

INDUCTION FOR TRAINEES

August 2011

TRAINING

- Trainee led
- All trainees have an educational supervisor in their trust
- It is up to each trainee to arrange a time to meet their trainee for induction, midpoint and end of placement meetings
- Induction meeting should already have been completed

GOLD GUIDE

- There was a new Gold Guide - 2010
 - "This edition is a consolidation of earlier versions of the Gold Guide and applies to all trainees taking up appointments in specialty training which commence on or after August 2007. This edition replaces the first, second and third editions of the Gold Guide with immediate effect."
- Anyone appointed prior to 2007 should continue to use the Orange Guide

WEB LINK

- <http://www.mmc.nhs.uk/pdf/Gold%20Guide%2010%20Fourth%20Edition%20v08.pdf>

WORKPLACE BASED

- These are supposed to show progression
 - i.e. they cannot do this if they are all completed at the end of the year
 - they cannot show progression if only completed when competence has been achieved

WBA

- There are lots of opportunities in O & G to do OSATs, miniCEX & CbDs
- Do not ask your clinical and educational supervisors to complete OSATs if they did not personally watch you complete the OSAT, or days, weeks or even months afterwards!!

WBA

- Ask more senior colleagues to complete them and for ST/ FTSTA | this includes the midwifery staff.
- All competencies have to be signed off by a consultant i.e. the 3rd OSAT that shows competence
- All new trainees must also achieve competence in USS

E-PORTFOLIO

- All new trainees must sign up for e-portfolio
 - This includes ST and FTSTA 1, 2 & 3
- If you do not sign up for e-portfolio then you will not receive curriculum change updates
- When you become a specialty trainee you sign the educational contract in which you agree to fully take part in the educational process
 - This includes attending CME, involving yourselves fully in the training process and not just the parts that you like

TOIS AND TO2

- These are the RCOGs 360° appraisal process
- All trainees must have at least one set of TOIs completed by a breadth of individuals with whom they work
 - Medical staff
 - Senior & junior
 - Midwifery Staff
 - Nursing & auxiliary staff
 - Theatre, ward & outpatient
 - Clerical staff
 - Ward clerk and secretaries
 - Domestic staff

TO2

- These are done to help you grow both personally as well as professionally
- Criticism is always hard to listen to & read - but it is done to try and help us all to improve
- The majority of trainees will score “Satisfactory” or “Outstanding” however occasionally trainees will score in the “Improvement needed” or “Unsatisfactory” boxes

TRAINEE FAQs

- <http://www.rcog.org.uk/our-profession/supporting-trainees/faqs>

USEFUL WEB-PAGES

- http://www.rcog.org.uk/files/rcog-corp/uploaded-files/ED-Assessment-Tools_0.pdf

GMC

- http://www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp

EDUCATIONAL /TRAINING MATRIX

- Introduced by the RCOG Specialty Education Advisory Committee from August 11
- All specialty trainees will have their training assessed according to their year of training and what is expected according to the training matrix
- Therefore there should no unexpected unfavourable ARCPs as all trainees should be able to work out what their ARCP outcome should be.

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Clinical skills and curriculum completion	<p>First on call</p> <p>Progress with signing off basic competences</p>	<p>Initially first on call;[#] develop competences so that can be second on call by end of ST2[#]</p> <p>Completion of basic logbook competences</p>	<p>Second on call[#]</p> <p>Progress with signing off intermediate competences</p>	<p>Further progress with signing off intermediate competences</p>	<p>Completion of intermediate competences</p> <p>Completion of basic ultrasound modules</p> <p>± additional competence development as determined by programme director</p>	<p>Progress with signing off advanced competences</p> <p>Adequate progression of subspecialist training or special skills for ATSM(s) (progress in both is expected by end of ST6 such that at least two ATSMs will be complete by end of ST7)</p>	<p>Completion of advanced competences</p> <p>Completion of at least two ATSMs or subspecialist training</p>
Examination		Part 1 MRCOG			Part 2 MRCOG		

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
OSATS showing evidence of training in practical skills	Fetal blood sampling Manual removal of placenta LSCS Assisted vaginal delivery ERPOC	Laparoscopy Basic ultrasound scan modules in obstetrics and gynaecology	Operative laparoscopy Hysteroscopy Laparoscopy	Operative laparoscopy, e.g. laparoscopic sterilisation	Operative laparoscopy (ectopic pregnancy surgery)	ATSM/ subspecialty training specific Operative laparoscopy (ectopic pregnancy surgery)	
OSATS confirming competence (can be achieved prior to the specified year)	Perineal repair Opening and closing abdomen (at LSCS)	Caesarean section (uncomplicated) Assisted vaginal delivery Fetal blood sampling ERPOC Manual removal of placenta		Hysteroscopy Opening and closure of abdomen (gynaecological laparotomy) Laparoscopy	Basic obstetric and gynaecology ultrasound modules Operative laparoscopy (laparoscopic sterilisation) LSCS (intermediate level)		ATSM/ subspecialty training specific Complex LSCS Rotational vaginal delivery/trial in theatre Operative laparoscopy (ectopic pregnancy surgery)

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
OSATS confirming continuing competence*		Perineal repair	LSCS Operative vaginal delivery ERPOC	LSCS Operative vaginal delivery ERPOC	LSCS Laparoscopy Operative vaginal delivery Hysteroscopy	LSCS Laparoscopy Operative vaginal delivery Subspecialist trainees to confirm competence in areas specific to subspecialist training	LSCS Laparoscopy Operative vaginal delivery Subspecialist trainees to confirm competence in areas specific to subspecialist training
Mini-CEX*	6*	6*	6*	6*	6*	6*	6*
CbDs*	6*	6*	6*	6*	6*	6*	6*
Reflective practice	4	4	4	4	4	4	4
e-SRH					Complete e-SRH or have DFSRH		

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Obligatory courses	<p>Basic practical skills</p> <p>Mandatory trust teaching (e.g. CTGs and skills drills)</p> <p>Attendance at regional teaching programme as per regional guidelines</p>	<p>ALSO/PROMPT</p> <p>Basic ultrasound</p> <p>Mandatory trust teaching</p> <p>Third-degree tear course</p> <p>Attendance at regional teaching programme as per regional guidelines</p> <p>Specific courses required as per curriculum to confirm basic competences if not covered within regional teaching programme</p>	<p>Mandatory trust teaching</p> <p>Attendance at regional teaching programme as per regional guidelines</p>	<p>Mandatory trust teaching</p> <p>Attendance at regional teaching programme as per regional guidelines</p>	<p>Mandatory trust teaching</p> <p>Attendance at regional teaching programme as per regional guidelines</p> <p>Specific courses required as per curriculum to confirm intermediate competences if not covered within regional teaching programme</p>	<p>ATSM course</p> <p>Leadership and management course (in year 6 or 7)</p> <p>Attendance at regional teaching programme as per regional guidelines</p>	<p>ATSM course</p> <p>Mandatory trust teaching</p> <p>Attendance at regional teaching programme as per regional guidelines.</p>

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Optional: recommended regional courses	Part 1 MRCOG Perineal repair	Theory eDFRSH	Laparoscopy	MRCOG written MRCOG OSCE		MOET	
Team observation forms	TO1s as per RCOG recommendation: www.rcog.org.uk Summary should not raise significant concerns to ARCP panel	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1	As per ST1
Audit/risk management	One completed and presented audit Evidence of regular attendance at local risk management meetings	As per ST1	As per ST1	As per ST1	One completed audit (can include supervising more junior doctors) Involvement with critical incident analysis	As per ST5	As per ST5

Annual expectation of educational progression from ST1 to ST7 in O&G



	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Teaching experience	Formal for medical students/ foundation trainees/GP StRs	As per ST1	As per ST1	As per ST1 Formal feedback expected	Formal specialty teaching by ST5	As per ST4	Meets the standards expected for clinical supervisor training as determined by the deanery
Leadership and management experience		Department responsibility	Department responsibility; for instance, labour ward forum, risk management committee or developing guidelines	As per ST3	As per ST3	As per ST3 and working with consultants to organise for example 'office work', including organising lists and dealing with correspondence	As per ST6
Presentations, publications etc.	Departmental presentation	As per previous annual review discussion	As per previous annual review discussion Presentation outside own local department by ST3	Ensure CV is competitive for ATSM/ subspecialist training interviews	As per previous annual review discussion	As per previous annual review discussion Ensure CV is competitive for consultant interviews	As per ST6

Annual expectation of educational progression from ST1 to ST7 in O&G



Notes

#Trainees will work with direct supervision (first on call) until they have the confirmed competences to work without direct supervision (second on call). OSATS showing evidence of competence for LSCS, assisted vaginal delivery, manual removal of placenta, perineal repair, fetal blood sampling and evacuation of uterus are required to be able to work without direct supervision. It is advised that best practice is for the transition from direct to indirect supervision for labour ward skills to be in the same unit. The RCOG therefore recommends that ST2 and ST3 should usually be in the same unit.

*These should be obtained throughout the year not just in the weeks before ARCP/RITA. The WBAs should reflect a level of complexity expected at that year of training. It is advised that trainees use examples for mini-CEX and CbDs that give evidence of progress in training with reference to the curriculum. Trainees should have a mixture of obstetric and gynaecology WBAs and the ratio should reflect the nature of the attachments undertaken.

Abbreviations

ALSO = Advanced Life Support in Obstetrics; ARCP = Annual Review of Competence Progression; ATSM = Advanced Training Skills Module; CTG = cardiotocograph; DFSRH = Diplomate of the Faculty of Sexual & Reproductive Healthcare; eDFSRH = electronic version of the DFSRH; ERPOC = evacuation of retained products of conception; e-SRH = e-learning for sexual and reproductive healthcare (from e-Learning for Healthcare); GP = general practitioner; LSCS = lower segment caesarean section; MOET = Managing Obstetric Emergencies and Trauma; OSATS = objective assessment of technical skills; OSCE = objective structured clinical examination; PROMPT = PRactical Obstetric MultiProfessional Training; RITA = Review of In-service Training Assessment; StR = specialist trainee registrar; WPA = workplace-based assessment.

ARCP

- All trainees must have an ARCP
 - These take place in June
 - Each trainee is awarded an outcome 1-9
 - Prior to the ARCP panel you must meet with your educational supervisor to complete the AAR form
 - This should give you a good idea of what your final outcome should be

ARCP Outcomes

1. Achieving progress and competencies at the expected rate (clinical)

This should be awarded to trainees who are making satisfactory progress (equivalent to a RITA C.) Satisfactory progress is defined as achieving the competencies within the curriculum approved by GMC at the rate required.

1. Achieving progress and competencies at the expected rate (academic)

This should be awarded to academic trainees who are making satisfactory progress.

2. Development of specific competencies required – additional training time not required.

This should be awarded to trainees whose progress has been acceptable overall but there are some competencies which have not been fully achieved and need to be further developed (equivalent to a RITA D). The TPD/Educational Supervisor must make it clear to the trainee and the employers what must be done to achieve the required competencies and the assessment strategy for these.

3. Inadequate progress made by the trainee – additional training time required.

This is awarded to trainees who have not met all of their required competencies and their progress is not considered to be adequate (equivalent to a RITA E).

The panel will have 'identified' that a formal additional period of training (normally a maximum of 1 year) is required which will extend the duration of the training programme (e.g. the anticipated CCT/CESR date).

Where an outcome 3 is anticipated the trainee must attend panel.

The trainee/employer/educational supervisor must receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered.

A Learning plan must be devised and agreed with the trainee and educational supervisor and sent to the Deanery within 2 – 3 weeks of the outcome being issued. (Please see separate information sheet on learning plans.)

4. Released from training programme with or without specified competencies.

This is awarded to trainees when it is recommended that they be released from the training programme (withdrawal of NTN) if there is insufficient and sustained lack of progress, despite having had additional training to address concerns over progress.

The panel should ensure that any achieved competencies are documented. The trainee will be required to give up their NTN. A trainee must not be awarded an outcome 4 without having received at least one outcome 3.

There is an appeals mechanism for trainees against the decision to release them from a training programme. (Please see separate sheet on appeals process.)

5. Incomplete evidence presented – additional training time may be required.

This is awarded when the panel can make no statement about progress or otherwise since the trainee supplied either no information or incomplete information. The trainee may require additional time to complete their programme. The additional time begins from the date the panel should have considered the trainee.

The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel.

The panel does not have to accept the explanation given and can require the trainee to submit the documents by a designate date, noting that “additional” time is being used in the interim.

If the panel accepts the trainee’s explanation for the delay, it can choose to recommend that additional time has not been used. The panel must then consider the documentation and issue an outcome (they do not have to physically meet to issue an outcome).

If the trainee does not submit the required documents the panel should issue an outcome 3 – inadequate progress by the trainee – additional training time required.

6. Gained all the required competencies: will be recognised as having completed the training programme and for the award of a CCT or CESR.

This is awarded when the trainee is completing the training programme (equivalent to a RITA G). The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

Outcomes for trainees in FTSTAs, LATs, OOP, or undertaking “top-up” training within a training programme

Outcome 7: Fixed-term Specialty Trainee (FTSTAs) or LATs

Trainees undertaking FTSTAs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and will result in one of the following outcomes:

Outcome 7.1 - Satisfactory progress in or completion of the LAT / FTSTA placement. This means that the trainee has established that they have acquired and demonstrated the competencies expected of a trainee undertaking a placement of this type and duration at the level specified.

Outcome 7.2 - Development of Specific Competences Required – additional training time not required The trainee’s progress has been acceptable overall; however, there are some competences not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences for this year of training. The rate of overall progress is not expected to be delayed, nor the prospective date for completion of training extended, nor is a period of additional remedial training required as this is a fixed term post. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next review of progression it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.

Outcome 7.3 - Inadequate Progress by the Trainee

The trainee has not made adequate progress for this period of training to be formally recognised towards either CCT, CESR (CP) or CESR. However, if the trainee wishes to attain the described competencies, they will be required to repeat this period of training, [not necessarily in the same post or with the same employer or Deanery.](#)

Outcome 7.4 - Incomplete Evidence Presented

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided for the panel. However, the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel. Failure to do so will mean that the period of training cannot be counted towards either CCT, CESR(CP) or CESR.

The outcome should be sent to the trainee’s educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The Deanery will also keep a copy on record.

Outcome 8: Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)

The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a training placement which has been prospectively approved by the GMC (or its predecessor body, PMETB) and which will contribute to the competences of the trainee's programme, then an OOPT document as well as in-work assessments etc demonstrating the acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research the trainee must produce a research supervisor's report along with the OOPR indicating that appropriate progress in research is being made, in achievement of the registerable degree. Finally, if a doctor is undertaking a career break, a yearly OOPC requests should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return

Outcome 9 :For doctors undertaking top up training in a training post.

This is awarded to doctors undertaking top-up training following assessment through Article 14. The doctors should submit the appropriate in-work assessments and documentation to the annual assessment outcome so that the panel can make a recommendation, based on the evidence, as to whether the objectives set by GMC have been achieved.

ATSM

- <http://www.rcog.org.uk/education-and-exams/curriculum/advanced-training-skills/changes-atsms-august-2011>

ULTIMATE OUTCOME

CCT This is the route for doctors who have completed a full GMC approved training programme.

- **CESR (CP)** This is the route for doctors who have been appointed above ST1 level to a GMC approved training programme from August 2007 onwards, who at point of entry to the programme wish to count time spent in previous non-GMC approved posts.
- **CESR** This is the route for doctors who have not completed a GMC approved programme but are able to demonstrate that their specialist training, qualifications and experience are equivalent to the requirements for the award of the CCT in the UK.

CME

- It is our intention to improve the CME for trainees
 - by the introduction of a CME points system
 - all trainees will have to have accumulated a set number of CME points
- These are achievable by
 - Attendance at monthly CME
 - E-learning modules e.g. BMJ e-learning
 - London deanery e-modules for ST5-7

CME CONTINUED

- The e-learning modules must be applicable to O & G and will have to receive prior approval
- Only some of the e-modules on the London Deanery website will be approved and only for senior trainees
- The points total will be skewed to favour attendance at monthly CME
- There will be a minimum attendance at CME for all trainees as previously

POINTS BASED CME

- Minimum of 100 points per year
- 10 points per Regional CME session
- RCOG /other recognised courses equivalent points
- BMJ-learning, e-LFH, London deanery 1 point per session
- 5 points per audit / paper / poster presented / published
- Windsor Medical / 352 sessions accredited by NIMDTA

STUDY LEAVE

- Budgets have been cut!!
 - Therefore use your budget well
- Courses in NI are cheaper and do not require travel and accommodation
- One course in London could use your whole year's entitlement

COURSE MANAGER

- Courses can now be booked via the INTREPID Course Manager website at:
 - https://secure.intrepidonline.co.uk/CourseManager/NIR/sys_Pages/Common/Login.aspx
- You must first register as a user on this website first in order to book onto courses
 - Once you have attended a course you will receive notification by email that the evaluation for that course is available to complete
 - Once you have submitted your completed evaluation you will be able to view/print your certificate

CONTACTS

- Karen Moore
 - NIMDTA
 - email - karen.moore@nimdta.gov.uk
 - tel. - 02890400039
- Linda Boyd -Tel. 90400038
 - linda.boyd@nimdta.gov.uk

- Sandra McNeill

- sandra.mcneill@westerntrust.hscni.net

- Mary Murnaghan

- mary.murnaghan@belfasttrust.hscni.net