

Matrix of progression 2021-2022 (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. At least one OSATS confirming competence should be supervised by a consultant (can be achieved prior to the specified year)		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 Insertion of IUS or IUCD *	Manual removal of the placenta Transabdominal ultrasound of early pregnancy Transabdominal ultrasound of late pregnancy	Hysteroscopy Diagnostic laparoscopy 3 rd degree perineal repair	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling) Caesarean section (intermediate) ^Ω Rotational assisted vaginal delivery (any method)		Subspecialty training specific Caesarean section (complex) ^Ω Laparoscopic management of ectopic pregnancy Ovarian cystectomy (open or laparoscopic) Surgical management of PPH**
Derogated competencies (at least 3 summative OSATS)	Cervical smear*	Endometrial biopsy*		Surgical management of retained products of conception (Obstetric†) * Vulval biopsy *	Endometrial ablation *		
	Where trainees are progressing satisfactorily, but acquisition of the above derogated competencies has been delayed as a result of COVID-19, they are able to successfully progress to the next stage of training with and ARCP 10.1. In line with GMC guidance we expect that competencies which have not been demonstrated will be provided as part of evidence for the next ARCP but also recognise that in the current circumstance it may take longer for trainees to catch up; if at critical progression point trainees can progress to next stage of training. CCT can only be awarded when all required experience and competencies have been achieved. Where trainees are missing elements of this as a result of COVID-19, an outcome 10.2 should be awarded and training time extended.						
Formative OSATS	Optional but encouraged						
Mini-CEX	✓	✓	✓	✓	✓	✓	✓

CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
TEF	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs
TO2	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.
Required courses / required objectives	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 Leadership and Management course
	The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence. Trainees who do not demonstrate the required objectives or attendance at the relevant course will be awarded a 10.1.				The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.		

† 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, placental bed compression sutures and hysterectomy

*** Procedures which are new in the 2019 Core Curriculum**

The following six procedures are new in the 2019 Core Curriculum: cervical smear, endometrial biopsy, insertion of IUS or IUCD, surgical management of retained products (Obstetrics), vulval biopsy and endometrial ablations. If you switched to the 2019 Core Curriculum and you had passed the ST year where the new procedure has been introduced you will not require 3 summative

competent OSATS for this procedure; e.g.: if you were in ST2 or above when you switched to the 2019 Core Curriculum you do not need 3 summative OSATS for cervical smear retrospectively; if you were in ST6 or above when you switched to the 2019 Core Curriculum you do not need 3 summative OSATS for endometrial ablations retrospectively.

Ω Caesarean section complexity

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

Examples of ‘intermediate’ : are twins/transverse lie, preterm more than 28 weeks, at full dilation, BMI≥40

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

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