Royal College of Obstetricians & Gynaecologists

Matrix of progression 2024-2025

Curriculum 2024

Gynaecological Oncology Subspecialty Training Programme

July 2024 – V1.0

Gynaecological Oncology training matrix

This matrix is meant as an aide to subspecialty trainees in Gynaecological Oncology (GO), 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 GO 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 GO 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)
Gynaecological Oncology CiP curriculum progression	The ePortfolio should show engagement with the curriculum and GO CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support GO CiP sign off. Completion of O CIPs 1 - 3 at level 5 and SST GO CiPs 1 - 4 should be at minimum level 2. Satisfactory completion of GO CiPs that were planned to be completed in the first half of the SST programme (appropriate entrustability for 50% of competencies achieved after first half of programme. If not achieved due to nature of training programme this needs to be justified in the SST ESR).	Progression should be commensurate with the time the trainee has left in training. GO CiP progress appropriate to second year of subspecialty training. Satisfactory completion of GO CiPs that were planned to be completed at this stage of training. All GO CiPs must be signed off by 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 (can be achieved prior to the specified year)	Completion of three summative OSATs for the additional procedures required for completion of SITM O: • MIS hysterectomy (laparoscopic or robotic) • Laparoscopic assessment of ovarian cancer +/- biopsy • Infracolic omentectomy (can be replaced by total) • Appendicectomy There should be at least three summative OSATs confirming competence by more than one assessor for: • Total omentectomy • Open pelvic lymphadenectomy • MIS pelvic lymphadenectomy (systematic or sentinel). Evidence of working towards competence in remaining procedures (with formative or summative OSATs for at least four of remaining eight procedures).	There should be at least three summative OSATs confirming competence by more than one assessor for all of: • Radical vulvectomy • Open para-aortic lymph node dissection • Radical hysterectomy • Small bowel resection and anastomosis (including wedge resection) • Large bowel resection and colostomy formation • Diaphragmatic peritoneal resection with liver mobilisation • Sentinel lymph node dissection for vulval cancer • Groin lymph node dissection.
Mini-CEX	✓ including two for fertility sparing management of cancer	✓ including two for fertility sparing management of cancer

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CBD	✓	✓
Reflective practice	✓	✓
NOTSS	✓ including in theatre environment	✓ including in theatre environment
Surgical logbook	RCOG summary logbook and detailed continuous logbook documenting procedures performed as lead surgeon (for whole or part of procedure – specifying which parts of procedure completed by trainee) or as assistant and uploaded on the Other Evidence section on the ePortfolio.	RCOG summary logbook and detailed continuous logbook documenting procedures performed as lead surgeon (for whole or part of procedure – specifying which parts of procedure completed by trainee) or as assistant and uploaded on the Other Evidence section on the ePortfolio.
Recommended courses / recommended objectives	• Care of the Critically Ill Surgical Patient • Relevant scientific meeting (BGCS, ESGO, BSCCP, BIARGS, etc.) • Advanced communication skills course.	• Anastomosis course • Gestational Trophoblastic Disease Course or Webinar • Accreditation with BSCCP • Relevant scientific meeting (BGCS, ESGO, BSCCP, BIARGS, etc.) • Evidence of attendance at a leadership/management course, e.g. SIPM in Leadership and Management (see Leadership and management experience).

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	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 Gynaecological Oncology		
Team observation (TO) forms	Two separate sets of TO1's and TO2's.	Two separate sets of TO1's and TO2's.
Clinical governance (patient safety, audit, risk management and quality improvement)	Commencement of a GO relevant audit and/or service development project. Evidence of attendance at morbidity and mortality meetings.	Completion of a GO relevant audit and/or service development project. Evidence of attendance at morbidity and mortality meetings. Evidence at attendance at risk meeting or involvement in RCA at least once during subspecialty training. Author of local guideline or patient information leaflet, or update of existing guideline, at least once during subspecialty training.
Teaching	Evidence of GO related teaching, with feedback.	Evidence of GO related teaching, with feedback.

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Research	Adequate progress in SST Research CiP Ensure up to date with GCP training.	Progression in SST Research CiP should be commensurate with the time the trainee has left in training. This must be signed off by the end of training. Continuing involvement with research.
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.
Leadership and management experience	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, e.g. SIPM in Leadership and Management (see Recommended courses/recommended objectives).

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Further guidance on evidence required for CiPs in the Gynaecological Oncology Curriculum

The philosophy of the 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 and the training matrix above demonstrates this.

The GO Curriculum Guide gives trainees and trainers information about what would be appropriate evidence during GO subspecialty training.

Rules for GO subspecialty CiPs:

1. There must be some evidence linked to each GO subspecialty CiP in each training year to show development in the GO CiP and for the generic competencies and skills for the following areas relevant to GO subspecialty: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.
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 GO subspecialty CiPs. The generic competencies as outlined in the GO subspecialty matrix must be completed to a level appropriate for a senior trainee.

Pre-CCT subspecialty trainees will need to provide sufficient evidence for their Educational Supervisor (ES) to sign off all the core generic 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 core generic 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 core generic CiPs for the ARCP purposes.

Pre-CCT subspecialty trainees 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 cross specialty guidance for GO, RM and UG document.

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