Royal College of Obstetricians & Gynaecologists

Matrix of progression 2023-2024

Curriculum 2019

Reproductive Medicine Subspecialty Training Programme

June 2024

Reproductive Medicine training matrix

This matrix is meant as an aide to subspecialty trainees in Reproductive Medicine (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 subspecialty 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 been considered and assessed. It will be possible therefore to achieve a satisfactory Subspecialty assessment, but nevertheless receive a suboptimal outcome from the general ARCP.

The date of subspecialty assessments is dictated by the planned ARCP date of the trainee. Some subspecialty trainees will have completed only five to six months of subspecialty training at the time of their first assessment. In view of this, the targets required for the first assessment are not 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, or who are overseas trainees, will only undergo subspecialty assessments, and will not have general ARCPs following the 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, or will be considered in the training structures and general curricula of their home country.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	**Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty**
Reproductive Medicine 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	Optional but encouraged.	Optional but encouraged.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	**Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty**
Summative OSATS At least one OSATS 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.
Mini-CEX	✓	✓

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CBD	✓	✓
Reflective practice	✓	✓
NOTSS	✓	✓
Log of procedures	Documentation of a wide range of procedures and skills.	Continued record of procedures and skill development.
Required courses / required objectives	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.	
Generic areas of Reproductive Medicine		
Team observation (TO) forms	Two separate sets of TO1's and TO2's.	Two separate sets of TO1's and TO2's.

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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. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.	As per annual review discussion. Ensure that CV is competitive for consultant interview. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty
Leadership and management experience a	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.
Teaching experience	Evidence of teaching activity relating to Reproductive Medicine.	Evidence of teaching activity relating to Reproductive Medicine.

Further guidance on evidence required for CiPs in the Reproductive Medicine Curriculum

The philosophy of the 2019 RM SST curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace based assessments (WBAs) and the tick box approach. The training matrix above demonstrates this.

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

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 subspecialty: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.

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2. At the end of subspecialty training 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.

Pre-CCT subspecialty trainee will need to provide sufficient evidence for their Educational Supervisor (ES) to sign off all the generic core CiPs at meeting expectations for 'ST6/7 level' by the time of completion of subspecialty training and general training. The generic evidence collected during subspecialty training to satisfy the subspecialty matrix will contribute significantly to the sign off of the generic core CiPs. It will be up to the trainee and their ES to decide if any additional generic evidence will be needed to sign off the generic core CiPs for the ARCP purposes.

Pre-CCT subspecialty trainee in readiness for their ARCP which will usually follow the subspecialty training assessment a few weeks later, will need to provide evidence for the obstetric core CiPs 10 and 12 to ensure that they will receive a CCT in O&G in addition to subspecialty accreditation at the end of training. Guidance and examples of appropriate experience, suggestions on how this experience can be obtained and what the required evidence might be to allow educational supervisors to sign off progress in these core CiPs is available on the College website under Reproductive Medicine.

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