**This form is to aid the trainee and their Educational Supervisor to ensure that the RCOG Matrix requirements have been met. Trainees should ensure evidence highlighted in shaded areas is printed for the ES and ARCP panel and that their e-portfolio is up to date for the ES and ARCP Panel to view and assess.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee Name:** | | | | **Educational Supervisor:** | | | | | |
| **ST7 training year commenced:** | | **Proportion of ST7 year to be assessed\*:** | | **Current Trust:** | | | | | |
| **Educational Supervisor to sign below to confirm:** | | | | | |
| **Educational Supervisors Report** – completed on e-portfolio | | | | Trainee to copy for panel | | | | | |
| **CV** – T**o include a sheet on achievements since last ARCP**  Copy to be retained by panel | | | | Trainee to produce for panel | | | | | |
| **TEF** – completed on line | | | | Trainee to confirm completion: | | | | | |
| **Curriculum Progress** –   1. Acceptable progress in achieving advanced competencies for ST7 (for training time completed) in appropriate logbook   **Advanced Logbook completion mandatory for CCT even if Subspecialty Training undertaken**   1. Adequate progression of specialist skills for ATSMs (ES confident that two ATSMs will be complete by end of ST7) or progress in subspecialist training (as assessed by Subspecialist training panel) **Completion mandatory for CCT** | | | | 1.Acceptable progress/completion:  ES to sign (indicate if complete) | | | | Progress to be reviewed by panel:  ES to indicate if concerns | |
| 2. Acceptable progress/completion:  ES to sign (indicate if complete) | | | | Progress to be reviewed by panel:  ES to indicate if concerns | |
| **Summative OSATS CONFIRMING achieving competence (3 of each – can have been achieved in previous ST years)**  (At least 2 assessors, 1 to be consultant who is GMC accredited Clinical Supervisor)  **ES to sign to confirm that for the whole of ST1-7, there is a minimum of:**   1. Complex caesarean section (3) 2. Intermediate operative laparoscopy (e.g. ectopic pregnancy/ ovarian systectomy/ salpingectomy/ oopherectomy) (3) 3. SST/ ATSM specific OSATs as appropriate   **If <1 training year, then proportion needed (record number)**  **Mandatory for CCT – even if SST** | | | | 1 | ES to confirm summative OSATs for complex LSCS | | | | |
| 2 | ES to confirm summative OSATs for Operative Laparoscopic surgery (i.e ectopic) | | | | |
| 3 | ES to confirm summative OSATs for ATSMs/ SST | | | | |
| **Consultant Observed Summative OSATS reaffirming CONTINUED competency since final ST6 ARCP (1 of each only required)** (Assessor to be Consultant- GMC accredited Clinical Supervisor)  **ES to sign to confirm that for the whole of ST7 , on e-portfolio there is a minimum of:**   1. Operative vaginal delivery (1) 2. Laparoscopy (1) 3. For SST trainees reconfirm competency in areas specific to SST   **If < 1 training year, then proportion needed (record number)** | | | | 1 | ES to confirm summative OSAT for oper vag del | | | | |
| 2 | ES to confirm summative OSAT for laparoscopy | | | | |
| 3 | ES to confirm summative OSAT for SST if applicable | | | | |
| **Minicex** (8)  Can be O &/or G depending on ATSM  ES to sign | **CBDs** (8)  Can be O &/or G depending on ATSM  ES to sign | | **Reflective Practice (8)**  Including all significant events and complaints (form R) | Mcex  ES to sign | | | CBD  ES to sign | | RP  ES to sign |
| **Regional Teaching** SWOT/Logbook/SWAT / Deanery/ Relevant other ATSM/ specialist teaching applicable for ST6 level  5 days minimum equivalent over one FTE training year | | | | Number attended | | | | Trainee’s signature: | |
| **TO2s**  ES to confirm if acceptable (or whether concerns should be raised to ARCP panel | | | | No concerns raised:  ES to sign | | | | Concerns to be reviewed by panel:  ES to indicate if concerns | |
| **Clinical Governance**  **Clinical Governance**  ES to confirm :   1. 1 x completed and presented project (Patient Safety, Audit, risk management, QI project- can include supervision of junior doctors) 2. Evidence of attendance at local risk management meetings | | | | 1 | | ES to confirm completed project | | | |
| 2 | | ES to confirm attendance at local risk management meetings | | | |
| **Obligatory Courses -**trainee to sign to confirm:  1. Relevant ATSM courses attended  2. Leadership and Management Course attended  3. Level 3 Child Protection (Severn requirement)  4. Completion of Severn PGME authorised Clinical Supervisor modules (available in each Trust) | | | | 1. Trainee to sign to confirm | | | | | |
| 2. Trainee to sign to confirm | | | | | |
| 3. Trainee to sign to confirm | | | | | |
| 4. Trainee to sign to confirm | | | | | |
| **Teaching experience:**  Meets the standards required by the GMC to become a clinical supervisor (i.e Clinical Supervisor modules completed as above) | | | | ES to sign to confirm | | | | | |
| **Leadership and Management:**   1. Evidence of departmental responsibility 2. Works with consultants to deal with correspondence and clinical admin 3. Dealing with complaints 4. Involvement in departmental meeting/ forum/ review process | | | | ES to sign to confirm trainee involvement in all 4 aspects of management | | | | | |
| **Presentation/Publications**   1. ES to confirm that at least one regional/national/ international) presentation has been undertaken 2. Discussion with ES to optimise CV to ensure competitive for consultant interviews. | | | | ES to sign to confirm presentation | | | | | |
| ES to sign to confirm discussion re CV | | | | | |

* Proportion of training to be given in months e.g. 11/12 for full-time trainees for 11 months. For LTFT @60% - full ST year training time is 20 months (so 12 months training is 12/20 ratio for achieving targets). For LTFT@80% - full ST year training is 15 months (so 12 months training is 12/15 ratio for targets)