Royal College of Obstetricians & Gynaecologists

# Matrix of progression 2025-2026

## Curriculum 2024

**April 2024 – V1.0**

| | Stage One | | Stage Two | | | Stage Three | |
|---|---|---|---|---|---|---|---|
| | **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<br>MRCOG Part 3 | | |
| At least 3 summative OSATS *(unless otherwise specified)* confirming competence by more than one assessor.<br><br>At least one OSATS confirming competence should be supervised by a consultant<br><br>(can be achieved prior to the specified year) | Cervical smear | caesarean section (basic) Ω<br><br>Non-rotational assisted vaginal delivery (ventouse)<br><br>Non-rotational assisted vaginal delivery (forceps)<br><br>Perineal repair<br><br>Surgical management of miscarriage/surgical termination of pregnancy <16 weeks<br><br>Insertion / removal of IUS or IUCD<br><br>Endometrial biopsy | Manual removal of the placenta<br><br>Transabdominal ultrasound of early pregnancy<br><br>Transabdominal ultrasound of late pregnancy | Hysteroscopy<br><br>Diagnostic laparoscopy<br><br>3rd degree perineal repair<br><br>Vulval biopsy | Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling)<br><br>Caesarean section (intermediate) Ω<br><br>Rotational assisted vaginal delivery (any method)<br><br>SITM specific<br><br>Subspecialty training specific (if applicable) | SITM specific<br><br>Subspecialty training specific | Caesarean section (complex) Ω<br><br>Laparoscopic management of ectopic pregnancy<br><br>Ovarian cystectomy (open or laparoscopic)<br><br>Surgical management of PPH¥<br><br>Surgical evacuation of uterus > 16 weeks (Obstetrics†)<br><br>SITM specific<br><br>Subspecialty training specific |
| Formative OSATS | Optional but encouraged | | | | | | |
| Mini-CEX | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



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<table>
<tr><td>CBD</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Reflective practice</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>NOTSS</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Training and Evaluation Form (TEF)</td><td colspan="7">TEF completed annually</td></tr>
<tr><td>Team Observation Forms (TO1 &TO2)</td><td colspan="7">Two separate TO1's and TO2's required annually.</td></tr>
<tr><td rowspan="2">Recommended courses / required objectives</td><td>Basic Practical Skills in Obstetrics and Gynaecology<br><br>CTG training (usually eLearning package) and other local mandatory training<br><br>Obstetric simulation course (e.g. PROMPT/ ALSO/other)</td><td>Basic ultrasound<br><br>3rd degree tear course<br><br>Specific courses required as per curriculum to be able to complete basic competencies<br><br>Resilience course e.g. STEP-UP</td><td>Obstetric simulation course – ROBUST or equivalent</td><td></td><td>SITM course</td><td>SITM course<br><br>Leadership and Management course</td><td>SITM course<br><br>Leadership and Management course</td></tr>
<tr><td colspan="3">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.</td><td></td><td colspan="3">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.</td></tr>
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† 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



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**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 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 (Stage One: ST1-2, Stage Two: ST3-5, Stage Three: 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.



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## Expected progress for clinical CiPs

| | Stage one | | | Stage two | | | | Stage three | | 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** | |



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Find out more at

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