

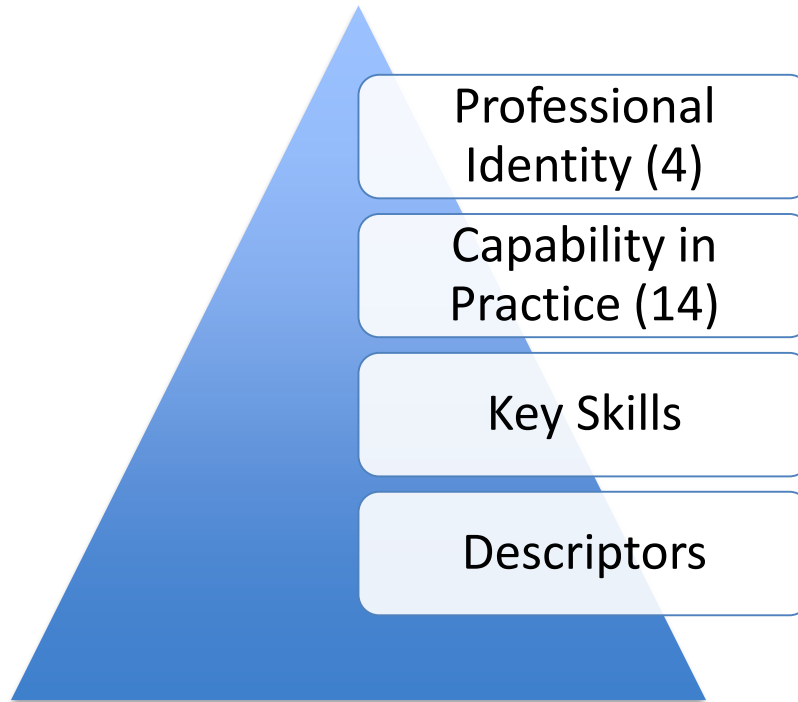
E-portfolio & curriculum brief overview – trainees perspective

Overview

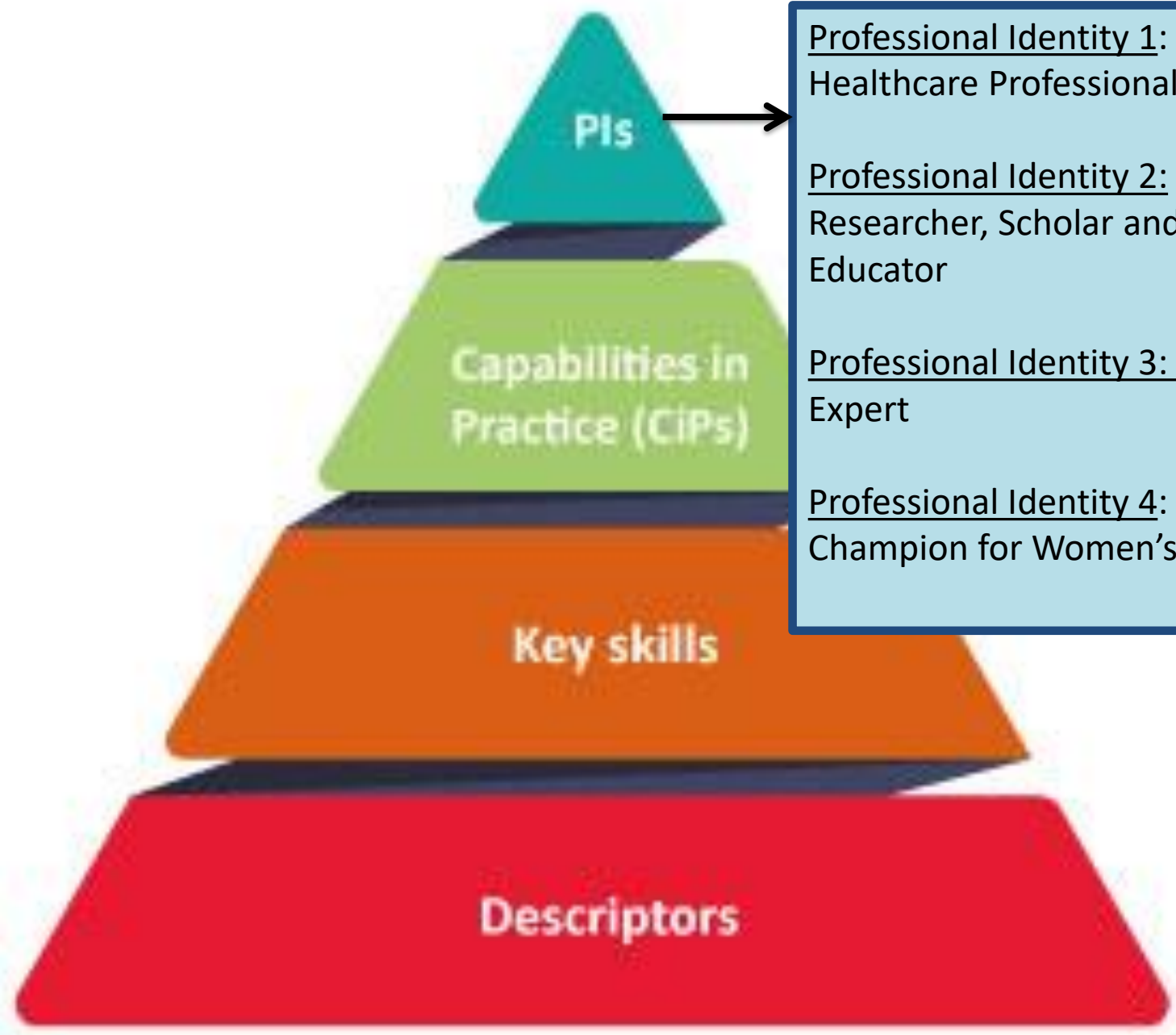
- Brief recap of curriculum
- Matrix
- Key issues from using as a trainee
- RCOG developments

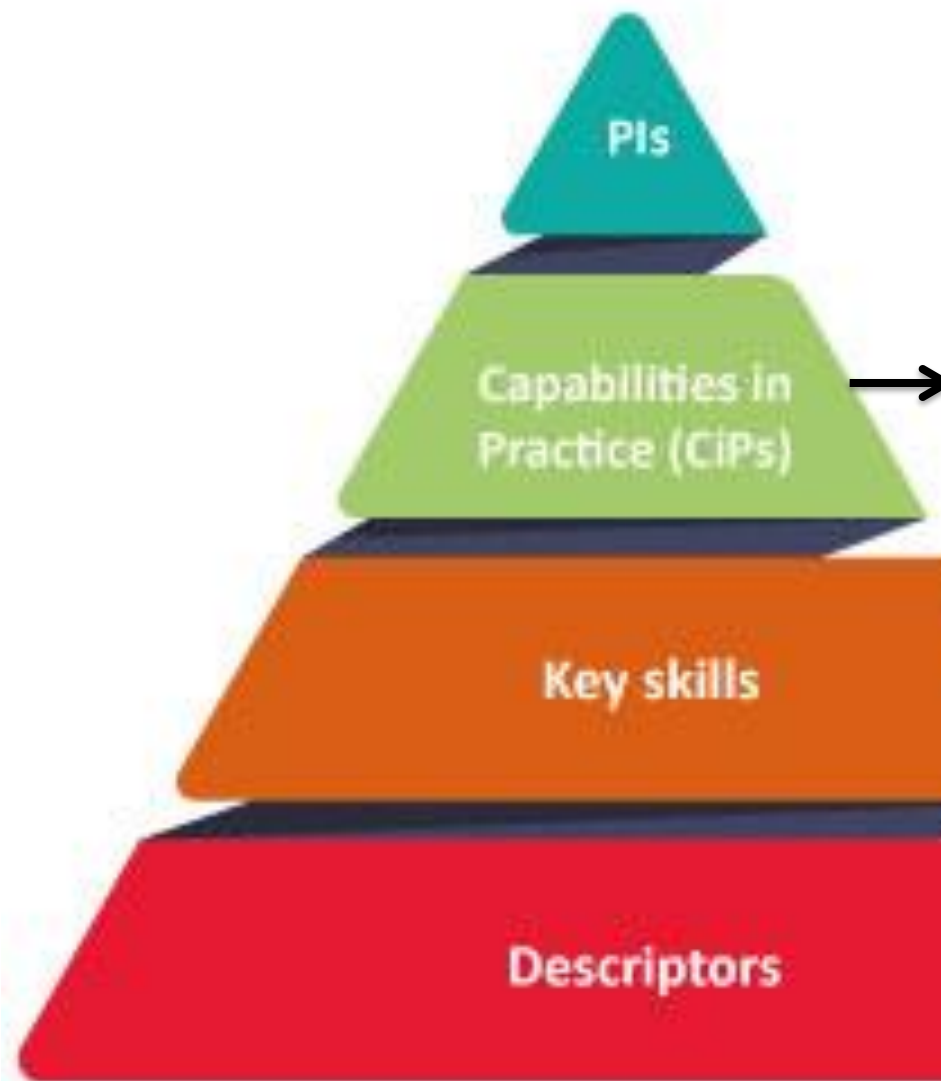
Curriculum

- 4 “professional identities” mapped to 14 “capabilities in practice”

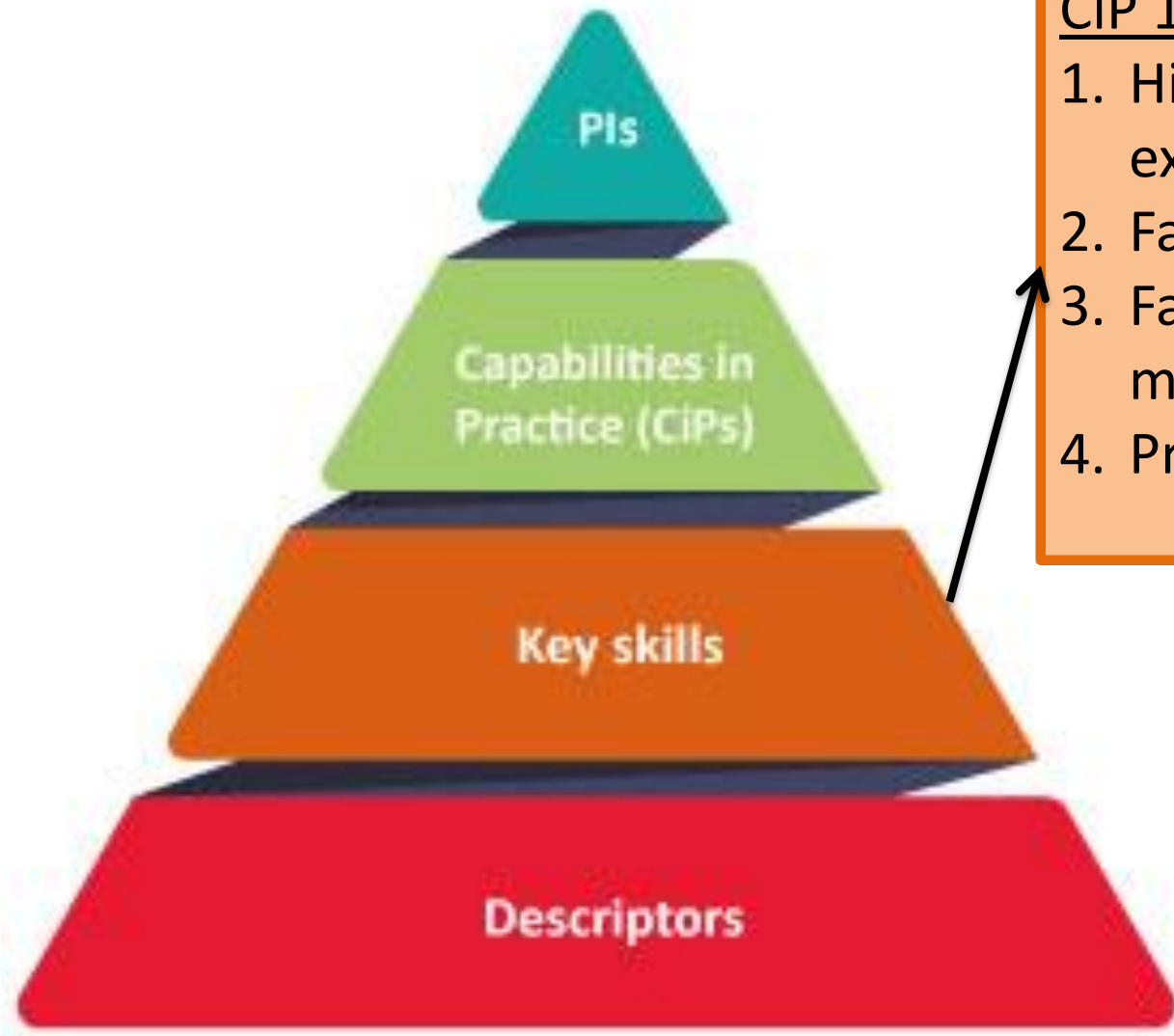


Developing the doctor (generic)	
<i>PROFESSIONAL IDENTITY: HEALTHCARE PROFESSIONAL</i>	
CiP 1	The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care
CiP 2	The doctor is able to successfully work within health organisations
CiP 3	The doctor is a leader who has vision, engages and delivers results
CiP 4	The doctor is able to design and implement quality improvement projects or interventions
CiP 5	The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels
<i>PROFESSIONAL IDENTITY: RESEARCHER, SCHOLAR AND EDUCATOR</i>	
CiP6	The doctor takes an active role in helping self and others to develop
CiP7	The doctor is able to engage with research and promote innovation
CiP8	The doctor is effective as a teacher and supervisor of healthcare professionals
Developing the Obstetrician & Gynaecologist (specialty-specific)	
<i>PROFESSIONAL IDENTITY: CLINICAL EXPERT</i>	
CiP9	The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy
CiP10	The doctor is competent in recognising, assessing and managing emergencies in obstetrics
CiP11	The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care
CiP12	The doctor is competent in recognising, assessing and managing non-emergency obstetrics care
<i>PROFESSIONAL IDENTITY: CHAMPION FOR WOMEN'S HEALTH</i>	
CiP13	The doctor is able to champion the healthcare needs of people from all groups within society.
CiP14	The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.





1. Clinical skills and patient care
2. Working in health organisation
3. Leadership
4. Quality improvement
5. Human factors
6. Developing self and others
7. Innovation and research
8. Educator
9. Emergency gynae and early preg
10. Emergency obstetrics
11. Non-emergency gynae and early preg
12. Non-emergency obstetrics
13. Non-discrimination and inclusion
14. Health promotion



CiP 1:

1. History taking, clinical examination
2. Facilitates discussion
3. Facilitates decision making
4. Provides treatment

This CiP is designed to ensure that trainees in O&G acquire the skills, knowledge and attributes needed to apply relevant medical knowledge and use their clinical skills, communicating effectively to enable people to make informed decisions on their care.

During training, doctors should be exposed to and participate in a wide variety of clinical situations, as well as attending educational events and multi-professional meetings to support their learning in this area. The ability to reflect on and learn when encounters have gone well, or indeed where the outcome has been not as expected, are skills that should be developed and consolidated as training progresses.

Generic professional capabilities

Statement of expectations

What kind of evidence might be relevant to this CiP?

When can this CiP be signed off?

Are there any examples or case studies?

Further resources

< Go back

CiP I: Clinical skills and patient care

The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of safe patient-centred care.

1 of 4 Skills have items linked

KEY
SKILL

History taking, clinical examination and diagnosis

Mini-CEX, Shoulder Dystocia, ST5, Consultant, complete

Link an item to this key skill 

KEY
SKILL

Facilitates discussions

KEY
SKILL

Facilitates women's decision making

KEY
SKILL

Provides treatment



CiP I Guidance

What is this CiP about?

This CiP is designed to ensure that trainees in O&G acquire the skills, knowledge and attributes needed to apply relevant medical knowledge and use their clinical skills, communicating effectively to enable people to make informed decisions on their care.

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Generic professional capabilities

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Further resources

Matrix – check this annually



Matrix of progression 2021-2022 (COVID -19)

Applies to ST6-7 who have switched to the 2019 core curriculum

	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Curriculum progression	CIP progress appropriate to ST1 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST2 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST3 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST4 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST5 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST6 as per the CIP guides and matrix of entrustability levels.	CIP progress appropriate to ST7 as per the CIP guides and matrix of entrustability levels.
Examinations		MRCOG Part 1			MRCOG Part 2 MRCOG Part 3		
At least 3 summative OSATS (<i>unless otherwise specified</i>) confirming competence by more than one assessor. At least one OSATS confirming competence should be supervised by a consultant (can be achieved prior to the specified year)		caesarean section (basic) [□] Non-rotational assisted vaginal delivery (ventouse) Non-rotational assisted vaginal delivery (forceps) Perineal repair Surgical management of miscarriage/surgical termination of pregnancy Insertion of IUS or IUCD *	Manual removal of the placenta Transabdominal ultrasound of early pregnancy Transabdominal ultrasound of late pregnancy	Hysteroscopy Diagnostic laparoscopy 3 rd degree perineal repair	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling) Caesarean section (intermediate) [□] Rotational assisted vaginal delivery (any method)		Subspecialty training specific Caesarean section (complex) [□] Laparoscopic management of ectopic pregnancy Ovarian cystectomy (open or laparoscopic) Surgical management of PPH**
Derogated competencies (at least 3 summative OSATS)	Cervical smear*	Endometrial biopsy*		Surgical management of retained products of conception (Obstetrics†) * Vulval biopsy *	Endometrial ablation *		
	Where trainees are progressing satisfactorily, but acquisition of the above derogated competencies has been delayed as a result of COVID-19, they are able to successfully progress to the next stage of training with and ARCP 10.1. In line with GMC guidance we expect that competencies which have not been demonstrated will be provided as part of evidence for the next ARCP but also recognise that in the current circumstance it may take longer for trainees to catch up; if at critical progression point trainees can progress to next stage of training. CCT can only be awarded when all required experience and competencies have been achieved. Where trainees are missing elements of this as a result of COVID-19, an outcome 10.2 should be awarded and training time extended.						
Formative OSATS	Optional but encouraged						
Mini-CEX	✓	✓	✓	✓	✓	✓	✓

Matrix

CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
TEF	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs	Not required for 2022 ARCPs
TO2	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.
Required courses / required objectives	Basic Practical Skills in Obstetrics and Gynaecology	Basic ultrasound	Obstetric simulation course – ROBUST or equivalent			ATSM course	ATSM course
	CTG training (usually eLearning package) and other local mandatory training	3rd degree tear course				Leadership and Management course	Leadership and Management course
	Obstetric simulation course (e.g. PROMPT/ ALSO/other)	Specific courses required as per curriculum to be able to complete basic competencies					
	The above 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.					The above 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.	
	Trainees who do not demonstrate the required objectives or attendance at the relevant course will be awarded a 10.1.						

Matrix notes

* Procedures which are new in the 2019 Core Curriculum

The following six procedures are new in the 2019 Core Curriculum: cervical smear, endometrial biopsy, insertion of IUS or IUCD, surgical management or retained products (Obsetetrics), vulval biopsy and endometrial ablations. If you switched to the 2019 Core Curriculum and you had passed the ST year where the new procedure has been introduced you will not require 3 summative

competent OSATS for this procedure; e.g.: if you were in ST2 or above when you switched to the 2019 Core Curriculum you do not need 3 summative OSATS for cervical smear retrospectively; if you were in ST6 or above when you switched to the 2019 Core Curriculum you do not need 3 summative OSATS for endometrial ablations retrospectively.

Ω Caesarean section complexity

Examples of 'basic' : first or second caesarean section with longitudinal lie

Examples of 'intermediate' : are twins/transverse lie, preterm more than 28 weeks, at full dilation, BMI≥40

Examples of 'complex' : preterm less than 28 weeks/grade 4 placenta praevia and fibroids in lower uterine segment

Further guidance on evidence required for CiPs in the Core Curriculum

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

The CiP guides developed are available for trainers and trainees to give information about what would be appropriate evidence at different stages of training [CiP guides on RCOG eLearning](#).

Rules for CiPs:

1. There must be some evidence linked to each CiP in each training year to show development in the CiP area.
2. In each stage of training (Basic ST1-2, Intermediate ST3-5, Advanced ST6-7) the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical and non-clinical CiPs. This evidence needs to be appropriate for the stage of training.

CiP sign off

- CiP 1-8 and 13 & 14 – meets or below expectations
- “Clinical” CiPs 9-12 – levels of “entrustability”

Entrustability?

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision (within sight of the supervisor)
Level 3	Entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

Progression for clinical CiPs

	Basic training			Intermediate training				Advanced training		CCT
<u>Capabilities in practice</u>	ST1	ST2		ST3	ST4	ST5		ST6	ST7	
The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy. (CIP 9)	1	2		3		4			5	
The doctor is competent in recognising, assessing and managing emergencies in obstetrics. (CIP 10)	1	2		3		4			5	
The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy. (CIP 11)	1	2				3		4	5	
The doctor is competent in recognising, assessing and managing non-emergency obstetrics. (CIP 12)	1	2				3		4	5	

ESR

- Still time consuming to complete
- Most recent CiP signoffs included
 - Will now add CiP signoffs to ESR if in draft format after ESR started
- Please ensure all information on first page is correct (CCT date, leave days, months to be assessed etc)
- Procedure OSATs added after ESR started will not be automatically counted

ESR

- Guidance from RCOG available
- Hyperlink:

<https://elearning.rcog.org.uk/sites/default/files/Curriculum%202019%20training%20resource/RCOG%20Training%20ePortfolio%20-%20Annual%20Educational%20Supervisor%27s%20Report%20%28ESR%29%20guide%20June%202020.pdf>

Report state

Current report state: **In progress**

☐

Are all the supervisor fields in the revalidation section and the global judgement section complete?

Must be selected by ES. If checked, the form will not be editable, except for the trainee feedback fields.

Warning - Once you tick this tick-box then click "Save", it will not be possible for you to add any further information to the form. Please ensure that you have entered all required information before ticking this tick-box.

Guidance for trainees and supervisors on completion of the Annual Educational Supervisor's Report is available on the RCOG website [here](#).

Save

RCOG Training ePortfolio – Completion of the Annual Educational Supervisor's Report (ESR)

Please note that the trainee's ESR can be initially created by the trainee themselves or their assigned Educational Supervisor, College Tutor, TPD or regional Head of School

Creating the ESR

N.B. Before creating the ESR, please ensure that the trainee/trainer has completed all required CiP assessments for the trainee's current training year. Draft ESR forms will not auto-populate with any CiP assessments that are subsequently completed.

1. Log in to your RCOG ePortfolio account
2. On your ePortfolio dashboard, scroll down to the block entitled "Annual Educational Supervisor Report"
3. Click "Create Annual Educational Supervisor Report"



Key issues from using ...

- TO1s – trainees need to complete self TO1 then send out. If need additional send out under same self TO1.
 - This will automatically generate a TO2 request from ES when 10 have been collected. Please check with trainee they have most back/as many back as they think they are going to get as cannot re collate in a future TO2

Key issues from using ...

- ESR – doesn't self populate from NES & still not user friendly
 - If any key items of evidence needed from NES need to attach to ESR or as other evidence in new e-portfolio
 - NB at present no one except trainee can see evidence on e-portfolio unless linked to a curriculum item
 - Make sure you click in the little box to show TO2
 - Need to complete CiP sign offs before completing
 - Don't click/checkbox complete until finished

Key issues from using ...

- Assessments expire - Can copy & paste if trainer still happy to complete after a month or copy & paste into a reflection/log
- Still glitches that occasionally trainer unable to complete – just re-send (this is in the process of being fixed I'm told!)

Key issues from using ...

- Need to attach evidence to key skills every year
- Focus on good quality evidence with reflection relevant to the CiP
- Can use one piece of evidence for more than one key skill and not limited BUT check relevance
- Need evidence linked to all key skills by the end of each way point

Key issues from using ...

- CiP sign offs need to be completed each year (not just way point years)
- Before completing ESR
- At each way point the eportfolio will reset for evidence for next stage of training

Updates from RCOG

- Recent changes:
 - Trainees can select multiple procedures when completing an OSAT
 - USS procedure list for OSATs reduced to 7
 - Can delete any assessment request that is 'cancelled'/'expired'/'ready for assessment'
 - CiP assessments – mandatory ES fields & additional comment boxes
 - ESR:
 - CiP assessments will be added after ESR started until completed by ES
 - Only most recent CiP assessments will be added
 - Senior trainees - procedures summary will only populate with OSAT procedure names mandatory for assigned ATSM/subspec

Updates from RCOG – coming soon

- Will be able to see what evidence attached to key skills from CiP page
- RCOG admin – able to combine trainee & trainer roles; improved ability to move forms & improved access to trainee info