Royal College of Obstetricians & Gynaecologists

Matrix of progression 2020-2021 (COVID-19)

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

	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 *(unless otherwise specified)* confirming competence by more than one assessor. At least one OSATS confirming competence should be supervised by a consultant (can be achieved prior to the specified year)	Cervical smear*	caesarean section (basic) Ω 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 3rd degree perineal repair Surgical management of retained products of conception (Obstetrics†) * Vulval biopsy *	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling) Endometrial ablation * Caesarean section (intermediate) Ω Rotational assisted vaginal delivery (any method)		ATSM/subspecialty training specific Caesarean section (complex) Ω Laparoscopic management of ectopic pregnancy Ovarian cystectomy (open or laparoscopic) Surgical management of PPH*¥
Formative OSATS	Optional but encouraged						
Mini-CEX	✓	✓	✓	✓	✓	✓	✓
CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
TEF	Not required for 2021 ARCPs	Not required for 2021 ARCPs	Not required for 2021 ARCPs	Not required for 2021 ARCPs	Not required for 2021 ARCPs	Not required for 2021 ARCPs	Not required for 2021 ARCPs
TO2	**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	**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	**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	**1** (if the first set is satisfactory) **OR** **2** if the first cycle identifies significant issues

Required 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	ATSM course (derogated) Leadership and Management course (derogated)

† Surgical management of retained products of conception (Obstetrics)- surgical evacuation of retained products of conception after 16 weeks gestation using suction curettage or a surgical curette
¥ Surgical techniques used by the trainee to control postpartum haemorrhage, including intra-uterine balloons, brace sutures, uterine packing and hysterectomy

Ω Caesarean section complexity

Examples of 'basic' : first or second caesarean section with longitudinal lie

Examples of 'intermediate' : are twins/transverse lie and preterm more than 28 weeks

Examples of 'complex' : preterm less than 28 weeks/grade 4 placenta praevia and fibroids in lower uterine segment

*** Procedures added to the 2019 matrix, not previously requiring summative OSATs in the 2013 (post-implementation phase)**

The 2019 curriculum has now been in use for over 12 months. As before, a trainee will be expected to have completed at least three competent summative OSATs (one supervised by a consultant) for all the procedures listed in the matrix for the training year they are completing, including procedures new to the matrix in 2019. Trainees who have returned to training for less than 12 whole time equivalent months since the introduction of the 2019 curriculum, because of OOP, maternity leave or long periods of ill health, will only need to have one summative OSAT showing competency in the procedures that were added in as new requirements for their training year in 2019. TPDs will use discretion where a trainee has returned from training if the period of time left of that training year is very short.
Where the pandemic has interfered with access to training and assessment of a particular procedure, meaning that the matrix requirements have not been met, the ARCP panel can use one of the novel Covid outcomes, 10.1 or 10.2.

****** The MRCOG examinations are only derogated for those trainees who have not yet had an opportunity to sit them. Part 1 and Part 2 MRCOG have already resumed. Trainees reaching a critical way point who have not yet had an opportunity to take the examination can be awarded an outcome 10.1 C1 if all other non-derogated curriculum requirements have been met.

***** Courses with a face-to-face component**
Courses with a major face-to-face component were derogated during the first wave of the pandemic. There has since been a move to on-line versions of these courses and their content. ST1 trainees **will** be expected to show evidence of on-line eLearning regarding CTG interpretation. All other courses will remain derogated until the RCOG and GMC decide on a return to the prepandemic matrix. However, trainees will be expected to access all these courses during their training eventually and would be advised to access as many as they can in their new formats as

soon as possible (appropriate to their stage of training). When the derogation of courses is lifted, a year will be given for trainees to access the courses they should have done according to the prepandemic matrix, if they have not done so already.

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.

Expected progress for clinical CiPs

	Basic training			Intermediate training				Advanced training		CCT
Capabilities in practice	**ST1**	**ST2**	**CRITICAL PROGRESSION POINT**	**ST3**	**ST4**	**ST5**	**CRITICAL PROGRESSION POINT**	**ST6**	**ST7**	**CRITICAL PROGRESSION POINT**
CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.	**1**	**2**		**3**		**4**			**5**	
CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.	**1**	**2**		**3**		**4**			**5**	
CiP 11: The doctor is competent in recognising, assessing	**1**	**2**				**3**		**4**	**5**	

and managing non-emergency gynaecology and early pregnancy.										
CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.	**1**	**2**				**3**		**4**	**5**	