Gynaecological Oncology training matrix (COVID-19) – 3-year subspecialty training programme for pre-CCT SSTs on pre-2019 core curriculum

This matrix is meant as an aide to subspecialty trainees in GO, 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 GO-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 been 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 their subspecialty assessment. They are expected to achieve the targets set out in the GO specific matrix, but clearly will not need to consider the general matrix because these targets must have been met to be awarded a CCT.

Assessment Domain	First SST assessment	Second Year Assessment	Third Year Assessment
GO CiP Curriculum Progression	The ePortfolio should show engagement with the curriculum and GO CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support GO CiP sign off. Complete palliative care GO CiP and have timetable for completion of other GO CiPs. (rough guide: achieved a third of entrustability levels for GO, i.e. 28/85)	Progression should be commensurate with the time the trainee has left in training. (rough guide: achieved two thirds of entrustability levels for GO, i.e. 56/85)	Progression should be commensurate with the time the trainee has left in training. All GO CiPs must be signed off by the end of training.
Formative OSATs	• Groin lymphadenectomy • Laparoscopic pelvic lymph node dissection • Open pelvic lymph node disection	• Small bowel resection and anastomosis • Large bowel resection with formation of colostomy	• Exenteration • Splenectomy

	• Total omentectomy • Vulvectomy • Radical hysterectomy • Open para-aortic lymph node disection	• Diaphragmatic peritoneal stripping +/- resection	
Summative OSATs (at least one OSAT confirming competence should be supervised by a consultant)	There should be at least three summative OSATs confirming competence by more than one assessor: • Laparoscopic hysterectomy (TLH)	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor: • Groin lymphadenectomy • Laparoscopic pelvic lymph node disection • Open pelvic lymph node disection • Vulvectomy • Radical Hysterectomy • Total omentectomy	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of training: • Small bowel resection and anastomosis • Large bowel resection with formation of colostomy • Diaphragmatic peritoneal stripping +/- resection
NOTSS	At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty	At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty	At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty
Mini-CEX	From next rotation (August 2022), eight mini-CEX will be required per year distributed through the period of training and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.	From next rotation (August 2022), eight mini-CEX will be required per year distributed through the period of training and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.	From next rotation (August 2022), eight mini-CEX will be required per year distributed through the period of training and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.

CbDs	From next rotation (August 2022), eight CbDs will be required per year and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.	From next rotation (August 2022), eight CbDs will be required per year and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.	From next rotation (August 2022), eight CbDs will be required per year and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery. For assessments pre-August 2022, six will suffice unless significant concerns are raised and to include one relevant to communication skills and breaking bad news and two in counselling for fertility sparing surgery.
Reflections	From next rotation (August 2022), eight reflections will be required. For assessments pre-August 2022, six will suffice unless significant concerns are raised.	From next rotation (August 2022), eight reflections will be required. For assessments pre-August 2022, six will suffice unless significant concerns are raised.	From next rotation (August 2022), eight reflections will be required. For assessments pre-August 2022, six will suffice unless significant concerns are raised.
Required courses / required objectives [c]	Attend CrISP course in first year Relevant scientific meeting (BGCS/ESGO, etc.) per year Advanced communication skills course	Gestational trophoblastic course Relevant scientific meeting (BGCS/ESGO, etc.) per year	Anastomosis course Accreditation with BSCCP Relevant scientific meeting (BGCS/ESGO, etc.) per year Evidence of attendance at a leadership/management course
	The above competencies may be achieved by attending recommended courses or by demonstrating to the subspecialty assessment panel that content and learning outcomes have been achieved using alternative evidence. For mandated courses with practical skills, see guidance on alternative evidence here.		
Team observation (TO) forms	From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required. For assessments pre-August 2022, 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 assessments pre-August 2022, 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 assessments pre-August 2022, one will suffice unless significant concerns are raised.

Surgical logbook	Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.	Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.	Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.
Clinical governance (patient safety, audit, risk management and quality improvement)	Have commenced a GO relevant audit and/or service development project. Evidence of attendance at morbidity and mortality meetings.	Completion of GO relevant audit and/or service development project. Evidence at attendance at risk meeting or involvement in RCA at least once during training. Evidence of attendance at morbidity and mortality meetings.	Completion of GO relevant audit and/or service development project. Evidence at attendance at risk meeting or involvement in RCA at least once during training. Evidence of attendance at morbidity and mortality meetings. Author of local guideline or update of existing guideline at least once during training.
Teaching	Evidence of GO related teaching, with feedback.	Evidence of GO related teaching, with feedback.	Evidence of GO related teaching, with feedback.
Research	If not research exempt, have plan for satisfying criteria. Ensure up to date with GCP training.	Ensure CV is competitive for consultant interviews.	If not research exempt, have two publications as first author in GO subject or evidence of completion of APM in clinical research.
Leadership and management [c]	Evidence of department responsibility and working with consultants to organise (e.g. "office work") including organising lists and dealing with correspondence.	Evidence of department responsibility and working with consultants to organise (e.g. "office work") including organising lists and dealing with correspondence.	Evidence of department responsibility and working with consultants to organise (e.g. "office work") including organising lists and dealing with correspondence. Evidence of attendance at a leadership/ management course.
Presentations and publications	As per annual review discussion. Ensure CV is competitive for consultant interviews and upload to ePortfolio under 'Other Evidence'	As per previous annual review discussion. Ensure CV is competitive for consultant interviews and upload to ePortfolio under 'Other Evidence'	As per previous annual review discussion. Ensure CV is competitive for consultant interviews and upload to ePortfolio under 'Other Evidence'

[c] All courses are no longer derogated and 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.

Further guidance on evidence required for GO CiPs in the GO SST Curriculum

The GO Curriculum Guide developed is available for trainers and trainees to give information about what would be appropriate evidence during GO SST: GO Curriculum Guide.

Rules for GO CiPs:

1. There must be some evidence linked to each GO CiP in each training year to show development in the GO CiP and for the generic competencies and skills for the following areas relevant to GO SST: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.
2. At the end of SST the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical GO CiPs. The generic competencies as outlined in the GO matrix must be completed to a level appropriate for a senior trainee.