

ANNUAL RCOG EDUCATIONAL SUPERVISOR REPORT

All highlighted areas must be completed ONLY by the Educational Supervisor

Date of meeting:

Trainee name:

NTN:

Educational Supervisor:

Current date to obtain CCT:

Version of RCOG curriculum currently following: pre 2007/2007-2013/2013

Full time / Less than full time (%)

Current training year:

Date when due to enter next training year:

This educational supervisors report covers all the training undertaken since the last ARCP (or from the commencement of O & G training)

Date of last ARCP or training start date:

Date passed/or plan to take:

Part I MRCOG:

Part II MRCOG:

Outcome of last ARCP:

1/2/3//5//7/8

If previous outcome 2 or 3 list targets to complete:

Details of all training posts/attachments covered by this report (include all dates of OOP, maternity and prolonged sick leave dates).

Dates	Location	Post	Full time months towards CCT	Note
TOTAL =	Months	Record months training counting towards CCT (full time equivalent)		Months

Have all absences been recorded in the E portfolio (if applicable?) Yes/No

Total number of days off sick:

Total number of sickness episodes:

	Progress since last ARCP (refer to the relevant version of the training matrix) Trainee to complete this column prior to appraisal	Matrix for ST..... requirements (ES to complete)	Educational Supervisor to complete Specify which educational goals have not been met or any which have been exceeded.
Clinical skills and logbook/ATSM completion		Yes / No	
Ultrasound progress		Yes/No	
Examination passes or attempts		Yes / No	

LOGBOOK – please enter date when module signed off

No.	Module	Date			
		Basic	Intermediate	Advanced	Completion of module
1	Basic Clinical Skills				
2	Teaching Appraisal and Assessment				
3	Information Technology, Clinical Governance and Research				
4	Ethic and Legal Issues				
5	Core Surgical Skills				
6	Postoperative Care				
7	Surgical Procedures				
8	Antenatal Care				
9	Maternal Medicine				
10	Management of Labour				
11	Management of Delivery				
12	Postpartum Problems (The Puerperium)				
13	Gynaecological Problems				

No.	Module	Date			
		Basic	Intermediate	Advanced	Completion of module
14	Subfertility				
15	Women's Sexual and Reproductive Health				
16	Early Pregnancy Care				
17	Gynaecological Oncology				
18	Urogynaecology and Pelvic Floor Problems				
19	Professional Development				
Comments					
Progress with ATSMs					
ATSM	Date started	Date completed	Satisfactory Progress(ES to complete)	Comments from ES	

1. <u>ULTRASOUND MODULES</u> - please complete as appropriate				
Ultrasound module	Module commenced? (Y/N)	Date commenced	Module progressing appropriately? (Y/N) (ES to complete)	Date completed
Basic modules - (for all trainees)				
Basic early pregnancy ultrasound (8-12 weeks)				
Basic ultrasound assessment of fetal size, liquor and the placenta-				
Intermediate modules - (undertaken selectively dependent on ATSM and career intentions)				
Intermediate ultrasound of normal fetal anatomy				
Intermediate Ultrasound in gynaecology				
Intermediate ultrasound of early pregnancy complications				

OSATS – see RCOG training matrix to understand which are required.

OSATS	Total OSATS this year		OSATS confirming competence completed this year		OSATS confirming continuing competence at appropriate level since last ARCP	
	Number	Comments	Number	Comments	Number	Comments
Perineal repair						
Opening and closing abdomen						
Fetal blood sampling						

Ventouse						
Forceps						
Manual removal of placenta						
Uncomplicated LSCS						
ERPOC						
Hysteroscopy						
Diagnostic laparoscopy						
Complex LSCS						
Rotational operative delivery						
Operative laparoscopy						
Ultrasound specific						

		Matrix requirements complete?	
Mini CEX (Include dates)	Number gynaecology mini CEX:- Number obstetrics mini CEX:-	Yes / No	Confirm appropriate timing and quality
CBDs (include dates)	Number gynaecology CbD:- Number obstetrics CbD:-	Yes / No	Confirm appropriate timing and quality
Reflective practice	Number Gynaecology Number Obstetrics	Yes / No	Comments

Attendance at regional teaching	Total sessions attended % attendance	Yes / No	
Courses attended	List with dates:	Yes / No	
Team observation form TO2:			Comments from ES
Clinical governance (Patient Safety/ audit / risk management) List quality improvement projects (e.g. audits) including title, Co workers, your role, results, date of presentation, outcome List local risk management meetings attended		Yes / No	

Teaching experience (List teaching given indicating if formal or informal and audience. Include formal training undertaken)		Yes / No	
Leadership and Management List experience		Yes / No	
Presentations, Posters, Publications etc (include research involvement in progress)		Yes / No	

What ST6/7 ATSM modules / Subspecialist training are you considering?	Summary of ES career advice
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Summary of Revalidation Enhanced Form R for Doctors in Training.

Have you recorded on Form R involvement in any Serious Event Investigations? Yes/No
Have you recorded on Form R involvement in any complaints? Yes /No

Have you recorded on Form R any compliments? Yes /No
Have you recorded on Form R involvement in any Probity issues? Yes/No
Please advise of any pastoral issues that you wish the ARCP panel to take into consideration:

Details of concerns/investigations:
Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? Yes/No
If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct? Yes/No
Comments, if any:

If there is NO disagreement between the trainee and the assessor about the trainee's progress, please sign below

Signature of Educational Supervisor: _____

Print Name: _____

Date: _____

Signature of trainee: _____

Date: _____

If there IS disagreement between the assessor and the trainee about the problem areas or lack of progress, this section should be completed and the documentation from the interview be passed to the TPD or Chairperson of the Deanery Training Committee/Head of School. Both assessor and trainee should sign to indicate the disagreement.

I do not agree that I have problems in the areas identified.

Areas:

Signature of trainee: _____

Date: _____

I have studied the documentation attached and believe that the problems have been accurately identified.

Signature of educational supervisor: _____

Date: _____