

Education Strategy 2015-18

- Note:**
- This document should be read in conjunction with the Key Performance Indicators (KPIs) for Education Board 2014-17. KPI references in Individual aims refer to that document.
 - The KPIs for Education Board 2014-17 are derived from the overall RCOG KPIs on which the Education Board is expected to report.
 - The Education Strategy was approved by Council on 29 May 2015.

Ref	Individual aim (includes RCOG KPIs)	Operational Activity 2015 onwards	Targets
Aim 1	To develop a lifelong approach to education and learning in O&G		
1.1	Promoting education throughout a career by supporting the development of lifelong learning through modular training both for UK and overseas specialists (KPI 6) and target CPD linked to successful revalidation of O&G specialists (KPI 8)	<ol style="list-style-type: none"> 1. Promote engagement in ongoing education through CPD – develop new framework linked to appraisal 2. CPD should recognise educational leadership and skills 3. Develop education packages for specialists in UK and overseas 	<ol style="list-style-type: none"> 1. Following development of new CPD programme, introduce a mandatory progression matrix by 2017 2. New CPD programme to include leadership and skills by 2017 3. 20% increase in registrations for training packages of (non-CCT) ATSMs / post-CCT modules by 2018
1.2	Continuing to support the highest standards of training across the UK and internationally through curricula of core and advanced training (ATSMs and Subspecialty) and through assessment (MRCOG and WBA)	<ol style="list-style-type: none"> 1. Through regular review ensure fit for purpose, updated core, advanced and subspecialty training curricula and incorporate evidence based education tools (workplace based assessment) 2. Incorporate best practice in assessments (MRCOG) 3. Review and incorporate simulation into curriculum as part of emphasis to improve patient safety 	<ol style="list-style-type: none"> 1. All ATSM and Subspecialty curricula will be reviewed on a 3-4 year rolling programme 2. Introduce Part 3 in 2016 and annually monitor pass rate 3. Develop two new BEST courses by end 2016
1.3	Working to improve 'early years' experiences in women's health, hence promote the specialty (undergraduate, foundation training) and ensure high quality recruitment	<ol style="list-style-type: none"> 1. Support BSUOG to promote O&G specialty to medical students 2. Actively work with Foundation programme leads to promote women's health 3. Enhance recruitment: careers fairs, best practice interviewing process, manage recruitment 	<ol style="list-style-type: none"> 1. Continue to provide annual career fairs for undergraduates with supervision by Recruitment Committee 2. Continue to promote the women's health resources within the Foundation Curriculum and report any future development of the Foundation Curriculum to SEAC 3. Move towards centralisation of the recruitment process introduced by summer 2017
1.4	Ensuring curriculum and structured training is fit for purpose, taking account of 'Tomorrow's Specialist' and 'Shape of Training' reports and ensuring non-technical skills are fully integrated into the curriculum (KPI 2). The curriculum should support service development including the challenge of infrequent clinical event training.	<ol style="list-style-type: none"> 1. Review the current training curriculum – Curriculum Review Working Group – focussing on both clinical and non-clinical training 2. Find a solution for training of those aspects of care that are encountered infrequently 3. Consider "credentialing" and modular training for specialists 4. Implementation of output of Curriculum Review Group (inc non-technical skills, QI training, leadership development, academic/research components) 	<ol style="list-style-type: none"> 1. Report and implementation plan produced by Sept 2015 for submission to Education Board and Council 2. Develop strategy for training for care of infrequently encountered clinical scenarios by end of 2015 3. A credentialing and modular training strategy to be produced by end of 2016 4. First intake on new curriculum in Aug 2018

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1.5	Introducing more academic rigour and academic credibility into the specialty	<ol style="list-style-type: none"> 1. Develop post CCT academic module for specialists 2. Review academic components of subspecialty curricula 	<ol style="list-style-type: none"> 1. New Academic ATSM/post CCT module available from August 2016 2. A formal review published by the end of 2016
1.6	Ensuring ongoing quality assessment of RCOG education (KPI 1)	<ol style="list-style-type: none"> 1. Quality assure all current and new educational products to meet the highest standards and for relevance 2. Embed new arrangements for externality 3. Monitor and be cognisant of the issues highlighted to the GMC in the Annual Specialty Report 	<ol style="list-style-type: none"> 1. A formal report to be prepared by EQAC for Education Board by end 2015 2a. First annual report on themes from Specialty Assessors' reports to be presented to Education Board in 2016 2b. 75% of reports received from Specialty Assessors 2c. 100% of new Assessors taking and passing eLearning module 3. Regular reports to SEAC and escalation to Education Board as needed
1.7	Improving the use of electronic tools in support of training and CPD	<ol style="list-style-type: none"> 1. Develop training logbook app that adheres to EQAC requirements for product quality, evaluation and monitoring 2. Improve ePortfolio for trainees and clinical and educational supervisors based on survey and user feedback 	<ol style="list-style-type: none"> 1. OgLog (or similar) available for use by end of 2015 2a. Report on ePortfolio satisfaction by ePortfolio Champion and Coordinator to SEAC by end of 2015 2b. Production of new eportfolio for CPD by end 2016
1.9	Maintain a rigorous process of assessing CESR (Certification of Eligibility for Specialist Registration) applications	<ol style="list-style-type: none"> 1. Work with GMC as appropriate on the future process 	<ol style="list-style-type: none"> 1. Adhere to the 100% success rate in meeting CESR evaluation timescales
Aim 2	To provide O&G education for the world		
2.1	Prioritising global activity by geography and subject	<ol style="list-style-type: none"> 1. Implement global education strategy by assessing educational infrastructure and targeting education products 2. Review pilots of education toolkits and adjust as necessary 3. Develop specific CPD for overseas specialists 4. Undertake pilot of overseas ATSMs and following feedback develop a phased implementation globally 	<ol style="list-style-type: none"> 1. Report of assessment of global educational infrastructure by end 2016 2. Revised toolkits available after pilots by end 2016 3. A draft list of possible CPD packages produced by end 2016 4. Evaluate overseas ATSM pilot by end 2017 and enact implementation plan to be produced by mid-2018

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2.2	Ensure support for examination centres. (KPI4)	<ol style="list-style-type: none"> 1. Quality assure existing examination centres 2. Develop new centres to same standards 	<ol style="list-style-type: none"> 1. All existing centres to comply with defined standards by 2018 2. Increase local access to examination centres for overseas candidates by 2018
2.3	Ensure education products support overseas trainees to achieve MRCOG (KPI3)	<ol style="list-style-type: none"> 1. A draft quality assurance and review plan for overseas education products produced by eLearning, Exams and Marketing by end 2015 2. Review exam pass rate and consider impact of current products and modify as necessary 	<ol style="list-style-type: none"> 1. Develop a process by mid-2016 to review overseas education initiatives (courses and web-based) 2. Aim for a year-on-year increase in pass rate of all components of the exam for overseas candidates
Aim 3	To enhance the career prospects of the specialty		
3.1	Valuing and developing the RCOG faculty of educators	<ol style="list-style-type: none"> 1. Ensure Faculty certification process functioning 2. Review the gap analysis of training products for educators, identify and develop new resources specifically to ensure ability to develop through the Faculty tier system 3. Review Faculty Development Framework operation for UK FMT and consider options for overseas rollout 	<ol style="list-style-type: none"> 1a. All FMT to receive certificates by June 2015 1b. Produce regulations and further information by September 2015 2. A draft list of new resources for education faculty development produced by end 2015, with priority given to College Tutors 3. Produce a report and recommendations for overseas rollout of the FDF in the light of UK experience by the end of 2016
3.2	Providing College Tutors with support and evidence of high quality teaching and training	<ol style="list-style-type: none"> 1. Enhance the profile of College Tutors 2. Develop training for College Tutors 	<ol style="list-style-type: none"> 1. Promote job description and gather feedback from CTs at College Tutors meeting 2. See 3.1 above
Aim 4	To have a value guided approach for RCOG Education and Training		
4.1	Improving patient engagement with education and training including accessing 'hard-to-reach' groups	<ol style="list-style-type: none"> 1. Regular discussion with lay representatives for targeted engagement/coproduction 2. Involvement of lay representatives should continue and be reviewed in the areas of: Examinations, CPD, Curriculum 	<ol style="list-style-type: none"> 1. Consult with Women's Network to determine what training is required for "hard to reach" groups by end 2015 2. A report on lay representatives involvement to be produced as part of overall College Public Sector Equality Duty work by end of 2016
4.2	Work with other organisations to ensure women's health education is of highest quality e.g. GMC, education commissioners, Academy, other faculties and medical royal colleges, HEE, Specialist Societies, RCGP, RCPsych (KPI 7)	<ol style="list-style-type: none"> 1. Adding value: work with other organisations to ensure women's health education is of highest quality 2. GPs forming long-term relationship with RCOG 	<ol style="list-style-type: none"> 1. Regular meetings with stakeholders and documented reports to be provided by RCOG attendees 2. 5% increase in DRCOG candidates by 2018 and develop short, medium and long-term targets for 1-5 years

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4.3	Coordination off Clinical Quality and Global Education Directorates to improve patient safety	1. Work with Quality Board to identify areas where alignment will ensure co-ordination of patient safety activity	1. A report on initiatives to share information on specialty assessors, service reviews and TEF between Clinical Quality and Education Policy and Quality departments to be produced in Sept 2015
4.4	Increase in e-Learning (KPI 5)	<ol style="list-style-type: none"> 1. Develop metrics to analyse eLearning use 2. Ensure that eLearning content is maintained according to the quality standards for eLearning as approved by EQAC 3. Develop new eLearning products 	<ol style="list-style-type: none"> 1. Increase usage of eLearning resources by 100% by end 2018 measured using the qualitative and quantitative metrics approved by EQAC 2. Completing 100% of review and update targets, as specified in eLearning Quality Assurance document by 2018 3. Increase number of eLearning products as specified in the eLearning Quality Assurance document by 2018
4.5	Reduction in undermining (KPI 9)	1. Continue workplace behaviours activities – e.g. eLearning module, collaboration with other colleges and stakeholders, developing policy through WB-NET, evaluation of toolkit, analysis of GMC/TEF data	1. Led by Workplace Behaviour Advisor, reduce figure for undermining in the Trainees' Survey by 50% with the support of GMC, LETBs/Deaneries and Departments of O&G by 2016
4.6	Improving data collection and analysis of workforce, quality measures in training and census information	<ol style="list-style-type: none"> 1. Consider how education output can be related to patient outcome data 2. Establish how to obtain meaningful useful data regarding output of training programmes 	<ol style="list-style-type: none"> 1. A research project linking educational quality and clinical quality data to be complete by end 2015 (Lindsay Stewart and Keogh Fellow) 2. Analysis of in-house databases by Sept 2016 – to determine if trainee progress can be tracked post CCT