Matrix of progression 2023-2024

Curriculum 2019

Gynaecological Oncology Subspecialty Training Programme

June 2024

Gynaecological Oncology training matrix for subspecialty trainees on a three-year programme

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.

	First SST assessment	Second year assessment	Third year assessment
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. Complete palliative care GO CiP and have timetable for completion of other GO CiPs (rough guide: achieved a $1/3^{rd}$ of entrustability levels for GO, i.e. 28/85).	Progression should be commensurate with the time the trainee has left in training. All GO CiPs must be signed off by the end of training (rough guide: achieved $2/3^{rd}$ of entrustability levels for GO, i.e. 56/85)	Progression should be commensurate with the time the trainee has left in training. All GO CiPs must be signed off by the end of training.
Formative OSATS	Optional but encouraged.	Optional but encouraged.	

	First SST assessment	Second year assessment	Third year assessment
Summative OSATS At least one OSATS confirming competence should be supervised by a consultant	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor: • Laparoscopic hysterectomy (TLH)	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor: • Groin lymphadenectomy • Laparoscopic pelvic lymph node disection • Open pelvic lymph node disection • Vulvectomy • Radical Hysterectomy • Total omentectomy • Open para-aortic lymph node disection	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of training: • Small bowel resection and anastomosis • Large bowel resection with formation of colostomy • Diaphragmatic peritoneal stripping +/- resection
Mini-CEX	✓	✓	✓
CBD	✓	✓	✓
Reflective practice	✓	✓	✓

	First SST assessment	Second year assessment	Third year assessment
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.	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 CrISP course in first year Relevant scientific meeting (BGCS/ESGO, etc.) per year Advanced communication skills course	Gestational trophoblastic course Relevant scientific meeting (BGCS/ESGO, etc.) per year	Anastomosis course Accreditation with BSCCP Relevant scientific meeting (BGCS/ESGO, etc.) per year 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. See guidance on alternative evidence for mandated courses with practical skills.		
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.	Two separate sets of TO1's and TO2's.

	First SST assessment	Second year assessment	Third year assessment
Clinical governance (patient safety, audit, risk management and quality improvement)	Have commenced a GO relevant audit and/or service development project. Evidence of attendance at morbidity and mortality meetings.	Completion of GO relevant audit and/or service development project. Evidence at attendance at risk meeting or involvement in RCA at least once during training. Evidence of attendance at morbidity and mortality meetings.	Completion of GO relevant audit and/or service development project. Evidence at attendance at risk meeting or involvement in RCA at least once during training. Evidence of attendance at morbidity and mortality meetings. Author of local guideline or update of existing guideline at least once during training.
Teaching	Evidence of GO related teaching, with feedback.	Evidence of GO related teaching, with feedback.	Evidence of GO related teaching, with feedback.
Research	If not research exempt, have plan for satisfying criteria. Ensure up to date with GCP training.	Ensure CV is competitive for consultant interviews.	If not research exempt, have two publications as first author in GO subject or evidence of completion of APM in Clinical Research.

	First SST assessment	Second year assessment	Third year assessment
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 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 in 'Other Evidence' section of the ePortfolio.	As per previous annual review discussion. Ensure CV is competitive for consultant interviews and upload in 'Other Evidence' section of the ePortfolio.	As per previous annual review discussion. Ensure CV is competitive for consultant interviews and upload in 'Other Evidence' section of the ePortfolio.

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

The philosophy of the 2019 GO 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 GO Curriculum Guide is available for trainers and trainees to give information about what would be appropriate evidence during GO subspecialty training.

Rules for GO CiPs:

1. There must be some evidence linked to each GO 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 SST: '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 CiPs. The generic competencies as outlined in the GO 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 Gynaecological Oncology section.

Find out more at

rcog.org.uk

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