

Matrix of progression 2023-2024

Curriculum 2019

Urogynaecology Subspecialty Training Programme

June 2024

Urogynaecology training matrix

This matrix is meant as an aide to subspecialty trainees in Urogynaecology (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 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 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, or will be considered in the training structures and general curricula of their home country.

	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)
Urogynaecology 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	Optional but encouraged.	Optional but encouraged.



<p>Summative OSATS</p> <p>At least one OSATS confirming competence should be supervised by a consultant</p>		<p>There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of training:</p> <p>Surgical urogynaecology procedures:</p> <ul style="list-style-type: none">• Vaginal hysterectomy for prolapse• Non-mesh anterior repair• Non-mesh posterior repair• Sacrospinous fixation• Sacrocolpopexy• At least two first-line stress urinary incontinence procedures in line with NICE guidance and as relevant to local services, (i.e. colposuspension (open or laparoscopic), autologous fascial sling, mesh tapes)• Cystoscopy• Bladder neck injections• Intravesical BOTOX <p>Non-surgical skills:</p> <ul style="list-style-type: none">• Urodynamics
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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)
Mini-CEX	✓	✓
CBD	✓	✓
Reflective practice	✓	✓
NOTSS	✓	✓
Surgical logbook	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.	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
Required courses / required objectives	Attend urodynamics course if not previously attended. Evidence of attendance at relevant sub specialist training related courses or meeting.	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. 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.		

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Generic areas of Urogynaecology		
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)	Have commenced a urogynaecology relevant audit and/or service development project. Evidence of attendance at multidisciplinary team meetings on a regular basis.	Completion of a urogynaecology relevant audit and/or service development project and 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.

	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)
Presentations and publications	<p>As per annual review discussion.</p> <p>Ensure CV is competitive for consultant interviews</p> <p>An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.</p>	<p>As per previous annual review discussion.</p> <p>Ensure CV is competitive for consultant interviews</p> <p>An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio</p>
Leadership and management experience a	<p>Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence.</p>	<p>Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence.</p> <p>Evidence of attendance at a leadership/management course</p>

Further guidance on evidence required for CiPs in the Urogynaecology Curriculum

The philosophy of the 2019 UG 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 [UG Curriculum Guide](#) is available for trainers and trainees to give information about what would be appropriate evidence during UG subspecialty training.

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 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 UG CiPs. The generic competencies as outlined in the UG 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 [Urogynaecology](#)

Find out more at
rcog.org.uk

