



Royal College of
Obstetricians &
Gynaecologists

Training matrix

Annual expectation of educational progression
ST1 to ST7 in O&G for 2016-17

These standards represent the minimum required. Trainees are encouraged to exceed these requirements.

Please read related [ARCP Outcomes guidance](#) on the website

	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Curriculum progression (as evidenced in the log book on the ePortfolio)	Progress with signing off basic competencies	Completion of basic competencies	Progress with signing off intermediate competencies Completion of basic ultrasound modules for trainees starting as ST1 from August 2013	Progress with signing off intermediate competencies such that completion by end of ST5 is expected	Completion of intermediate competencies Completion of basic ultrasound modules for trainees starting as ST1 before August 2013 ± Additional competency development as determined by programme director	Progress with signing off advanced competencies Adequate progression of subspecialist training or special skills for ATSM(s) – progress in both is expected by end of ST6 such that at 2 ATSMs will be complete by end of ST7)	Completion of advanced competencies Completion of at least 2 ATSMs or subspecialist training
Clinical skills	1st on call ^a	Initially 1st on call ^a Develop competencies in readiness to be 2nd on call by end of ST2 ^a	2nd on call ^a	2nd on call ^a	2nd on call ^a	Usually 2nd on call. May have opportunities to be resident 3rd on call in some units	Usually 2nd on call. May have opportunities to be resident 3rd on call in some units
Examination		Part 1 MRCOG			Part 2 MRCOG Part 3 MRCOG from September 2016 onwards		



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Formative OSATS (SLE) showing evidence of training since last ARCP	<p>Fetal blood sampling</p> <p>Manual removal of placenta</p> <p>Uncomplicated caesarean section</p> <p>Non-rotational assisted vaginal delivery (ventouse)</p> <p>Non-rotational assisted vaginal delivery (forceps)</p> <p>Surgical management of miscarriage</p>	<p>Hysteroscopy</p> <p>Laparoscopy</p> <p>Basic ultrasound scanning with relevant OSATs for trainees starting as ST1 from August 2013 onwards</p>	<p>Hysteroscopy</p> <p>Laparoscopy</p> <p>Operative laparoscopy (e.g. laparoscopic sterilisation/ simple adnexal surgery)</p>	<p>Operative laparoscopy (laparoscopic sterilisation/ simple adnexal surgery)</p>	<p>Operative laparoscopy (e.g. simple adnexal surgery/ectopic pregnancy)</p>	<p>ATSM/subspecialty training specific</p> <p>Operative laparoscopy – ectopic pregnancy surgery</p>	
At least 3 summative OSATS confirming competence by more than one assessor^b (can be achieved prior to the specified year)	<p>Perineal repair</p> <p>Opening and closing abdomen (at LSCS)</p>	<p>Caesarean section (basic)</p> <p>Non-rotational assisted vaginal delivery (ventouse)</p> <p>Non-rotational assisted vaginal delivery (forceps)</p> <p>Fetal blood sampling</p> <p>Surgical management of miscarriage</p> <p>Manual removal of placenta</p>	<p>Basic ultrasound modules with relevant summative OSATs for trainees starting as ST1 from August 2013 onwards</p>	<p>Hysteroscopy</p> <p>Laparoscopy</p> <p>Opening and closure of abdomen (gynaecology case)</p>	<p>Operative laparoscopy (e.g. laparoscopic sterilisation/simple adnexal surgery)</p> <p>Intermediate caesarean section</p> <p>Perineal repair (3rd degree tear)</p> <p>Rotational assisted vaginal delivery (any method)</p> <p>Basic ultrasound modules with relevant summative OSATs for trainees starting as ST1 before August 2013</p>	<p>ATSM/subspecialty training specific</p> <p>Complex caesarean section</p> <p>Operative laparoscopy (e.g. ectopic pregnancy surgery)</p>	



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Evidence of at least one consultant* observed summative OSAT for each item confirming continuing competency since last ARCP		Perineal repair	Caesarean section	Caesarean section	Operative vaginal delivery	Caesarean section	Operative vaginal delivery
			Operative vaginal delivery	Operative vaginal delivery	Laparoscopy	Operative vaginal delivery	Laparoscopy
			Surgical management of miscarriage	Basic ultrasound: ^e 1. examination of 8–12-week pregnancy 2. examination of fetal measurement, lie and presentation 3. assessment of liquor 4. placental assessment	Hysteroscopy	Laparoscopy	For subspecialist trainees to confirm competency in areas specific to subspecialist training
					Basic ultrasound as per ST4 ^e	For subspecialist trainees to confirm competency in areas specific to subspecialist training	For subspecialist trainees to confirm competency in areas specific to subspecialist training
Mini-CEX^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c
CbDs^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c	8 ^c
Reflective practice^d	8 ^d	8 ^d	8 ^d	8 ^d	8 ^d	8 ^d	8 ^d
Simulation Training	1 formative OSAT - basic laparoscopy skills ^f						
Regional teaching	Attendance at regional teaching programme as per regional guidelines	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Obligatory courses	<p>Basic Practical Skills in Obstetrics and Gynaecology</p> <p>CTG training (usually eLearning package) and other local mandatory training</p> <p>Obstetric simulation course (e.g. PROMPT/ALSO/other)</p>	<p>Basic ultrasound</p> <p>3rd degree tear course</p> <p>Specific courses required as per curriculum to be able to complete basic competencies</p> <p>Resilience course e.g. STEP-UP for those starting ST1 from August 2016 onwards</p>	<p>Obstetric simulation course – ROBUST or equivalent for trainees entering ST1 from August 2015 onwards</p>		<p>Specific courses required as per curriculum to be able to complete intermediate competencies</p>	<p>ATSM course</p> <p>Leadership and Management course</p>	<p>ATSM course</p> <p>Leadership and Management course</p>
Team observation (TO) forms	<p>TO1s at least twice per year as per RCOG recommendations (www.rcog.org.uk)</p> <p>Summary should not raise significant concerns to ARCP panel</p>	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1
Clinical governance (patient safety, audit, risk management and quality improvement)	<p>1 completed and presented project</p> <p>Evidence of attendance at local risk management meetings</p>	As per ST1	As per ST1	As per ST1	1 completed project (can include supervising more junior doctors)	As per ST5	As per ST5



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Teaching experience	Documented evidence of teaching (e.g. to medical students/ foundation trainees/GPSTs)	As per ST1	As per ST1+organising departmental teaching of medical students/FYs/ GPSTs	As per ST3	Formal specialty teaching by ST5 e.g. as part of regional education programme	As per ST5	Meets the standards required by GMC to become a clinical supervisor
Leadership and management experience		Evidence of departmental responsibility e.g. rota/ departmental meetings	As per ST2 + working with consultants to organise (e.g. "office work") including clinical administration and dealing with correspondence	As per ST3 And including dealing with complaints	As per ST4 + involvement in departmental meeting/forum e.g. labour ward group/risk management review process	As per ST2-5	As per ST6 + completion of a leadership and management course
Presentations and publications (etc)	Departmental presentation	As per previous annual review discussion	As per previous annual review discussion	Presentation outside own local department by ST4 Ensure CV is competitive for ATSM/ subspecialist training interviews	As per previous annual review discussion	As per previous annual review discussion Ensure CV is competitive for consultant interviews	As per ST6
Trainee Evaluation form (TEF)*	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio

*Trainees will work with direct supervision (first on call) until they have the confirmed competencies to work without direct supervision (second on call). OSATS showing evidence of competence are required for LSCS, assisted vaginal delivery (ventouse and forceps), manual removal of placenta, perineal repair, fetal blood sampling, and evacuation of uterus are required to be able to work without direct supervision. At least one OSATS confirming competence should be supervised by a consultant. It is advised that best practice is for the transition from direct to indirect supervision for labour ward skills should occur in the same unit. The RCOG, therefore, recommends that ST2s should usually progress to ST3 in the same unit.

^bAdditional note for clarification – summative OSATS confirming competency can be undertaken by ST6/ST7s for ST1–ST5s; however, more than one assessor must be used. A consultant must undertake at least one of the assessments.

^cThese should be obtained throughout the year, not just in the weeks before ARCP/RITA. The WBAs should reflect a level of complexity expected at that year of training. Trainees should have a mixture of obstetric and gynaecology WBAs and, in the first 5 years of training, there should be four in obstetrics and four in gynaecology. Thereafter, they should reflect the nature of the attachments undertaken.

^dThe number of reflective practice logs that have been revealed to the educational supervisor. Reflective practice logs should include reflection on all serious and untoward incidents and complaints that the trainee has been named in.

^eBasic ultrasound OSATS – at least one summative OSAT demonstrating ongoing competence, completed by a consultant or other accredited trainer, in:

1. Transabdominal ultrasound scan of 8–12-week pregnancy
2. Assessment of fetal size, lie and presentation
3. Assessment of liquor volume
4. Placental assessment

It is acknowledged that not all trainees are being assessed at the end of their training year due to the timing of the ARCPs and changes in an individual's anticipated CCT date for a variety of reasons. Likewise, many trainees have an annual ARCP (calendar years) whilst not undertaking 12 months of full-time training during the time since the last assessment (e.g. LTFT). In this situation, the ARCP panel will judge the progress the trainee has made during the time period pro rata against the standards detailed in the Matrix (which describe the standards to be achieved over a 12-month period).

^fLaparoscopic Simulation - Laparoscopic simulation via OSATS must be completed by the end of ST2. Therefore, from August 2016, **ST2** trainees must undertake an assessment in laparoscopic simulation via OSATS in Module 5 before entering ST3. Trainees entering ST3 from August 2016 must complete an OSATS in laparoscopic simulation (if they have not already done so) before entering ST4

*Non-completion of the TEF alone will NOT generate adverse ARCP outcome.

Please also read related [ARCP Outcomes guidance](#)