



# O&G Surgical Skills Project

**Suggested adjustments to the matrix of progression**

2026



CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
Training and Evaluation Form (TEF)	TEF completed annually						
Team Observation Forms (TO1 & TO2)	Two separate TO1's and TO2's required annually.						
Recommended 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  Gynae emergency simulation course  Obstetric simulation course – ROBUST or equivalent (To be moved to ST2)			SITM course	SITM course Leadership and Management course	SITM course Leadership and Management course
					Gynae emergency simulation course		Gynae emergency simulation course (could be as faculty)
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.			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

Ω Caesarean section complexity

It is recognised that the complexity of caesarean sections varies significantly due to multiple overlapping factors. It is therefore recommended that the trainer assign the complexity on completion of the OSAT with a brief explanation of their reasoning.

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, impacted fetal head, BMI ≥ 40, >2 previous sections, multiple previous laparoscopic surgeries

Examples of 'complex': preterm less than 28 weeks/grade 4 placenta praevia and fibroids in lower uterine segment, BMI >50, >3 previous section, previous midline laparotomy/complex abdominal surgery e.g. renal transplant, bowel resection, multiple risk factors, managing complications e.g. broad ligament tear/uterine rupture