CbDs	6 per year distributed through the period of the training	6 per year distributed through the period of the training
Reflective practice	6 per year	6 per year
Log of procedures	Documentation of a wide range of procedures and skills	Continued record of procedures and skill development

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Recommended courses <sup>a</sup>	Attendance at a minimum of one relevant subspecialist training related course or meeting	
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  Ensure that CV is competitive for consultant interview and uploaded to the ePortfolio under 'Other Evidence' section	As per annual review discussion  Ensure that CV is competitive for consultant interview and uploaded to the ePortfolio under 'Other Evidence' section
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

<sup>a</sup> 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

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