

Urogynaecology training matrix (COVID-19) for pre-CCT SSTs on pre-2019 core curriculum

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

Assessment Domain	First SST assessment (progress expected after completion of 12 months of whole time equivalent of clinical subspecialty training)	Second and subsequent assessments (progress expected after completion of 24 months of whole time equivalent of clinical subspecialty training)
UG CiP Curriculum Progression	<p>The ePortfolio should show engagement with the curriculum and UG CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support UG CiP sign off.</p> <p>Ensure urodynamic accreditation is achieved. Have timetable for completion of other UG CiPs. Satisfactory completion of UG CiPs that were planned to be completed in the first year of the SST programme.</p> <p>(rough guide: achieved 50% of entrustability levels for UG, i.e. 10/20)</p>	<p>Progression should be commensurate with the time the trainee has left in training. UG CiP progress appropriate to second and subsequent year of subspecialty training. Satisfactory completion of UG CiPs that were planned to be completed at this stage of training.</p> <p>All UG CiPs must be signed off by the end of training.</p>
Formative OSATs	<ul style="list-style-type: none"> • Surgical urogynaecology procedures: <ul style="list-style-type: none"> ○ Vaginal hysterectomy ○ Anterior repair 	Continued evidence of progression in competence

RCOG Subspecialty training - UG Educational Progress Matrix (2022)

	<ul style="list-style-type: none"> ○ Posterior repair ○ Sacrospinous fixation ○ Sacrocolpopexy ○ Laparoscopic sacrocolpopexy ○ At least two first-line stress urinary incontinence procedures in line with NICE guidance and as relevant to local services, e.g. colposuspension (open or laparoscopic), autologous fascial sling ○ Cystoscopy ○ BNI ○ Intravesical BOTOX ● Non-Surgical Skills: <ul style="list-style-type: none"> ○ Urodynamics 	
<p>Summative OSATs (at least one OSAT confirming competence should be supervised by a consultant)</p>		<p>Competency in all major procedures confirmed by at least three summative OSATs by more than one assessor by the end of training for each by the end of training.</p>
<p>NOTSS</p>	<p>At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty.</p>	<p>At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty.</p>
<p>Mini-CEX</p>	<p>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.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>	<p>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.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>

RCOG Subspecialty training - UG Educational Progress Matrix (2022)

CbDs	<p>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.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>	<p>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.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>
Reflections	<p>From next rotation (August 2022), eight reflections will be required.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>	<p>From next rotation (August 2022), eight reflections will be required.</p> <p>For assessments pre-August 2022, six will suffice unless significant concerns are raised.</p>
Required courses / required objectives ^c	<p>Attend urodynamics course if not previously attended. Evidence of attendance at relevant subspecialist training related courses or meeting.</p>	<p>By the completion of training, it is expected that all trainees will have attended courses recommended in curriculum including the Annual scientific update and Surgical Masterclass at least once during their training.</p> <p>Evidence of attendance at a leadership/management course.</p>
<p>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.</p>		
Team observation (TO) forms	<p>From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required.</p> <p>For assessments pre-August 2022, one will suffice unless significant concerns are raised.</p>	<p>From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required.</p> <p>For assessments pre-August 2022, one will suffice unless significant concerns are raised.</p>
Surgical logbook	<p>Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.</p>	<p>Continuous logbook documenting procedures done as lead surgeon (for whole or part of procedure) or as assistant and to be uploaded on the 'Other Evidence' section on the ePortfolio.</p>
Clinical governance (patient safety, audit, risk management and quality improvement)	<p>Have commenced a urogynaecology relevant audit and/or service development project.</p> <p>Evidence of attendance at multidisciplinary team meetings on a regular basis.</p>	<p>Completion of an urogynaecology relevant audit and/or service development project.</p> <p>AND</p>

RCOG Subspecialty training - UG Educational Progress Matrix (2022)

		Author of local guideline or update of existing guideline at least once during training. AND Continued evidence of attendance at multidisciplinary team meetings on a regular basis.
Teaching	Evidence of urogynaecology related teaching with feedback	Evidence of urogynaecology related teaching with feedback.
Research	If not research exempt, have plan for satisfying criteria in accordance with RCOG research criteria. Ensure up to date with GCP training.	Have satisfied criteria in accordance with RCOG research criteria. Continuing involvement with research
Leadership and management experience ^c	Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence.	Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence. Evidence of attendance at a leadership/management course.
Presentations and publications	As per annual review discussion Ensure CV is competitive for consultant interviews and upload to 'Other Evidence section' in the ePortfolio.	As per previous annual review discussion. Ensure CV is competitive for consultant interviews and upload to 'Other Evidence section' in the ePortfolio.

^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 UG CiPs in the UG SST Curriculum

The UG Curriculum Guide developed is available for trainers and trainees to give information about what would be appropriate evidence during UG SST: [UG Curriculum Guide](#).

Rules for UG CiPs:

1. There must be some evidence linked to each UG CiP in each training year to show development in the UG CiP and for the generic competencies and skills for the following areas relevant to UG SST: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.

RCOG Subspecialty training - UG Educational Progress Matrix (2022)

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 UG CiPs. The generic competencies as outlined in the UG matrix must be completed to a level appropriate for a senior trainee.