

**RCOG MTI TRAINING MATRIX (date of last review: May 2021)**

	<b>Within 3 months of commencing post</b>	<b>At 6 months of commencing post</b>	<b>At 12 months</b>	<b>At 24 months</b>
<b>Demonstrate competence in :</b>	<p><b><u>History and Examination :</u></b> Taking appropriate history in both Obstetrics and Gynaecology</p> <p>Accurate documentation</p> <p>Safe prescribing</p> <p>Venepuncture including taking samples for blood culture</p> <p>Obtaining intravenous access</p> <p>Vaginal examination with appropriate chaperone.</p> <p><b><u>Communication :</u></b> Explaining results of investigations, e.g. Ultrasound scan finding of a non-viable pregnancy</p> <p>Explaining procedures e.g. options for management of missed miscarriage and retained products of conception</p> <p>Obtaining consent for operative procedures e.g. Caesarean section, operative vaginal delivery, MROP, evacuation of retained products of conception.</p>	<p><b><u>History and Examination :</u></b> Should be able to contribute effectively in general obstetric and gynaecology clinics with senior support</p> <p><b><u>Communication:</u></b> Obtaining consent for operative procedures e.g. Caesarean section, instrumental deliveries, MROP, ERPoC.</p> <p>Explaining procedures e.g. FBS, options for management of missed miscarriage and RPOC.</p>	<p><b><u>History and Examination:</u></b> Should be able to contribute effectively in sub-specialty obstetric and gynaecology clinics (such as Mat Med, Pelvic Pain, Urogynaecology) with senior support</p> <p><b><u>Communication :</u></b> Obtaining consent for rotational instrumental deliveries. Explaining procedures e.g. PM / Cytology for Stillbirth / IUFD</p>	<p><b><u>History and Examination:</u></b> Should be able to contribute effectively towards antenatal and gynaecology clinics with minimal senior support.</p>
<b>Formative OSATS</b>		Fetal blood sampling (subject to trust policy), MROP, Instrumental, ERPoC, Basic USS in Obstetrics	Diagnostic Hysteroscopy, Diagnostic Laparoscopy, Repair of OASI, Intermediate C-sections (including full dilated, Cat 1/2 for obstructed labour)	Rotational Instrumental (subject to trust policy), Simple operative Laparoscopy (for stable ectopic pregnancies, sterilisation), Complex C-sections (multiple pregnancies with non-cephalic presentation, failed instrumental, preterm 28-34 weeks)
<b>Summative OSATS</b>		Perineal suturing, Basic C-sections, Medical Management of Miscarriage	Non-rotational Instrumental delivery, FBS (subjective to trust policy), MROP, ERPoC, SMM, Basic USS in obstetrics	Repair of OASI, Intermediate C-sections, Diagnostic hysteroscopy, Diagnostic laparoscopy
<b>CbDs</b>	Minimum of 2 each in Obstetrics and Gynaecology	Minimum of 2 each in Obstetrics and Gynaecology	Minimum of 4 each in Obstetrics and Gynaecology	Minimum of 4 each in Obstetrics and Gynaecology

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<b>Mini-CEXs</b>	2 each in Obstetrics and Gynaecology	2 each in Obstetrics and Gynaecology	4 each in Obstetrics and Gynaecology	4 each in Obstetrics and Gynaecology
<b>Reflections</b>	2	2	4	8
<b>NOTTS</b>	1 Obstetrics 1 Gynaecology	1 Obstetrics 1 Gynaecology	1 Obstetrics 1 Gynaecology	1 Obstetrics 1 Gynaecology
<b>TO2</b>		At least 10 TO1s	At least 10 TO1s	At least 10 TO1s
<b>Participation in teaching sessions / meetings</b>	Trust mandatory induction programme	Attendance at Obstetric skills/drills course.  Completed local / departmental CTG interpretation training  Trust mandatory learning programme  Attendance at departmental meetings e.g. audit, perinatal morbidity/mortality  Adult resuscitation training if not up to date.	Accrued evidence of attendance at deanery teaching – for ST3-ST5 level  Accrued evidence of attendance at regional teaching – for ST1-ST2 level  Started an audit project – could be working jointly on a project  Presented at local departmental teaching for post-grads  Attendance at departmental meetings e.g., audit, perinatal morbidity/mortality  Attendance at a MRCOG Part 2 course if registered for examination  Attempted MRCOG Part 2 examination if appropriate	Presented at least twice at local departmental teaching sessions for post-grads  Completed and presented at least 1 audit project  Attendance at departmental meetings e.g. audit, perinatal morbidity/mortality  Accrued evidence of attendance at deanery teaching – for ST3-ST5 level  Attendance at MRCOG part 3 course if registered for examination  Attempted MRCOG part 3 examination if appropriate
<b>Courses and Events</b>			BPS, Physiological CTG interpretation, ROBuST, PROMPT / Trust mandatory obstetrics skills-drills course	Course on repair of 3 <sup>rd</sup> and 4 <sup>th</sup> degree perineal repair, Basic USS course. Aim to attend and present at RCOG World Congress / NTC / Regional or National conference.
<b>Appraisal and ES meetings</b>	Induction meeting with ES / College tutor / MTI officer at Trust	At least 2 meetings with ES and/or CT to assess progression.	At least 4 meetings with ES and 2 meetings with CT.  RCOG Annual supervisor report (tailor individually to MTI training matrix) to be completed	At least 4 meetings with ES and 2 meetings with CT.  Annual ES report / MTI exception report to be completed
<b>College Review</b>		If unsatisfactory progress and ES and/or College Tutor have concerns – to contact RCOG MTI officer to discuss	TO2/ES'S report. Review prior to 12 months for individuals who are not progressing. ES / CT to contact RCOG MTI officer	TO2/ ES's report. End of MTI certificate issued upon completion of 24 months of MTI training.