Reproductive Medicine training matrix (COVID-19) for pre-CCT SSTs on the pre-2019 core curriculum

This matrix is meant as an aide to subspecialty trainees in RM, 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 RM-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 be 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 RM-specific matrix, but clearly will not need to consider the general matrix because these targets must have been met to be awarded a CCT.

	First or interim year of SST (progress expected after completion of 12 months of whole time equivalent clinical subspecialty training)	**Final year of SST (progress expected after completion of 24 months of whole time equivalent clinical subspecialty training)**
RM CiP curriculum progression	The ePortfolio should show engagement with the curriculum and RM CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support RM CiP sign off. Satisfactory completion of RM CiPs that were planned to be completed in the first or interim year of this SST programme (rough guide: achieved 50% of entrustability levels for RM, i.e. 14/25)	Progression should be commensurate with the time the trainee has left in training. Completion of all RM CiPs at the end of training.
Formative OSATS	In at least six core procedures Core procedures: • Diagnostic hysteroscopy • Diagnostic laparoscopy • Hysteroscopic surgery • Laparoscopic adhesiolysis	In each of the core procedures should have been completed in the course of training.

	• Laparoscopic treatment of endometriosis • Laparoscopic ovarian cystectomy • Laparoscopic salpingectomy • Laparoscopic salpingostomy • Myomectomy	
Summative OSATS (at least one OSAT confirming competence should be supervised by a consultant)	There should be at least three summative OSATs in at least three procedures confirming competence by more than one assessor. Core procedures: • Diagnostic hysteroscopy • Diagnostic laparoscopy • Hysteroscopic surgery • Laparoscopic adhesiolysis • Laparoscopic treatment of endometriosis • Laparoscopic ovarian cystectomy • Laparoscopic salpingectomy • Laparoscopic salpingostomy • Myomectomy	There should be at least three summative OSATs in each core procedure confirming competence by more than one assessor by the end of training.
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.
Mini-CEX	From next rotation (August 2022), eight mini-CEX will be required per year to include at least one relevant to each module distributed through the period of training. For assessments pre-August 2022, six will suffice unless significant concerns are raised.	From next rotation (August 2022), eight mini-CEX will be required per year to include at least one relevant to each module distributed through the period of training. For assessments pre-August 2022, six will suffice unless significant concerns are raised.
CbDs	From next rotation (August 2022), eight CbDs will be required per year to include at least one relevant to each module distributed through the period of training.	From next rotation (August 2022), eight CbDs will be required per year to include at least one relevant to each module distributed through the period of training.

	For assessments pre-August 2022, six will suffice unless significant concerns are raised.	For assessments pre-August 2022, six will suffice unless significant concerns are raised.
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.
Log of procedures	Documentation of a wide range of procedures and skills.	Continued record of procedures and skill development.
Required courses / required objectives [c]	Attendance at a minimum of one relevant subspecialist training related course or meeting.	Attendance at a minimum of one relevant subspecialist training related course or meeting. 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.	
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.
Clinical governance (patient safety, audit, risk management and quality improvement)	One completed project (can include supervising junior doctors).	One completed project (can include supervising junior doctors).
HFEA governance	Evidence of understanding of HFEA Code of Practice and HFE Act.	Evidence of preparing for/attending HFEA inspection, HFEA incident reporting or investigation.
Research and development	If not research exempt, evidence of research activity. Ensure up to date with GCP training.	If not research exempt, evidence of research activity as per requirement for SST. If research exempt, evidence of involvement in service development.
Presentations and publications	As per annual review discussion. Ensure that CV is competitive for consultant interview and uploaded to the ePortfolio under ‘Other Evidence’ section.	As per annual review discussion. Ensure that CV is competitive for consultant interview and uploaded to the ePortfolio under ‘Other Evidence’ section.
Teaching experience	Evidence of teaching activity relating to Reproductive Medicine.	Evidence of teaching activity relating to Reproductive Medicine.

Leadership and management experience [c]	Evidence of administrative responsibility	Evidence of management experience, including dealing with complaints, incident investigation, development of local guidelines and protocols and audit. Evidence of attendance at a leadership/management course.

[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 RM CiPs in the RM SST Curriculum

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

Rules for RM CiPs:

1. There must be some evidence linked to each RM CiP in each training year to show development in the RM CiP and for the generic competencies and skills for the following areas relevant to RM 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 RM CiPs. The generic competencies as outlined in the RM matrix must be completed to a level appropriate for a senior trainee.