

Community Sexual and Reproductive Health (CSRH) Curriculum 2021

Definitive Document

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Version 3



Document control

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1	29 March 2021	
2	09 January 2023	<ul style="list-style-type: none"> • Changes to dates on front cover • Changes to <i>Table 2</i> to combine two rows to replicate table 6 • Changes to <i>Table 6</i> <ul style="list-style-type: none"> ○ Addition of wording in heading to refer to the asterisks in the table ○ Changes of wording and ordering of rows for ease of understanding ○ Change to sequence of levels for Ultrasounds in Pregnancy and Abortion Care to L2, L3, L4 rather than L2, L2, L4 • Addition of 'Diagnostic' to Hysteroscopy • Addition of text regarding OSATS (page 43) • Change 1st asterisk on page 48 (<i>Table 7</i>) • Addition of removal to 'Insertion and removal of intrauterine contraception (IUC)' • Change terminology of 'termination of pregnancy' to 'abortion'.
3	20 August 2025	<ul style="list-style-type: none"> • Aligning to change of name to College of Sexual and Reproductive Healthcare (CoSRH), including Membership of College of Sexual and Reproductive Healthcare (MCSRH) • Changes to Table 6: <ul style="list-style-type: none"> ▪ Restoration of supervision level 5 on 'Ultrasound gynaecology – assessment of pelvic pain' at ST6. ▪ Restoration of 'Insertion, fitting and removal of female barrier contraception. ▪ Amending the supervision level for 'Complex insertion and removal of intrauterine contraception (IUC)' by moving Level 1 and Level 2 up a year so L1 will be at ST2 and L2 will be at ST3. • Addition of Abortion Care (<i>Table 3</i>) • Addition of 'Acting up as a consultant' as a progression opportunity after successful completion of ST5. • Clarification of the number of summative OSATS required at each level on the 'Matrix of Progression'

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1 Introduction

The Community Sexual and Reproductive Healthcare (CSRH) programme is the specialty training pathway for doctors who wish to obtain a Certificate of Completion of Training (CCT) in CSRH.

Any reference made in CSRH curricula and assessment frameworks to the terms below are to be understood to correspond to the following definitions:

- A woman = an individual who identifies as a female with a gender identity that aligns with that assigned at her birth. Also, cisfemale or ciswoman
- A man = an individual who identifies as a male with a gender identity that aligns with that assigned at his birth. Also, cismale or cisman
- A trans woman = an individual who identifies as a female who was assigned a male gender at birth, ie. with a gender identity that does not align with that assigned at birth. Also, transfemale
- A trans man = an individual who identifies as a male who was assigned a female gender at birth, ie. with a gender identity that does not align with that assigned at birth. Also, transmale
- Non-binary describes gender identities that do not fit exclusively into the conventional gender binary (man/woman). Non-binary identities are varied and can include people who identify with some aspects of binary identities, while other people reject them entirely.

2 Purpose statement

2.1 The purpose of the curriculum

The purpose of the Community Sexual and Reproductive Health (CSRH) curriculum is to produce CSRH consultants who can design, deliver and lead community-based, sexual and reproductive healthcare provision. The curriculum aims to meet patient, service and population needs by ensuring that, alongside the generic capabilities expected of all doctors, trainees develop the specialty specific capabilities necessary to become both a consultant clinician and a systems leader in sexual and reproductive health.

CSRH curriculum – Clinical expertise

The clinical expertise of a CSRH consultant encompasses diagnosis, investigation and management in the areas of complex contraception, gynaecology, abortion, unplanned pregnancy, menopause, premenstrual syndrome (PMS), psychosexual care and sexual wellbeing, and immediate management in the areas of sexually transmitted infections (STIs) and sexual assault. The CSRH consultant is also highly skilled in targeted SRH care for individuals with complex psychosocial needs.

CSRH curriculum – Systems leadership

The CSRH curriculum trains the doctor to provide systems leadership. The CSRH consultant will have responsibility for large populations with oversight of a variety of healthcare professionals (from support workers to consultant colleagues) who are providing SRH care in a multitude of settings, sometimes in settings outside of their employer organisations. The consultant will deliver ongoing training, clinical supervision and governance support to this network of diverse professionals.

CSRH curriculum – Public Health

The curriculum also trains in Public Health approaches to enable a CSRH consultant to act as a leader in population-level SRH interventions for a specific region. The training in Public Health methodology ensures that the design of services is rooted in prevention and health promotion and aligns with wider strategic initiatives to improve the health of communities.

CSRH curriculum – Trainer/Educator

As a core part of the curriculum every trainee is required to undertake formal training in healthcare education and demonstrate a continuing commitment to teaching and training others from all healthcare professions.

Specific emphasis is placed within the curriculum on teaching, assessment and high-level educational skills to equip the CSRH consultant to deliver programmes of continuing professional development for the diverse workforce delivering SRH care within a given region.

2.2 The need for the curriculum

The need for doctors to follow the Community Sexual and Reproductive Health (CSRH) curriculum is evident in key public health policies in the United Kingdom over the past decade. These have acknowledged the return on investment and importance of accessible, high quality SRH services within the National Health Service (NHS). Lack of funding, and fragmented pathways can create barriers to accessing SRH care, which in turn exacerbate health inequalities, particularly where there are language, cultural, financial and geographical barriers. In some instances, access to the full range of contraceptive methods may be restricted. GPs, practice nurses and other healthcare professionals must be adequately supported to gain and maintain the necessary competencies to deliver all available methods of contraception in order to reduce unplanned pregnancies and enable individuals to have children at a time of their choosing.

The needs of our population are changing; the gap between the age at which people start having sex and the age at which they have their first child continues to widen. As this trend to delay child-bearing prevails, so does the need for them to access services for their sexual and reproductive health needs throughout their life course. These may include complex contraception, general gynaecology, abortion, unplanned pregnancy, menopause, PMS, psychosexual care and sexual wellbeing and the immediate management of STI and sexual assault.

People who are marginalised or vulnerable may need extra support to optimise their sexual and reproductive health. This includes young people, people with learning difficulties, psychiatric disorders, those who are socially excluded and non-binary individuals.

It is widely recognised that healthcare in the future needs to move out of hospital into community settings, including the patient's home. Taking a system-wide approach will depend on having robust care pathways.

Leadership in SRH will drive change, as well as support the necessary partnership-working with other healthcare providers, the voluntary sector and patients themselves. Helping the population to manage their own health is an important part of addressing socio-economic inequalities, and SRH services will strike a balance between providing universal and targeted interventions.

2.3 CSRH consultant – Scope of practice

The CSRH consultant is a clinical expert, a systems leader of SRH services and provides training and support to a wide body of healthcare professionals.

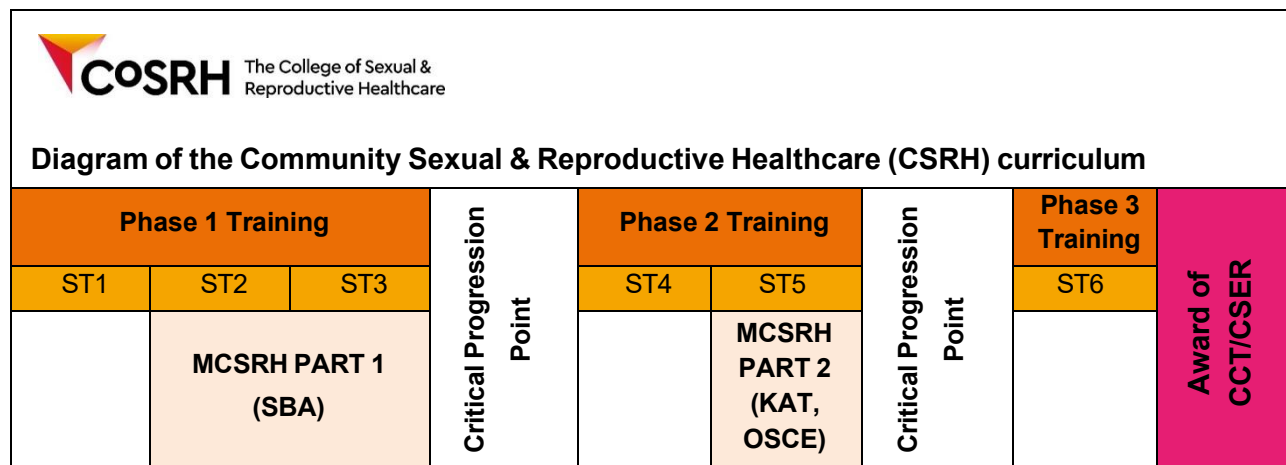
The CSRH consultant is a highly skilled doctor trained in sexual and reproductive healthcare throughout the life course, including managing the whole sphere of contraception (contraceptive provision for all people including those with medical or social complexities, and managing complex specialist contraception), general and particularly medical gynaecology, abortion, unplanned pregnancy, menopause, PMS, psychosexual care and sexual wellbeing and the immediate management of STI and sexual assault. The CSRH CCT holder is also highly skilled in providing targeted SRH care for individuals with complex psychosocial needs.

The CSRH consultant is able to manage and lead an SRH service in line with the principles of public health, while being able to provide teaching, training, mentoring and assessment support to all professionals providing contraception care and STI and SRH in various settings across the healthcare system.

CSRH specialists are not trained to provide ongoing HIV care and do not undertake maternity or obstetric care.

2.4 Structure of training

The CSRH curriculum is divided into three phases of a six-year programme (indicative): Phase 1 (ST1-3), Phase 2 (ST4-5) and Phase 3 (ST6) training.



Points of Critical Progression

There are two essential way points for the CSRH curriculum as shown in the above diagram:

- MCSRH Part 1 exam, which must be achieved before progression to Phase 2 training (ST4-ST5) and
- MCSRH Part 2 exam, which must be achieved before progression to Phase 3 training (ST6).

The first way-point is not characterised by a distinct change in role or responsibility and the trainee journey in CSRH is very flexible and varied. CSRH trainees at the same phase of training may well be doing different things. This reflects individual trainee requirements, as well as the training opportunities and configuration of local services. The CSRH trainee has considerable responsibility from the outset in planning their own learning and development, with the ability to address training needs without the requirement to follow a rigid sequence. During the final year, in addition to completing all clinical competencies, the trainee prepares to transition to a consultant role, which could see them single-handedly leading a service.

Progression through each ST level in the training programme is outcomes based, with the learning

designed in a spiral structure increasing in complexity and reinforcing previous learning. Leadership, management and teaching experience will be gained throughout the programme.

The outcomes-based curricula structure means that training time is indicative, allowing for more flexibility in the trainee journey and the duration of training.

Phase 1 (Indicative 3 years)

Phase 1 Training occurs from ST1 to ST3. During this phase, trainees need to achieve basic competencies in SRH, gynaecology and STI care. They will divide their time between each field of care in order to do so. This is the time when trainees will start to gain experience in CSRH but built on a solid foundation of experience from hospital obstetrics and gynaecology.

Phase 2 (Indicative 2 years)

Phase 2 Training occurs from ST4 to ST5. During Phase 2, CSRH trainees will continue to develop their SRH, abortion, gynaecology and STI competencies. They will have attachments to Public Health and SARC (Sexual Assault Referral Centres) and gain further experience in Psychosexual Medicine.

Phase 3 (Indicative 1 year)

Phase 3 Training occurs in ST6. During this phase, in addition to completing all clinical and non-clinical competencies, including systems management and leadership, the trainee prepares to transition to a consultant role.

2.5 Learning outcomes – overview

High level outcomes

This curriculum consists of ten Capabilities in Practice (CiPs) grouped under four professional identities. The CiPs are the high-level learning outcomes which bring together the Generic Capabilities (five CiPs), the Specialty Specific Capabilities (three CiPs), and the shared Generic/Specialty Specific Capabilities (two CiPs). These CiPs ensure transferability and flexibility of learning outcomes between related specialties, such as O&G, GP and GUM.

Professional Identities

CSRH Professional Identities
NHS Professional
Systems Leader and Champion <i>Design</i>
Clinical Expert <i>Deliver</i>
Trainer / Educator <i>Train</i>

Table 1 - Professional Identities and Capabilities in Practice (CiPs)	
GENERIC	
Professional identity: NHS professional	
CiP 1	The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality, safe and empathetic patient centred care.
CiP 2	The doctor is able to work and communicate effectively as part of a multidisciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.
CiP 3	The doctor is able to work successfully within health services at organisational and systems levels.
CiP 4	The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.
CiP 5	The doctor is able to engage with research to promote innovation.
SPECIALTY SPECIFIC	
Professional identity: Systems leader and champion (Design)	
CiP 6	The doctor is able to manage and lead a multiprofessional team delivering a Sexual and Reproductive Health Service.
CiP 7	Working in partnership with all other relevant organisations, the doctor is able to champion the healthcare needs of people from all groups within society to enable people to realise their right to optimum sexual and reproductive health and plan and deliver an SRH service within which the principles of Public Health are embedded and contribute to the vision for the future direction of healthcare.
Professional identity: Clinical expert (Deliver)	
CiP 8	The doctor is competent to assess and manage people presenting for sexual and reproductive healthcare throughout their life course.
GENERIC/SPECIALTY SPECIFIC	
Professional identity: Educator/Trainer (Train)	
CiP 9	The doctor is able to directly facilitate learning through the provision of teaching, training, mentorship, and assessment to a wide variety of learners, from various professions.
CiP 10	The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.

3 Development of CSRH 2021 curriculum

The CSRH 2021 curriculum was developed by the Assessment and Curriculum Committee, Specialty Advisory Committee and the Examinations Committee, under the authority of the Education Strategy Board. The members of the committees have broad UK representation and include consultants who are actively involved in teaching and training, trainees, service representatives and lay persons.

To ensure a robust consultation process, various working groups sought input from a range of stakeholders including royal colleges, faculties and commissioner groups. A series of stakeholder

reengagement workshops took place over a two-year period focusing on each component of the curriculum. Groups also participated in online and telephone surveys and online forums to ensure a broad range of views had the opportunity to input into the design and development of the curriculum.

4 Components of the curriculum

The practice of CSRH requires the generic and specialty knowledge, skills (including procedural skills), and attitudes, to manage patients presenting with a wide range of sexual and reproductive health symptoms and conditions. It involves particular emphasis on diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when another specialty opinion or care is required.

4.1 Developing the doctor – Generic Capabilities in Practice (CiPs)

Professional Identity 1: NHS Professional	
CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality, safe and empathetic patient-centred care.	
Key skills	Descriptors
Is able to take history and perform clinical examination and use appropriate investigations to establish diagnosis	<ul style="list-style-type: none"> • Takes a detailed and focused history either in person or using available technologies and analyses it in a succinct and logical manner • Recognises and resolves communication difficulties including the need for an interpreter • Understands the impact of social, cultural and psychological factors on the physical and mental health of the individual and their relatives or carers • Conducts appropriate clinical examination maintaining respect for individual dignity, confidentiality and diversity • Acknowledges the request for a doctor of a particular gender • Acknowledges the need for a chaperone • Selects appropriate investigations and interprets the results using sound clinical judgement • Lists possible diagnoses and applies clinical judgement to arrive at a working diagnosis • Documents clinical encounters in an accurate, complete, timely and accessible manner in compliance with legal requirements • Monitors and manages personal and professional ethical standards arising from patient interactions

Facilitates discussions	<ul style="list-style-type: none"> • Uses empathy, respect and compassion when communicating with a patient to build trust and independence • Promotes shared awareness and understanding by making explanations to patients in language they can understand • Recognises the hidden agenda or unvoiced concerns in consultations • Deals with embarrassing and disturbing topics sensitively and without judgement and responds effectively to disclosure
Facilitates therapeutic decision making	<ul style="list-style-type: none"> • Shares information in an honest and unbiased way • Considers views, preferences and expectations when working with patients to establish a patient centred management plan • Provides written or digital information in an appropriate format • Promotes shared awareness and understanding by using clear, simple and jargon-free language in explanations to patients
Provides treatment	<ul style="list-style-type: none"> • Demonstrates a commitment to high quality care which is safe and effective and delivers a good patient experience • Identifies safeguarding concerns in children and vulnerable adults and makes appropriate referrals • Manages problems in a structured and flexible way • Prescribes medicine, blood products and fluids correctly, accurately, unambiguously and with due regard to relevant drug interactions in accordance with GMC and other guidance • Determines responsibility for follow up, including appropriate intervals for review, location of care, instructions on accessing emergency help and changing or cancelling appointments • Works effectively within a multiprofessional team to meet the needs of the individual • Recognises limitations and escalates and transfers care where appropriate
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX • TO2 • PSQ • MCSRH Part 1 	<ul style="list-style-type: none"> • Attendance at safeguarding case conferences • Evidence of making multi-agency referrals for specialist support such as Safeguarding/MARAC/Domestic Abuse/CSE • Formal communication skills training

<ul style="list-style-type: none"> • MCSRH Part 2 • Reflective practice 	<ul style="list-style-type: none"> • Deanery/Trust teaching on any relevant topics such as safe prescribing • General log
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills dealing with complexity and uncertainty • Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements <p>Domain 6: Patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups Domain 9: Capabilities in research and scholarship</p>	

Professional Identity 1: NHS Professional	
CiP 2: The doctor is able to work and communicate effectively as part of a multidisciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.	
Key skills	Descriptors
Teamworking	<ul style="list-style-type: none"> • Understands teamworking in complex, dynamic situations • Demonstrates the ability to adapt to changing teams • Works effectively as part of a multiprofessional team in different roles • Communicates effectively within the multiprofessional team and with patients, relatives and members of the public. • Understands that multiple methods of communication are required • Understands and applies the techniques to maintain situation awareness taking into account team and individual factors • Demonstrates appropriate assertiveness and challenges constructively • Recognises and reflects on breakdowns in team working and communication • Recognises and celebrates effective multiprofessional team working
Understands human behaviour and demonstrates leadership skills	<ul style="list-style-type: none"> • Actively contributes to culture of respectful care by role modelling appropriate language and behaviour and challenging when this does not happen • Understands the basic principles and importance of emotional intelligence • Reflects on own leadership style and how this can impact on patient and colleague interactions • Demonstrates the ability to adapt leadership style to different situations • Continues to develop and enhance leadership skills

Understands decision making	<ul style="list-style-type: none"> • Understands the psychological theories behind how decisions are made • Understands the different types of decision making (intuitive, rule based, analytical and creative) • Demonstrates insight into their own decision making process • Reviews and analyses the decisions of others • Progresses from analytical to intuitive decision making and is able to articulate this as experience develops • Reflects on unconscious biases which may influence their interaction and behaviour • Is able to demonstrate consideration for different perspectives, the reasons for choices and perceptions of benefit when making decisions
Demonstrates personal insight	<ul style="list-style-type: none"> • Demonstrates insight into own knowledge and performance • Adapts within the clinical and team environment • Provides evidence that they reflect on practice and demonstrate learning from it
Manages stress and fatigue	<ul style="list-style-type: none"> • Understands stress, its impact on personal wellbeing and its potential effect on delivering high quality patient care • Develops personal strategies to maintain mental strength and resilience and demonstrates this as part of their personal development • Recognises the impact of stress and fatigue on their team and offers support or signposts as appropriate
Manages conflict	<ul style="list-style-type: none"> • Understands the concept of personal and interpersonal conflict in the healthcare setting • Understands the challenges and negative effects of conflict within teams and organisations • Understands and implements the methods used to manage conflict and its resolution
Makes effective use of resources including time management	<ul style="list-style-type: none"> • Can prioritise effectively • Demonstrates effective time management in clinical and non- clinical settings • Effectively delegates tasks to other members of the multiprofessional team
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • TO2 • PSQ 	Local, regional and national teaching on leadership and related topics such as conflict resolution, decision making etc.

<ul style="list-style-type: none"> • DOC • Reflective practice 	Relevant eLearning General log MCSRH Part 2
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills dealing with complexity and uncertainty • Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases) <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement 	

Professional Identity 1: NHS Professional

CiP 3: The doctor is able to work successfully within health services at organisational and systems levels.

Key skills	Descriptors
Participates in clinical governance processes	<ul style="list-style-type: none"> • Follows safety processes that exist locally and nationally • Actively engages in clinical governance processes • Understands the way in which incidents can be investigated and the theory that underpins this • Participates in incident investigations and links recommendations to quality improvement • Understands Duty of Candour and discusses harmful patient safety incidents with patients and their relatives accurately and appropriately
Understands systems and organisational factors	<ul style="list-style-type: none"> • Recognises how equipment and environment contribute to outcomes and patient safety • Is aware of latent and active failures within healthcare systems and the effects on safety • Promotes a safety culture and escalates safety concerns through the appropriate systems • Understands the concept of “high reliability organisations” and the relevance to improving outcomes in healthcare
Influences and negotiates	<ul style="list-style-type: none"> • Develops and evaluates own preferred negotiation style • Can handle a variety of negotiation challenges • Understands and is able to secure and consolidate agreements
Understands the healthcare systems in the four nations of the UK	<ul style="list-style-type: none"> • Understands the NHS constitution and its founding principles • Understands how healthcare systems are currently funded and commissioned and knows the key organisational structures • Understands the role of government and relevant agencies and public bodies • Appreciates the role of third sector organisations within health and social care • Demonstrates an awareness of budget and resource management
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX • Reflective practice • MCSRH Part 2 • General log 	<ul style="list-style-type: none"> • Participation in a critical incident review • Minutes demonstrating attendances and contribution to relevant meetings within local/regional or national healthcare economy • Anonymised reports, eg. complaints or root causes analyses

Mapping to GPCs

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement

- Patient safety
- Quality improvement

Professional Identity 1: NHS Professional

CiP 4: The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.

Key skills	Descriptors
Works effectively within the digital environment	<ul style="list-style-type: none"> • Understands the principles of data governance and the legislation around data protection • Demonstrates proactive and responsible interaction with digital platforms • Effectively signposts patients and health professionals to patient support websites and networks • Works with patients to interpret information in the public domain • Demonstrates ability to interact appropriately with public concerns and campaigns
Understands quality improvement (safety, experience and efficacy)	<ul style="list-style-type: none"> • Understands the difference between quality improvement and research • Understands quality improvement methodology • Understands the concept of big data and national clinical audit • Appreciates the importance of stakeholders in quality improvement work and encourages the involvement of service users
Undertakes and evaluates the impact of quality improvement interventions	<ul style="list-style-type: none"> • Is actively involved in quality improvement initiatives • Shares learning effectively • Evaluates quality improvement projects and how these can work at local, regional and national level
Evidence to inform decision	
<ul style="list-style-type: none"> • MCSRH Part 1 • MCSRH Part 2 • Reflective practice • CbD • General log • Presentation/Publication of audit or QI project • Cost-benefit analysis • Patient experience surveys • Completion of an audit cycle 	<ul style="list-style-type: none"> • Development of patient information • QI/Service Development Project • Attendance and participation in local and regional governance and audit meetings • Information Governance training at a local level • Implementation and adaptation of guidelines • Contribution to development of relevant guidance • Incorporation of alternative technologies (eg. telephone, apps and video) into service protocols for consultations and patient information • Involvement in an annual audit including presentation

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement

- Patient Safety
- Quality improvement

Professional Identity 1: NHS Professional

CiP 5: The doctor is able to engage with research to promote innovation.

Key skills	Descriptors
Demonstrates research skills	<ul style="list-style-type: none"> • Understands principles of healthcare research and different methodologies • Understands the principles of ethics and governance within research, follows guidelines on ethical conduct and valid consent for research • Understands the use of informatics, statistical analysis and emerging research areas • Performs literature searches, interrogates evidence and communicates this to colleagues and patients • Is able to translate research into practice
Demonstrates critical thinking	<ul style="list-style-type: none"> • Critically evaluates arguments and evidence • Can interpret and communicate research evidence in a meaningful, unbiased way to support informed decision making
Innovates	<ul style="list-style-type: none"> • Is open to innovative ideas and the views of service users • Shows initiative by identifying problems and creating solutions • Supports change by working to achieve consensus • Understands the value of learning from failure in innovation
Evidence to inform decision	
<ul style="list-style-type: none"> • Part 1 and 2 MCSRH • TO2 • GPC Certificate • Research methods course • Literature search course • Attendance/observation at a Research Ethics Committee • Participation in a clinical trial, recruiting participants in the course of clinical work 	<ul style="list-style-type: none"> • Public Health project • Acting as principal investigator for a trial • Acting as a peer reviewer • Pilot trials • Scientific paper presentations oral, poster • Membership of or contribution to a Guideline Group – local or national (CEU) • Reflective practice • Journal Club • Scientific journal publication • General log

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
 - National legislative requirements
 - The health services and healthcare systems in four countries
- Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

4.2 Developing the SRH consultant – Non-clinical specialty CiPs

Professional Identity 2: Systems leader and champion	
CiP 6: The doctor is able to manage and lead a multiprofessional team delivering a Sexual and Reproductive Health Service.	
Key skills	Descriptors
Demonstrates commitment to provision of a service which is continually monitored and responsive to both positive and negative events	<ul style="list-style-type: none"> • Promotes excellence • Develops competency frameworks for different staff groups, eg. specialty doctor in SRH, healthcare worker in SRH • Provides leadership and direction to support others to achieve their competencies • Participates proactively in adverse event reporting, identifies patterns and necessity for change • Responds to a complaint appropriately, in line with existing NHS policies and procedures • Sensitively debriefs with another staff member, using constructive feedback where appropriate • Sets up a supportive and positive environment to encourage reporting of adverse events • Participates in review of progress in meeting local/national performance indicators • Uses audit outcomes to affect change • Uses local/national performance indicators to affect change
Recruits, manages and develops the members of various professional groups that make up multidisciplinary staff	<ul style="list-style-type: none"> • Demonstrates performance management • Understands and applies the key principles of leadership and management • Understands and applies the key principles of competency frameworks as a performance management and development tool • Participates in regular appraisals (of self and other staff members), keeping appropriate records • Composes an effective job description for a new position • Demonstrates an understanding and commitment to the importance of equity within the recruitment and selection process • Participates in an interview/selection panel • Demonstrates a willingness to support all staff in their continuing development • Demonstrates an understanding of staff wellbeing, sickness and absence management policy and how this

	<p>is applied for both the employer and the employee</p> <ul style="list-style-type: none"> • Is able to provide a reference for another member of staff or other professional
<p>Manages and sustains financial resources effectively</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of service budget reports • Designs and implements plans for attracting funding from a range of sources • Develops and submits a business case • Demonstrates the principle of financial transparency, openness and accountability • Applies the principles of working with integrity, and with an honest and trustworthy manner • Manages changes in funding resources, while ensuring maintenance of service quality and sustainability • Sensitively communicates the need to review resource allocation to staff • Demonstrates understanding of the importance of ensuring efficient use of resource, maximising benefits • Manages pharmacy budgets effectively • Is able to describe purchasing processes
<p>Demonstrates commitment to continuous quality improvement and resulting service development</p>	<ul style="list-style-type: none"> • Critically reviews an aspect of service provision and provides recommendations for service redesign • Demonstrates analytical thinking • Leads and responds to a service user consultation on potential service change and on all aspects of service delivery • Demonstrates support for working within a changing and evolving work environment • Monitors the effects and outcomes of service developments • Encourages innovation, supporting a climate of ongoing service improvement
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • TO2 • Reflective practice • QI/Service Development or Redesign/Change Management Project • MCSRH Part 2 • General log • A written business 	<ul style="list-style-type: none"> • Local, regional or national training (leadership, management, HR processes, recruitment, business planning) • Participation in an interview panel • Job description • Attendance at relevant meetings: Performance Review, Budgetary, Clinical Governance, Operational • Chairing meetings, eg. local staff meetings

case/funding request	<ul style="list-style-type: none"> • Response to a complaint • Investigating a DATIX • Equality and Diversity training
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health services and healthcare systems in four countries <p>Domain 4: Capabilities in health promotion and prevention</p> <p>Domain 5: Capabilities in leadership and team working Domain 6: Patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>	

Professional Identity 2: Systems leader and champion

CiP 7: Working in partnership with all other relevant organisations, the doctor is able to champion the sexual and reproductive healthcare needs of people from all groups within society to enable people to realise their right to optimum sexual and reproductive health; and to plan and deliver an SRH Service, within which the principles of Public Health are embedded and contribute to the vision for the future direction of healthcare.

Key skills	Descriptors
Considers the impact of the broader social and cultural determinants of health when planning and delivering SRH care	<ul style="list-style-type: none"> • Understands the impact of social, cultural, economic and environmental factors on the physical and mental health of the population • Is aware of the impact of globalisation on SRH and how the increasing movement of people impacts upon healthcare and services
Participates in setting the direction of future SRH care at local, regional and national level	<ul style="list-style-type: none"> • Contributes to a local SRH strategy • Demonstrates involvement in influencing wider context/political drivers for better SRH • Works effectively with the media • Communicates/presents professionally in written, spoken and visual formats and on digital and social media platforms • Presents information in appropriate format for range of audiences
Formulates and articulates problems so they can be addressed using public health intelligence	<ul style="list-style-type: none"> • Collates, reviews and uses available sources of data to demonstrate a population health need • Demonstrates ability to complete a public Health project in the time available • Analyses population data to demonstrate trends, draw comparisons and identify inequalities in SRH • Demonstrates awareness and understanding of population level data relevant to SRH

Evidence to inform decision

<ul style="list-style-type: none"> • Chairing Public Health or SRH strategy meetings • Oral or poster presentation • Reflective practice • Risk assessments 	<ul style="list-style-type: none"> • Chairing Public Health or SRH strategy meetings • Oral or poster presentation • Reflective practice • Risk assessments
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Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health services and healthcare systems in four countries

Domain 4: Capabilities in health promotion and prevention

Domain 5: Capabilities in leadership and team working

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

4.3 Developing the SRH consultant – Clinical specialty CiPs

Professional Identity 3: Clinical Expert	
CiP 8: The doctor is competent to assess and manage people presenting for sexual and reproductive healthcare throughout their life course.	
Key skills	Descriptors
Manages fertility control	<ul style="list-style-type: none"> • Provides information and counselling about all reversible and non-reversible contraceptive options • Provides all reversible methods of contraception that are available in the UK at the time • Provides expert contraceptive care to people with social and/or clinical complexity • Provides all forms of reversible post pregnancy contraception • Manages complications secondary to all methods of contraception including contraceptive failure • Is able to remove all reversible methods of contraception, including where this involves complex procedures • Manages complex removals including where imaging is required, working with other specialists when necessary • Provides expert advice and management and acts as senior decision maker with regard to contraception in collaboration with other specialists
Manages pregnancy planning and preconception care	<ul style="list-style-type: none"> • Provides information and counselling about fertility throughout the life course • Provides information and counselling about pregnancy planning, pregnancy spacing and preconception care • Understands the importance of preconception care to optimise maternal and fetal health • Is able to elicit the risks to having a healthy pregnancy and baby that are of most concern or relevance to the individual and is able to support them in reaching an appropriate plan of action to prepare for pregnancy • Recognises the effect of chronic maternal disease on pregnancy and vice versa, provides information and refers for more specialised support when needed
Manages pregnancy planning and preconception care	<ul style="list-style-type: none"> • Provides information and counselling about fertility throughout the life course • Provides information and counselling about pregnancy planning, pregnancy spacing and preconception care • Understands the importance of preconception care to optimise maternal and fetal health

	<ul style="list-style-type: none"> • Is able to elicit the risks to having a healthy pregnancy and baby that are of most concern or relevance to the individual and is able to support them in reaching an appropriate plan of action to prepare for pregnancy • Recognises the effect of chronic maternal disease on pregnancy and vice versa, provides information and refers for more specialised support when needed
<p>Manages early pregnancy, unplanned pregnancy and abortion care</p>	<ul style="list-style-type: none"> • Demonstrates a non-directive and non-judgemental approach towards pregnancy and abortion care and appreciates the social and cultural factors and the impact of stigma on this area of work • Works with the individual and other professionals to ensure a network of care and appropriate follow up (such as Early Pregnancy Assessment Units, Sexual Assault Referral Centres, Domestic Abuse services etc.) • Demonstrates the ability to manage women with early pregnancy and its complications including management of Pregnancy of Uncertain Viability (PUV), Pregnancy of Unknown Location (PUL) and miscarriage, hyperemesis, medical management of ectopic pregnancy and request for abortion • Ensures appropriate clinical follow up, management of complications and disposal of fetal remains • Provides abortion within the context of personal belief • Manages issues relating to conscientious objection to abortion and other personal beliefs from co-workers and colleagues • Recognises own belief and impact on practice • Understands the legislation and regulations specific to abortion care across the four nations and demonstrates the skills to establish and lead an abortion service
<p>Manages non-complex genitourinary tract presentations</p>	<ul style="list-style-type: none"> • Recognises the spectrum of clinical presentations of genital tract conditions and their differential diagnoses including sexually and non-sexually transmitted infections, dermatoses, inflammatory disorders and infestations • Takes an appropriate sexual history including STI risk assessment • Provides immediate management of non-complex genital tract conditions • Discusses with patients the risk factors for sexual and blood borne virus infections • Advises vaccination where appropriate and explains

	<p>vaccination regimes and other preventative strategies</p> <ul style="list-style-type: none"> • Arranges partner notification where appropriate and refers to other specialties where indicated
Manages abnormal vaginal bleeding	<ul style="list-style-type: none"> • Provides information and counselling about all investigations and treatment options • Provides initial investigation and non-surgical treatment within the field of SRH • Refers or signposts appropriately to other specialties or practitioners where investigation and treatment lie outwith the field of CSRH, taking into account the urgency required
Manages pelvic and vulval pain	
Manages urogynaecological symptoms	
Manages screening relevant to SRH	<ul style="list-style-type: none"> • Provides information and counselling on all screening relevant to SRH • Provides screening within CSRH, such as cervical screening, in accordance with national guidance • Counsels about screening results and onward referral
Manages adolescent SRH	<ul style="list-style-type: none"> • Performs a consultation appropriate to a young person, recognising the particular difficulties and vulnerabilities that may be faced by this age group • Supports young people to understand the importance of sexual wellbeing • Is able to assess the understanding of the young person of consent and safe sex • Discusses lifestyle choices (including risk and self-empowerment) in an appropriate manner and provides health promotion within the consultation • Works with the individual and other professionals to ensure a network of care and appropriate follow up • Assesses safeguarding needs, reports appropriately and contributes to the local multidisciplinary processes
Manages PMS	<ul style="list-style-type: none"> • Manages PMS according to individual circumstances and preferences using a range of therapeutic options including hormonal and non-hormonal treatment, lifestyle measures, complementary therapies and psychological therapies • Provides information and counselling on role of surgery in the management of severe PMS • Appreciates the impact PMS may have on other aspects of wellbeing
Manages menopause and postmenopausal care	<ul style="list-style-type: none"> • Discusses the risks and benefits of HRT and prescribes appropriately, including in premature ovarian insufficiency • Formulates an individualised management plan taking

	<p>into account individual circumstances and preferences, including lifestyle measures, complementary therapies and psychological input</p> <ul style="list-style-type: none"> • Can manage menopausal symptoms in women with coexisting physical and/or mental health conditions, including those with a history or genetic risk of cancer • Provides expert advice and management and acts as senior decision maker with regard to menopause and HRT in collaboration with other specialists • Appreciates the impact that the menopause may have on other aspects of wellbeing • Is able to explore the problem with the patient further, perform a genital examination with a psychosomatic component and request appropriate investigation • Demonstrates awareness of the doctor/patient interactions that can occur within a consultation and be able to use these insights for the benefit of the patient • Is able to provide immediate management of psychosexual care • Formulates and discusses management options according to/available through local pathways
<p>Manages sexual violence</p>	<ul style="list-style-type: none"> • Demonstrates appropriate response to overt and covert presentation of non-consensual sex • Takes an appropriate initial account from a person disclosing sexual assault to allow referral to the most appropriate service • Understands the principles of forensic evidence preservation and applies them to clinical practice • Understands and is able to comply with “Chain of Evidence” protocols • Is able to discuss options for reporting to the police • Understands the requirements for performing a clinical examination only where appropriate • Documents the clinical history and the patient’s account of events • Assesses physical and psychological health needs of individual and discusses options and provides care in a timely manner – emergency contraception, vaccination, STI testing and PEP • Understands local safeguarding pathways where sexual violence is part of the presentation • Works with the individual and other professionals to ensure a network of care and appropriate follow up

Evidence to inform decision	
<ul style="list-style-type: none"> • DCSRH • MCSRH Parts 1 2 • LoC IUT and SDI • Mini-CEX • CbD • OSATS 	<ul style="list-style-type: none"> • PSQ • TO2 • Reflective practice • Clinical skills courses • DOC • General log
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health services and healthcare systems in four countries <p>Domain 4: Capabilities in health promotion and prevention</p> <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>	

4.4 Developing the doctor and SRH consultant – Shared generic and non-clinical specialty CiPs

Professional Identity 4: Educator/trainer	
CiP 9: The doctor is able to directly facilitate learning through the provision of teaching, training, mentorship and assessment to a wide variety of learners from various professions.	
Key skills	Descriptors
Delivers effective teaching	<ul style="list-style-type: none"> • Demonstrates understanding of learning theories relevant to medical education • Plans and delivers effective teaching/training strategies and activities • Promotes a supportive learning environment (and ensures patient safety in teaching/training) • Demonstrates techniques for giving feedback and can provide it in a timely and constructive manner • Evaluates and reflects on the effectiveness of their teaching/training activities • Manages personal education time and resources effectively
Facilitates interprofessional learning	<ul style="list-style-type: none"> • Understands the value of learning with, from and about other healthcare professionals • Participates in interprofessional learning • Demonstrates the ability to deliver multiprofessional teaching
Supervises and appraises	<ul style="list-style-type: none"> • Contributes towards staff development and training, including supervision, appraisal and workplace assessment • Acts as named Clinical Supervisor, Educational Supervisor and College Registered Trainer • Understands the skills required to become an Educational Supervisor • Understands GMC recognition of trainer status • Understands GMC revalidation and the underlying medical appraisal process and could act as an appraiser
Develops people	<ul style="list-style-type: none"> • Acts as a supportive colleague and critical friend • Encourages career development in others • Understands concepts of formal, mentoring and coaching • Demonstrates an awareness of the characteristics of a colleague in difficulty • Supports and guides a colleague in difficulty using the processes which exist within the NHS

Evidence to inform decision	
<ul style="list-style-type: none"> • TO2 • Reflective practice • MCSRH Part 2 KAT • FRT or equivalent status recognition • eLearning/courses relevant to education 	<ul style="list-style-type: none"> • Lesson plans • Publications • Power points/examples of teaching or training sessions delivered • Feedback from teaching • Involvement in formal training programme design • Involvement in undergraduate examinations • General log
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>	

Professional Identity 4: Teacher/Educator	
CiP 10: The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.	
Key skills	Descriptors
Understands educational programmes within SH/SRH	<ul style="list-style-type: none"> • Demonstrates an understanding of the requirements and outcomes of educational programmes within SH/SRH • Maintains awareness of innovation and developments in medical education and educational techniques
Demonstrates ability in planning, delivery and evaluation of training programmes	<ul style="list-style-type: none"> • Demonstrates the ability to plan, structure and facilitate an educational session, intervention, event or training programme, including aims, objectives, learning resources to be used and evaluation methods • Is able to teach/train different health professionals effectively
Evidence to inform decision	
<ul style="list-style-type: none"> • Involved in the delivery of SH and SRH courses such as DipGum, STIF, DCSRH, SRH essentials, CoSRH SSMs etc. • Participation in relevant Deanery and/or College educational committees • Development of local and national SRH teaching resources 	<ul style="list-style-type: none"> • Educational feedback from peers and learners with evidence of actions where appropriate • Participation in 360 appraisal process • TO2 • Supervision and mentoring other trainers • MCSRH Part 2 KAT • Attendance at “Training the Trainer” events such as Educational Supervisor training days • Reflective practice • Evidence of session plans including learning objectives and methods of assessment • Evidence of attendance at quality improvement meetings relevant to education • Evidence of involvement with educational governance • Shadowing director of medical education • General log
Mapping to GPCs	
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Communication and interpersonal skills • Dealing with complexity and uncertainty <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements 	

- The health services and healthcare systems in four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

4.5 Practical procedures

There are a number of procedural skills in which a trainee must become proficient to the level expected by the end of training as outlined in Table 2. Trainees must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Trainees will be able to record their procedures in the updated ePortfolio.

Trainees should ideally receive training in procedural skills in a simulated setting before performing these procedures clinically, but this is not mandatory. Assessment of procedural skills will be made using the OSATS tool.

When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (OSATS) of that procedure, unless they or their Educational Supervisor think that this is required (in line with standard professional conduct).

Table 2 – List of CSRH procedures

Bimanual examination
Speculum examination
Cervical screening (cytology)
Proctoscopy
Ablation of genital lesions/warts
Light microscopy
Insertion and removal of intrauterine contraception (IUC)
Complex insertion and removal of IUC
Complex removal of deep/impalpable SDI
Insertion, fitting and removal of female barrier contraception
Ultrasound contraception
Surgical management of 1 st trimester miscarriage and 1 st trimester abortion including MVA
Ultrasound early pregnancy

Endometrial biopsy
Diagnostic Hysteroscopy
Biopsy of genital skin
Insertion, fitting and removal of vaginal supportive pessary
Ultrasound gynaecology

4.6 Ultrasound procedures

Each of the ultrasound procedural skills are further subdivided into component OSATS as shown in Table 2A below. Three summative OSATS will be required in each of the individual skills in order to demonstrate proficiency in the overarching category of Ultrasound procedure.

Table 2A - Ultrasound procedures with accompanying breakdown of OSATS	
Ultrasound procedures	OSATS
Ultrasound contraception	<p>Use of transvaginal, transabdominal or musculoskeletal ultrasound as appropriate to:</p> <ol style="list-style-type: none"> 1. Identify a normally sited intrauterine method of contraception 2. Identify an abnormally sited intrauterine method of contraception 3. Identify a normally sited subdermal contraceptive implant in the upper arm 4. Identify an abnormally sited subdermal contraceptive implant in the upper arm
Ultrasound pregnancy and abortion care	<p>Use of transvaginal and/or transabdominal ultrasound as clinically indicated to:</p> <ol style="list-style-type: none"> 1. Diagnose a normal early pregnancy 2. Diagnose a miscarriage 3. Diagnose retained products of conception 4. Diagnose or assess a suspected ectopic pregnancy
Ultrasound gynaecology	<p>Use of transvaginal and/or transabdominal ultrasound as clinically indicated to:</p> <ol style="list-style-type: none"> 1. Assess the reproductive tract within the normal female pelvis 2. Assess endometrial abnormalities 3. Assess uterine abnormalities 4. Assess ovarian lesions 5. Assess pelvic pain

5 Learning and teaching

5.1 The training programme

The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A training programme director will be responsible for coordinating the CSRH training programme across each area. The local organisation and delivery of training is overseen by a school of O&G. All aspects of the organisation and quality management of the programme follow the requirements of the Gold Guide.

Progression through the programme will be determined by the annual review of curriculum progression (ARCP) process and the Matrix of Progression. Training requirements for each indicative year of training are summarised in the CSRH ARCP decision aid. The successful completion of each stage of training will be dependent on achieving the expected level in all CiPs and procedural skills. The programme of assessment will be used to monitor and determine progress through the programme. Training will normally take place in a range of settings.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and that unnecessary duplication and educationally unrewarding experiences are avoided. Each phase of training is summarised below (section 5.2), as well as in section 2.4.

5.2 The training environment

Phase 1 (Indicative 3 years)

Phase 1 Training occurs from ST1 to ST3. During this phase, trainees need to achieve basic competencies in SRH, obstetrics and gynaecology and STI care. They will divide their time between each field of care in order to do so. This is the time when trainees will start to gain experience in CSRH but built on a solid foundation of experience from hospital obstetrics and gynaecology.

Phase 2 (Indicative 2 years)

Phase 2 Training occurs from ST4 to ST5. During Phase 2, CSRH trainees will continue to develop their SRH, abortion, gynaecology and STI competencies. They will have attachments to Public Health and SARCs and gain further experience in Psychosexual Medicine.

Phase 3 (Indicative 1 year)

Phase 3 Training occurs in ST6. During this phase, in addition to completing all clinical and non-clinical competencies, including systems management and leadership, the trainee prepares to transition to a consultant role. Within the final year a trainee can spend an indicative 6 months (pro rata) acting up as a consultant at any point in ST6 with suitable supervision, as outlined within the Gold Guide.

5.3 Breadth of learning and teaching

Learning and teaching requirements for the individual Capability in Practice (CiP) areas are summarised below. It should be noted that, throughout the programme, trainees will have experience of patients presenting through open access services dealing with transgender, gynaecological disorders and sexual assault. External learning will increase clinical skills in these areas.

Patient-centred care (CiP 1,2,3)

Regular clinical work in specialist SRH services offers rich learning opportunities for understanding how to provide high quality, safe and empathetic patient centred care, as well as communicating effectively as part of a multidisciplinary team. Trainees have the opportunity to develop basic skills in sexual, obstetric and gynaecological history-taking early on in their training through clinical placements, DCSRH clinical experience and assessment and access to STIF courses. Trainees also have access to support through local and regional courses.

Data and research (CiP 4 and 5)

Audit and quality improvement projects (QIP) are key learning opportunities for trainees who may become single-handed consultants. Understanding of the process of project work development and the leadership of a multidisciplinary team undertaking audit work are key learning objectives. Annual completion of audit or QIP, and presentation of work, must be demonstrated throughout training. Development of a collaborative approach to audit, research and service development is a constant goal throughout the programme.

Understanding how to manage data and digital information appropriately and design and implement QIPs is supported through attachments at quality and audit departments. Close links with audit departments foster an environment where trainees are encouraged to engage with research to promote innovation. Trainees will also have access to library facilities and e-journals and attendance at various training courses on research methods, governance, literature search and questionnaire design. Regular audit meetings ensure that trainees have the opportunity to participate in discussions.

Legal and ethics (CiP 11)

Learning and teaching in legal and ethics is supported through monthly service educational meetings. Trainees also have the opportunity to learn on the job by attending safeguarding and ethics committees and learning from the formal legal and ethics process. Trainees will solidify their knowledge through attendance at mandatory training on record keeping and consent for example.

Leadership, management and governance (CiP 6)

Working within a sexual health directorate, trainees have opportunities to contribute to all aspects of leadership, management and governance. They can undertake management training and leadership training courses to support the development of competencies. Trainees can develop these further by attending monthly lead clinicians meetings, taking on a defined change management project and shadowing the senior management team of the directorate. Trainees are expected to do practical projects in leadership and service development.

Public Health (CiP 7)

Public health attachments are a valuable method for partnership working and championing SRH needs of people from all groups within society. It is also useful to build a foundation in planning and delivering an SRH service according to the principles of public health. There is ample opportunity to undertake needs assessments, retrieve and analyse population data and develop the ability to understand policy and strategy development. Trainees will have access to health improvement programmes and undertake media work at an appropriate level.

SRH Life Course – Contraception (CiP 8, KS1)

Trainees are expected to manage fertility control encompassing routine and complex presentations, and provide advice to colleagues in different disciplines including primary care. Learning is

supported through regular clinical work in specialist SRH services, covering both basic techniques (Letters of Competence in Intrauterine Techniques and Subdermal Implants) and advanced contraceptive skills such as removal of impalpable implants, intrauterine contraception for women with uterine anomalies and contraception for women with medical or psychosocial complexity.

SRH Life Course – Obstetrics

Although obstetric care is outwith the scope of practice of a Consultant in SRH, an understanding of the specialty is important. The SRH Consultant will often engage in conversations about pregnancy risk, and will be deeply involved in early pregnancy issues. Women seeking advice on contraception or sexual wellbeing issues may have experiences during pregnancy and childbirth that are relevant to sexual and reproductive health decision- making.

SRH Life Course – Pregnancy planning, abortion care and general gynaecology (CiP 8, KS 2,3,5,6,7,8)

These areas cover a wide range of key skills including preconception care, early pregnancy, unplanned pregnancy and abortion care, abnormal vaginal bleeding, pelvic and vulval pain, urogynaecological symptoms and screening relevant to SRH. Trainees are required to work within abortion services. They will learn to manage first trimester abortion via medical and surgical methods as their views permit. Trainees will also work within obstetrics and gynaecology units and undertake ultrasound scanning. Trainees have further opportunity to build and develop their capability through a range of training including counselling skills, clinical training, clinical observations and participation in self-directed learning and workplace-based tutorials.

SRH Lifecourse – Ultrasound scanning (CiP 8, KS 1,3,5,6,7,8,9)

The SRH Consultant must be a competent independent practitioner in early pregnancy and gynaecology ultrasound, although they will always know when to seek further support from colleagues in the imaging department. Ultrasound training has to involve both the techniques of achieving optimal images, as well as the clinical knowledge to allow interpretation. This training is likely to take the equivalent of a session per week for at least 1 year. Experience should then be further developed and maintained by scanning in early pregnancy or abortion settings, gynaecology clinics and complex contraception clinics.

STI & GUM (CiP 8, KS4)

For this area of training, trainees are required to attend GUM and HIV clinics, where they can build and develop their key skills in diagnosing and providing immediate management of genital tract and sexually transmitted infections and using appropriate prevention strategies. Training is further supported through relevant courses, local and regional training and through local protocols and care pathways.

SRH Life Course – Adolescent Sexual and Reproductive Health (CiP 8, KS9)

Learning and teaching in adolescent SRH is supported by working within gynaecology units and integrated sexual health and young people's services. Trainees are also required to complete local and regional training courses on paediatric gynaecological problems and disorders of puberty.

SRH Life Course – Menopause and PMS (CiP 8, KS 10, 11)

The curriculum trains the doctor to the level of being able to provide PMS and menopause advice and care to all women, including those with medical comorbidities, cancer and genetic cancer risk. Whilst care of high-risk women should always be provided by a multidisciplinary team, the curriculum takes the trainee to the equivalent level as the BMS advanced training, and CoSRH

Advanced Menopause Certificate, and thus will be a pathway to BMS Menopause Specialist status. Care of the perimenopausal and menopausal woman is an important part of the life course approach, and as such is compulsory for all trainees.

Menopause training will usually take place in years 4-5 of training, although care of the very complex patient may be more appropriate in year 6. This will depend on training opportunities for each individual trainee. It is expected that at least part of the training will take place within a specialised menopause clinic, which accepts referrals from primary care and other hospital specialists. However older women will also present for care within integrated sexual health and contraception clinics, sexual problems services and other community settings. Specific menopause clinic training should be expected to include a weekly clinic for approximately 6-12 months. Attendance at a theory course will be necessary. This should be one that is approved by CoSRH and the British Menopause Society. Although trainees are not advised to do the CoSRH Menopause SSM or BMS training, as the components are the same, they may wish to use the SSM logbook as a guide. Outcomes will be assessed by passing MCSRH, workplace based assessments and other demonstrations of skill such as giving presentations and performing quality improvement projects.

SRH Life Course – Transgender Health Problems (CiP 8, KS 12)

Learning how to manage transgender health problems is supported through general and specialist clinics, including local and regional training.

SRH Life Course – Reproductive Mental Health (CiP 8, KS 13)

Trainees have access to training in clinical services which provide them with a firm grounding on how to understand the interplay between mental health and reproductive health and therefore how to provide optimal care for people with diagnosed and undiagnosed mental health conditions. Trainees participate in reflective Case-based Discussions (CbD), Mini CEXs and local and regional training.

SRH Life Course - Sexual Wellbeing (CiP 8, KS 14)

Access to training in clinical services enables trainees to develop skills in the promotion of sexual wellbeing and an understanding of the physical and psychological influences on sexual pleasure and function. Trainees participate in reflective case based discussions (CbD), group and individual supervision sessions and approved demonstrations and case presentations.

SRH Life Course – Sexual Assault/Sexual Violence (CiP 8, KS 15)

Trainees must undertake observation work through attachments in local SARC (Sexual Assault Referral Centre) and open access centres observing sexual assault services and forensic medical examinations (FMEs). Trainees also develop their capability in this area through attending local and regional training courses, completing child protection training courses and undertaking training by professional bodies.

Educator/Trainer (CiP 9, 10)

Trainees will have access to learning and development opportunities to support them in managing educational programmes and to build capabilities in facilitating learning, providing teaching, training, mentorship and assessment to a wide variety of learners from various professions.

Trainees will shadow teaching and training event organisers, as well as participate in the planning and execution of training events. Trainees will have access to peer support, and are encouraged to engage in self-directed learning. Workplace-based learning will offer the opportunity to provide educational supervision of a training programme.

5.4 Mandatory and optional training

Table 3 provides guidance to training programme directors and other key stakeholders to indicate which courses should be eligible for funding and study leave in line with local arrangements. The availability and nature of courses change over time and no one particular course is absolutely compulsory in the CSRH curriculum. However, all of those below should be eligible for study leave budget without need for individual consideration. The local deanery or Trust will offer many valuable training courses, which trainees are encouraged to explore.

These courses represent the most focussed theoretical and practical training currently available for the relevant components of the CiPs to which they are mapped. Attendance at these courses is highly recommended as an efficient and recognised way of acquiring specialised theoretical knowledge, hands on practice with simulation or volunteer patients or both. Trainees may choose to attend a different course, engage with online learning or demonstrate the acquisition of practical skills in real time within the workplace with an appropriate supervisor as long as knowledge requirements and competencies are met on time.

Table 3 - Standard recommended courses	ST1	ST2	ST3	ST4	ST5	ST6	CiP
BASHH modules 1-4 (or equivalent)			X	X	X		1, 2, 8
BASHH STIF course (or equivalent)	X	X	X				1, 2, 8
Basic Practical Skills in O&G (or equivalent)	X						1, 2, 8
Courses necessary for DCSRH (or equivalent)	X						1, 2, 8
Courses to obtain FRT/ES status (or equivalent)			X	X			4, 9, 10
Forensic (Sexual Assault) Medical Examiners course (or equivalent)				X	X		1, 2, 3, 6, 8
CoSRH Current Choices and Annual Scientific meetings (or equivalent)	X	X	X	X	X	X	1, 2, 3, 4, 5, 6, 7, 8, 9
HR skills and recruitment training					X		6
Menopause Theory course (RCOG/BMS or equivalent)			X	X			1, 2, 8
Public Health course (or equivalent)				X	X	X	3, 4, 7
Regional and National CSRH Trainees' Meetings and Conferences (or related specialty equivalent – GUM, O&G, Public Health, General Practice)	X	X	X	X	X	X	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Research methodology/critical appraisal		X	X				1, 4, 5, 7

course (or equivalent)							
Simulator training (where relevant/available e.g. MVA/hysteroscopy/scan)	X		X	X			1, 2, 8
USS skills course (RCOG/RCR or equivalent)		X					1, 2, 4, 8
Courses, meetings, webinars, and events relating to Abortion Care	X	X	X	X	X	X	8

5.5 Learning and teaching methods

The CSRH specialty curriculum is delivered through a range of learning and teaching methods to enhance learning. This will incorporate a variety of strategies including formal, informal, on the job experiential learning, self-directed learning, peer learning, external study courses and reflective learning practices.

Workplace-based experiential learning

Experiential learning, or learning by doing, provides a powerful tool for development. Trainees engage in this through a variety of ways including:

- Regular clinical work in community walk-in clinics
- Clinical placements/attachments in SRH, GU, O&G, Public Health, and local SARCs (Sexual Assault Referral Centre)
- Undertaking research and quality improvement projects, supported through attachments at quality and audit departments
- Meetings
- Case presentations
- Safeguarding and ethics committee meetings
- Change management projects

Peer learning and Community of Practice (CoP)

There are many opportunities for trainees to learn with their peers and develop personally and professionally within SRH. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions.

Shadowing

Shadowing provides an informal learning opportunity for trainees and there are a range of options for trainees to engage with this method on the programme including:

- Shadowing senior staff/other team leaders in leadership skills
- Shadowing a health improvement specialist in Public Health
- Shadowing teaching and training event organisers.

Postgraduate teaching (formal)

The content of formal postgraduate teaching sessions and access to other more formal learning opportunities are determined locally and will be based on the curriculum. There are many

opportunities throughout the year for formal teaching locally and at regional, and national meetings. Regional and national training for CSRH is organised by trainee groups and is aimed at specific specialty competencies.

Independent self-directed learning

Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including journals and web-based material such as e-Learning for Healthcare (e-LfH)
- Maintaining personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit, quality improvement and research projects
- Achieving personal learning goals beyond the curriculum

External study courses (formal)

Making time for formal courses is encouraged, subject to local conditions of service.

Simulation training

Simulation training is a useful technique for learning, providing trainees with immersive experiences that evoke or replicate clinical scenarios. Procedural competency training, using simulation aimed at achieving technical competence for CSRH practical procedures should be provided as early as possible in ST1. Scenario-based immersive simulation training should be undertaken at all stages of training, with human factors incorporated into the scenarios.

Academic Training

The four nations have different arrangements for academic training and doctors in training should consult the Deanery for further guidance.

6 Programme of assessment

6.1 The purpose of the programme of assessment

The purpose of the programme of assessment is to:

- Assess trainees' actual performance in the workplace
- Encourage the trainee to develop as an adult responsible for their own learning
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development
- Enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience
- Demonstrate trainees have acquired the GPCs and meet the requirements of Good Medical Practice (GMP)
- Ensure that trainees possess the essential underlying knowledge required for their specialty
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme

- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme
- Identify trainees who should be advised to consider changes of career direction

6.2 Programme of assessment

Our programme of assessment refers to the integrated framework of examinations, assessments in the workplace and judgements made about a trainee during their approved programme of training. The purpose of the programme of assessment is to clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points, and to demonstrate satisfactory completion of training as required by the curriculum. Detailed guidance will be drafted to assist trainers and trainees. We also attach a revised Knowledge Assessment Blueprint, which specifies in more detail how the MCSRH examination components test specific knowledge categories.

The programme of assessment comprises the use of several different assessment types. These include formative supervised learning events (SLEs) and MCSRH examinations, as well as summative assessments of learning and performance (workplace-based assessments). A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments, including those conducted in the workplace, are linked to the relevant learning outcomes stated in the CSRH curriculum.

The programme of assessment emphasises the importance of professional judgment on whether the trainee/candidate has demonstrated that they have achieved the learning outcomes and expected levels of performance set out in the approved curriculum. It also focuses on their competence as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made according to the learner's self-assessment. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for trainees. Assessment tools, which are well established in CSRH training, will be both formative and summative and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.

Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning, to reflect and to engage in formative feedback. Those assessment tools which are not identified individually as summative will contribute to judgements about a trainee's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum. Educational Supervisors should guide trainees in appropriate evidence submission.

The expectation is that reflective practice and constructive feedback as assessment *for learning* are an integral component to all formative supervised learning events and summative workplace-based assessments. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently – and as soon as possible after any event to maximise benefit for the trainee. Feedback should be explicit and constructive with an action plan included for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback. The CoSRH encourages trainees to use the

AoMRC template for reflection and these are reviewed by the ARCP panel who give feedback on the quality of reflection. As the ARCP panel includes external and lay representation, this provides an element of 360 assessment.

6.3 Assessment of CiPs

The CiP is the fundamental basis of global judgement. Assessment of CiPs involves a supervisor looking across a range of key skills and reviewing evidence of progress to make a global judgement about a trainee's suitability to take on responsibilities or tasks as appropriate to their stage of training. It also involves the trainee providing self-assessment of their performance for that stage of training.

Throughout the training year, clinical and Educational Supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance. This feedback will include a global rating in order to indicate to the trainee and their Educational Supervisor how they are progressing at that stage of training. Evidence to support the global rating for the CiP will be derived from workplace-based assessments and other evidence, eg. TO2. These assessments will include global assessment and anchor statements.

Global assessment anchor statements:

- Not meeting expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training

End of the training year

Towards the end of the training year, trainees will assess their own progression for each CiP and record this in their ePortfolio, signposting to the evidence that supports their rating. The Educational Supervisor (ES) will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee's self-assessment and record their global judgement of the trainee's performance in the Educational Supervisor Report (ESR), with commentary.

Each CiP will be globally judged against the expectations for the particular stage of training. However, there will be a difference between the global judgement of generic and non-clinical specialty CiPs, and the clinical specialty CiP. This is because of the need to allow the Educational Supervisor to make an entrustment decision about the ability of trainees to take on particular clinical responsibilities or tasks, and the level of supervision that they require.

Global judgement of generic and non-clinical specialty CiPs

The trainee will make a self-assessment to consider whether they meet expectations for the stage of training, highlighting the evidence in the ePortfolio. The Educational Supervisor will indicate whether the trainee is meeting expectations or not. Trainees will need to meet competence expectations for the stage of training as a minimum to be judged satisfactory to progress. The expectations for each stage of training for generic and non-clinical CiPs will be specified in the guidance and will include demonstration of continued progression across the curriculum.

Clinical specialty CiP

The trainee will make a self-assessment to consider whether they meet overall expectations for the year of training, using the five supervision levels listed in Table 4 and highlighting the evidence in the ePortfolio. Based on the overall progress expected in each key skill for the year and stage of

training, they will indicate whether the trainee is meeting overall expectations or not by assigning one of the five supervision levels, as in the template below. Trainees will need to meet expectations for the year of training as a minimum to be judged satisfactory to progress.

The expectations for each year of training and key skill for the clinical specialty CiP will be specified in the guidance. Table 4 shows the five supervision levels that are based on an entrustability scale which is a behaviourally anchored ordinal scale based on progression to competence and reflects judgments that have clinical meaning for assessors.

Table 4 – Levels of supervision	
Level of supervision	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

Table 5 and Table 6 below shows the Level of Supervision expected at each stage of training for CiP 8, the clinical specialty CiP, and the Procedures.

6.4 Critical progression points

There will be two key progression points during CSRH training – the waypoints. Table 5 below sets out the expected level of supervision and entrustment for the clinical specialty. Table 6 below shows the expected level of supervision and entrustment for procedures. Both tables show the critical progression points for the whole of CSRH training

The first critical progression point will be from ST3 to ST4 where the trainee will normally be developing their SRH, gynaecology and STI competencies at a higher level of practice in addition to building their competencies in abortion, Public Health and Sexual Assault Referral Centres (SARC) and gaining further experience in psychosexual medicine. It is therefore essential that educational and clinical supervisors are confident that the trainee has the ability to perform in this role. Trainees will be required to complete Part 1 MCSRH as a demonstration of knowledge by the end of year 3 of training (ST3).

The second critical progression point will be at the end of ST5 by which time the trainee must pass the Part 2 MCSRH, as well as be signed off for the relevant generic and specialty outcomes and practical procedures. A satisfactory ARCP outcome will be required for entry to phase 3 training (ST6).

There will be a final critical progression point at the end of training. Doctors in training will be required to reach level 5 in all clinical specialty key skills by the completion of training. They will need to meet the appropriate level of expectation for the key progression point between ST3 and ST5 and at completion of ST6.

The annual ES Report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels of achievement for the CiPs and acquired the procedural competence required for each year of training as specified in the Matrix and, where relevant, the critical progression points. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training.

Table 5 – Outline grid of progress by Level of Supervision for CiP 8									
CIP 8	Phase 1			CRITICAL PROGRESSION POINT	Phase 2		CRITICAL PROGRESSION POINT	Phase 3	CCT
	ST1	ST2	ST3		ST4	ST5		ST6	
The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course.	L1		L2		L3	L4		L5	

Note: Level 4 and Level 5 are mandatory progression guidelines

Table 6 – Outline grid of progress by Level of Supervision expected for CSRH practical procedures (*see footnotes under Table 7)										
Category	Practical Procedure	ST1	ST2	ST3		ST4	ST5		ST6	CCT
Basic Examination Skills	Bimanual examination	L3	L4	L5						
Basic Examination Skills	Speculum examination	L3	L4	L5						
Basic Examination Skills	Cervical screening (cytology)	L3	L4	L5						
Basic Examination Skills	Proctoscopy		L1	L2		L3	L4		L5	
Basic Examination Skills	Light microscopy		L1	L2		L3	L4		L5	
Basic Examination Skills	Ablation of genital lesions/warts			L3			L5			
Contraception	Insertion and removal of intrauterine contraception (IUC)	L3*	L4	L5						
Contraception	Insertion and removal of subdermal contraceptive implant (SDI)	L3*	L4	L5						

Contraception	Complex insertion and removal of intrauterine contraception (IUC)		L1	L2	L3	L4	L5
Contraception	Complex removal of deep/impalpable subdermal contraceptive implant (SDI)		L1	L2	L3	L4	L5
Contraception	Insertion, fitting and removal of female barrier contraception	L1	L2	L3	L4	L5	
Contraception	Ultrasound contraception – normally sited IUC			L1	L2	L3	L5
Contraception	Ultrasound contraception – abnormally sited IUC			L1	L2	L3	L5
Contraception	Ultrasound contraception – normally sited SDI			L1	L2	L3	L5
Contraception	Ultrasound contraception – abnormally sited SDI			L1	L2	L3	L5
Pregnancy and abortion care	Surgical management of 1 st trimester miscarriage and 1 st trimester abortion including MVA	L1	L2	L3	L4	L5	
Pregnancy and abortion care	Ultrasound early pregnancy – normal early pregnancy		L1	L2	L3	L4	L5
Pregnancy and abortion care	Ultrasound early pregnancy - miscarriage		L1	L2	L3	L4	L5
Pregnancy and abortion care	Ultrasound early pregnancy – retained products of conception		L1	L2	L3	L4	L5

Pregnancy and abortion care	Ultrasound early pregnancy – ectopic pregnancy		L1	L2	L3	L4	L5
Gynaecology	Endometrial biopsy	L1	L2	L3	L4	L5	
Gynaecology	Diagnostic Hysteroscopy	L1	L2	L3		L4	L5
Gynaecology	Biopsy of genital skin				L1	L2	L3
Gynaecology	Insertion, fitting and removal of vaginal supportive pessary	L1	L2	L3			
Gynaecology	Ultrasound gynaecology – normal female pelvic reproductive tract		L1	L2	L3	L4	L5
Gynaecology	Ultrasound gynaecology – endometrial abnormality		L1	L2	L3	L4	L5
Gynaecology	Ultrasound gynaecology – uterine abnormality		L1	L2	L3	L4	L5
Gynaecology	Ultrasound gynaecology – ovarian abnormality		L1	L2	L3	L4	L5
Gynaecology	Ultrasound gynaecology – assessment of pelvic pain		L1	L2	L3	L4	L5

6.5 Evidence of progress

Summative Assessment

- MCSRH Part 1: Single Best Answer (SBA);
- MCSRH Part 2: Extended Matching Questions (EMQ) and SBA, Objective Structured Clinical Examination (OSCE)
- Objective Structured Assessment of Technical Skills (OSATS)/Letter of Competence (LOC)

Formative Assessment

- Case-based discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS – formative
- Team observation (TO1), TO2 and self-observation (SO)
- Directly Observed Clinic (DOC)
- Patient Satisfaction Questionnaire (PSQ)

The assessment of the trainee within the workplace is key to demonstration of safe practice and developing capabilities. To illustrate this we have added brief comments about performance within the CbD, OSATS and mini-CEX forms so that a trainee and Educational Supervisor can easily assess their level of attainment and progress through the curriculum.

MCSRH examination: Part 1 and Part 2

The membership examination of the CoSRH (MCSRH) is a high stakes postgraduate exam that forms an imperative confirmatory assessment at critical waypoints in the CSRH training programme. It is open to a diverse group of doctors, namely doctors working within SRH services and other allied specialties – genitourinary medicine, obstetrics and gynaecology and primary care. Part I has to be achieved by end of ST3 year and Part II, consisting of a written EMQ and SBA paper (Knowledge Assessment Test) and an OSCE, by end of ST5 years. The exam in its current format has been run since 2013. Full details of the MCSRH are contained in the Part 1 and Part 2 Handbooks.

Summative Objective Structured Assessment of Technical Skills (OSATS)

For the procedures that are fundamental to the practice of SRH, an objective assessment tool has been configured to aid the review process. OSATS are validated assessment tools for testing technical competency in a named technique. OSATS will be used throughout training until the trainee has demonstrated that they are competent to practice independently. The use of OSATS formatively can be undertaken as many times as the trainee and their supervisor feel is necessary. A trainee may be regarded as competent to perform a procedure independently after they have completed three summative OSATs by more than one appropriate assessor, as far as this is possible. For ST1-3 only, a Letter of Competence is equivalent to three summative OSATS for certain procedures.

Independent competence for practical procedures is evidenced with 3 summative OSATs signed off at Level 4 followed by a final summative OSATS signed off at Level 5 "Entrusted to act independently." The 3 OSATs at Level 4 should be signed by a consultant or equivalent level and ideally by at least two different consultants (this is not always possible in a small specialty, but every effort should be made to try and achieve this as it provides a more objective assessment of competence). The stage of training at which independent competence should be reached for each procedure is shown in the Outline Grid of progress (Table 6) in this document. Competence may be signed off at any time before this and subsequent summative OSATs showing maintenance of competence are not required.

Beyond level 5, completion of further formative OSATs is one way of demonstrating continuing consolidation of skills, increasing complexity and breadth of experience for some procedures if the opportunity arises. This can also be demonstrated via other means such as the Procedures Log or CBDs and MiniCEXs.

Formative case-based discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient, or of clinical and non-clinical situations, to provide an indication of competence in areas such as clinical reasoning, decision making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, learning experiences by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, and discharge summary or learning event, such as a teaching session, meeting or audit). A typical encounter might be when presenting newly referred patients in a clinic or outpatient department. The existing tool has been modified so that the trainee completes it and adds an element of reflection, as has been the practice in other specialties for some time. The CbD can be used for both clinical and non-clinical learning experiences.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

The existing tool has been modified so that the trainee completes it and adds an element of reflection, as has been the practice in other specialties for some time.

Directly Observed Clinic (DOC)

The DOC is an assessment for intermediate and senior trainees (ST3 and above) that uses a clinic as the basis to assess a number of competencies. The assessor may also use multiple Mini-CEX proformas to include a range of competencies that trainees must demonstrate as they work with multiple patients and colleagues during the course of the clinic. Although each interaction can be treated as a Mini-CEX, the assessor should also judge overall situational performance; in particular, whether a trainee has demonstrated a level of professionalism consistent with someone who will be mostly practicing independently and will soon be a consultant.

The DOC can, and where possible should, be combined with a short Patient Satisfaction Questionnaire (PSQ). This is given to patients by reception as they enter the clinic and collected as they leave. These patient responses should form part of the feedback trainees receive at the end of the assessed clinic. The PSQs can then be pooled with up to 30 other patient questionnaires from clinics, analysed and then reviewed by the trainee and their trainer.

Multi-source feedback

The TO1 form is a multi-source feedback tool based on the principles of Good Medical Practice, as defined by the General Medical Council (GMC, 2019). TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of a trainee's assessment.

The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. Individual team members completing a TO1 form should do so based on their experience of working with the trainee. The trainee will also be able to self-assess using a modified TO1 form (SO). The TO1 forms are summarised in a TO2 form which informs the ARCP. We have introduced the feature of self-assessment to the process, as required by most 360 feedback, thereby introducing trainees to what they will need to do as consultants.

A trainee needs to gather at least ten TO1 forms and complete one themselves as a self-assessment. It is suggested that more forms are sent out so that enough responses are received.

The ePortfolio lets the trainee manage the process for completing TO1 forms, as follows:

- Trainee decides with the Educational Supervisor who should receive the TO1 forms. It is important that this is a joint decision, and that the forms are sent to a broad range of colleagues in a variety of disciplines, and that this is done at an appropriate time, ie. before a placement has ended
- Use the Ticket Request function in the ePortfolio to send out the forms
- Trainee will be able to see how many forms have been completed; initially, however, only the Educational Supervisor can see what they say

TO2 form

The Educational Supervisor is responsible for reviewing the TO1 forms and generating a TO2 form for the ARCP. Having reviewed the content, Educational Supervisors should be encouraged to let their trainees see their TO2 form for themselves. If any forms include any unexpected 'unsatisfactory'/'improvement needed' results, however, the Educational Supervisor may need to meet the trainee first in order to give constructive feedback and provide suitable support to address the issues identified, and to notify the training programme director of this plan. TO2 forms are used with other evidence to determine the ARCP outcome.

A particularly poor TO2 form can itself be enough to produce an ARCP outcome 3. A poor TO2 score would include either 'unsatisfactory'/'improvement needed' or substantial negative comments in the free text sections. If a trainee receives such a score, the Educational Supervisor will discuss this with them before the ARCP.

Patient Feedback

Patient feedback is based on the principles of good medical practice, as defined by the GMC, and is a requirement for revalidation.

Reflective practice and recording reflection

Trainees also need to record their experiences and development throughout training. This record should include reflective practice, audits and research, publications and presentations, and a log of their experiences.

6.6 Annual Review of Competency Progression (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including examinations and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from clinical supervisors, or formative assessments demonstrating progress over time.

Decisions on progression fundamentally rely on the professional judgement of the Educational Supervisor which is recorded in the global judgement produced for each CiP. These statements should be supported by appropriate evidence in the ePortfolio which is available for the ARCP panel to review. The CoSRH has produced a Matrix of Progression (Table 7 below), which is essentially an ARCP decision aid setting out the requirements for a satisfactory ARCP outcome for each year of training and critical progression point.

Periodic (at least annual) reviews should be used to collate and systematically examine evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The ARCP process supports the collation and integration of evidence to make decisions about the achievement of expected outcomes as set out in the matrix/decision aid. The ARCP process is described in the Gold Guide. The CSRH ARCPs are currently nationally organised by one Deanery and take place twice annually. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio which should be submitted for review by the panel at least three weeks before the ARCP date. As a precursor to ARCPs, the CoSRH strongly recommends that trainees have an informal ePortfolio review either with their Educational Supervisor or nominated deputy. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

Table 7 – Matrix of Progression									
CSRH 2021 (Community Sexual and Reproductive Health) Matrix of Progression	CSRH Training Levels/ST Year								
	Phase 1			CRITICAL PROGRESSION	Phase 2		CRITICAL PROGRESSION	Phase 3	CCT
	ST1	ST2	ST3		ST4	ST5		ST6	
Formative workplace-based assessments									
These are encouraged as a method to provide evidence for CiPs. The aim is for quality over quantity. Useful WPBAs will challenge, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for developmental feedback.									
CbD	√	√	√		√	√		√	
DOC			√			√		√	
Mini-CEX	√	√	√		√	√		√	
Reflections/ Reflective Practice	√	√	√		√	√		√	
Formative OSATS	√	√	√		√	√		√	
Log of experience	√	√	√		√	√		√	
TO2	√	√	√		√	√		√	
Summative workplace-based assessments									
Summative OSATS*	√**	√**	√**		√	√		√	
Courses									
Courses necessary for DCSRH (or equivalent)	√								
Basic Practical Skills in O&G (or equivalent)	√								
Simulator training (where relevant/ available, eg. MVA/diagnostic hysteroscopy/ scan) (or equivalent)	√		√		√				

Table 7 – Matrix of Progression (continued)

CSRH 2021 (Community Sexual and Reproductive Health) Matrix of Progression	CSRH Training Levels/ST Year								
	Phase 1			CRITICAL PROGRESSION	Phase 2		CRITICAL PROGRESSION	Phase 3	CCT
	ST1	ST2	ST3		ST4	ST5		ST6	
USS Skills Course (or equivalent)		√							
Research methodology/ critical appraisal (critical reading) (or equivalent)		√	√						
Courses to obtain GUM STIF Advanced qualification (or equivalent)	√	√	√		√	√			
Courses to obtain FRT status/ Educational Supervisor status (or equivalent)			√		√				
Menopause Theory (or equivalent) course			√		√				
BASHH STIF/HIV Course Modules 1-4 (or equivalent)			√		√	√			
Forensic (Sexual Assault) Medical Examiners course (or equivalent)					√	√			
HR skills and recruitment training (or equivalent)						√			

Table 7 – Matrix of Progression (continued)									
CSRH 2021 (Community Sexual and Reproductive Health) Matrix of Progression	CSRH Training Levels/ST Year								
	Phase 1			CRITICAL PROGRESSION	Phase 2		CRITICAL PROGRESSION	Phase 3	CCT
	ST1	ST2	ST3		ST4	ST5		ST6	
Public Health (or equivalent) course					√	√		√	
Regional and National CSRH Trainees' Meetings	√	√	√		√	√		√	
CoSRH Current Choices and Annual Scientific meetings	√	√	√		√	√		√	
Other evidence required for ARCP (to be specified in guidance for each CiP)									
MCSRH Examinations (O = Optional, E= Essential)									
MCSRH Part 1 (SBA)		O	E						
MCSRH Part 2 (KAT, OSCE)					O	E			
Educational Supervisor's Report									
Supervisor's Report	1	1	1		1	1		1	
Trainee Feedback									
GMC National Training Survey	√	√	√		√	√		√	

* For ST1-3 only, a Letter of Competence will count as equivalent to 3 summative for the following procedures:

- Insertion and removal of intrauterine contraception (IUC)
- Insertion and removal of contraceptive implant

** For each procedural skill, 1 summative OSAT is the minimum that is required to evidence the trainee's level of competence for all levels except Level 4. Level 4 requires 3 summative OSATS assessed as being competent "Level 4" prior to being able to perform the practical procedure independently with support.

Assessments mapped to CiPs

Table 8 – Programme of Assessment															
Prof identity	CiP No	CiP Title	CbD	DOC	Mini-CEX	Form OSATS	TO1/TO2	PSQ	Gen log	LoCs* (for ST1-3 only)	Refl prac	Summ OSATS	MCSRH		
													Part 1	Part 2 KAT	Part 2 OSCE
GENERIC															
NHS PROFESSIONAL	1	Patient centred care (doctor and patient)	Y	Y	Y	N	Y	Y	Y		Y	N	Y	Y	Y
	2	Patient centred care (clinical team)	Y	Y	N	N	Y	Y	Y		Y	N	N	N	Y
	3	Patient centred care (org level)	Y	N	Y	N	N	N	Y		Y	N	N	Y	Y
	4	Data	Y	N	N	N	N	N	Y		Y	N	Y	Y	Y
	5	Research	N	N	N	N	Y	N	Y		Y	N	Y	Y	Y
SPECIALTY SPECIFIC															
SYSTEMS LEADER and CHAMPION (DESIGN)	6	Leader SRH	N	N	N	N	Y	N	Y		Y	N	N	N	Y
	7	Partnership & public health	N	N	N	N	N	N	Y		Y	N	N	Y	Y
CLINICAL EXPERT (DELIVER)	8	Life course	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
GENERIC/SPECIALTY SPECIFIC															
EDUCATOR/TRAINER (TRAIN)	9	Facilitates teaching	N	N	N	N	Y	N	Y		Y	N	N	Y	N
	10	Manage educational programmes	N	N	N	N	Y	N	Y		Y	N	N	Y	N

6.7 Supervision and appraisals

Supervision

All elements of work in training posts will be supervised, with the level of supervision dependent on the experience of the trainee, their clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increased autonomy, consistent with safe and effective care for the patient.

All Educational Supervisors and clinical supervisors are required to be approved by the GMC to undertake their role. Educational Supervisors have a crucial responsibility to ensure that the trainee is supported in their programme of learning, and that the curriculum requirements are met. Educational Supervisors will be fully briefed on the new curriculum and their role in global judgement, the new version of the ePortfolio and on how to support trainees in difficulty. CoSRH recognises that the new curriculum will represent a significant shift in culture and attitudes, moving from a “tick-box” culture to one where they will be able to use their professional judgement to assess a trainee’s progress more globally.

The Educational Supervisor is responsible for the overall supervision and management of a doctor’s educational progress throughout the training programme. They should regularly meet with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. They are also responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

Organisations must make sure that each doctor in training has access to named clinical supervisor/s and a named Educational Supervisor. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor. However, it is preferred that a trainee has a single named Educational Supervisor for the whole training programme, in which case the clinical supervisor is likely to be a different clinician during some placements.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. These should be reported on the Form R which informs the ARCP process. If the clinical directorate (clinical director) has any concerns about the performance of the trainee, or there have been issues of doctor or patient safety, these should be discussed with the Educational Supervisor and a written record of the discussion made. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through their management systems.

The role of the Educational Supervisor is effectively evaluated via the feedback received following the ARCP, the scrutiny of GMC trainee and trainer survey outcomes and by attendance of all Educational Supervisors at ARCPs. GMC Survey results always comment positively on the quality of the specialty’s educational supervision. The CoSRH additionally always provides an annual training programme for Educational Supervisors.

The Clinical Supervisor is appointed by the Educational Supervisor and is responsible for the oversight of a trainee’s clinical work throughout a placement (for example, public health, menopause, sexual assault or abortion care). They lead on reviewing the doctor’s clinical and medical practice throughout a placement and documentary evidence of this will include, but is not

limited to, induction and sign-off educational meetings. They will also contribute to the WPBA and TO1 process commenting on trainee attainment, strengths and weaknesses in order to support the Educational Supervisor in making appropriate statements about trainee progress. Others who are involved in assessment (eg. specialist nurses) will be able to access CoSRH resources and guidance on workplace-based assessments and also contribute to the 360 assessment of the trainee.

The TO1 system allows a formal review of trainee attitudes and clinical skills and is completed by clinicians across the multidisciplinary team throughout training. The selection of individuals to complete assessment is made in discussion between the trainee and Educational Supervisor, with summative assessment of feedback in the TO2 form being fed back to the trainee and made available to the ARCP panel. The trainee will also complete a TO1 which will be available for review alongside the other TO1s for the TO2.

Opportunities for feedback to trainees about their performance will also arise through the use of the workplace-based assessments, Patient Satisfaction Questionnaire (PSQ), Directly Observed Clinic (DOC), regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

Trainees

Trainees should make the safety of patients their first priority. Furthermore, trainees should not practise in clinical scenarios which are beyond their experiences and competences without supervision.

Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve their learning goals.

Trainees need to plan their workplace-based assessments accordingly so that they collectively provide a picture of their clinical and non-clinical development during a training period. Trainees should actively seek guidance from their trainers in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of assessment according to their individual learning needs. It is the responsibility of trainees to seek feedback. Trainees should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

Appraisals

Appraisal is a continuous process, which underpins all key phases of training and medical practice. In line with the Gold Guide standards, as a minimum, the appraisal should take place at least annually. However, educational review can occur more frequently, and this should be the case where a previous assessment outcome has identified inadequate progress or where there are specific educational objectives that require enhanced supervision.

Induction appraisal

The trainee and Educational Supervisor should have an appraisal meeting at the beginning of each training year to review the trainee's progress, agree learning objectives for the training year ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan

(PDP) of objectives for the upcoming post. The induction appraisal also provides the basis for establishing and signing the educational agreement between the trainee and supervisor, which should be recorded in the ePortfolio.

Regular meetings

Trainees and Educational Supervisors will meet regularly throughout the training programme. The expectation is that they will meet at least three times a year which will be recorded in the ePortfolio. These records are particularly important if either the trainee or educational or clinical supervisor has training concerns, or the trainee has been set specific targeted training objectives at their ARCP. At these meetings trainees should review their PDP with their supervisor using evidence from the ePortfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed.

7 Quality management

The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A training programme director will be responsible for coordinating the CSRH training programme across each deanery area. The local organisation and delivery of training is overseen by a school of O&G. All aspects of the organisation and quality management of the programme follow the requirements of the Gold Guide.

There may be more than one training centre within a particular deanery, managed by the training programme director for that area, who will be accountable to the Deanery head of school (or equivalent). Within each training centre there is a clinical supervisor/Educational Supervisor who supports the delivery of the training and curriculum within that training centre.

The CoSRH also has responsibility for coordination, monitoring and quality management of the curriculum at a national and regional level, which is delivered and centrally coordinated via the Specialty Advisory Committee (SAC).

8 Equality and diversity

The FRSH will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

The CoSRH believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the College, either as members of staff and officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates.

HEE Local Offices/Deaneries will quality assure each training programme so that it complies with the equality and diversity standards in postgraduate medical training as set by the GMC.

They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes
- Ensuring all College representatives and programme directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post

- HEE Offices/Deaneries ensuring that Educational Supervisors have had equality and diversity training (for example, an elearning module) every three years
- HEE Offices/Deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every three years
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. HEE Offices/Deaneries and programme directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. HEE Offices/Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent)
- Monitoring of College Examinations
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments and recognising that not all disabilities are visible.

9 Training where there are legal restrictions to provision of abortion or whose personal beliefs conflict with the provision of abortion

9.1 Introduction

This guidance particularly addresses the position of doctors who wish to pursue training or a qualification governed by the CoSRH and who might wish to opt out of any aspects of women's healthcare as a result of religious and/or personal beliefs. This guidance is designed only to apply to those undertaking training and not to any contractual arrangements between doctors and their employers.

9.2 Specialty training programme in CSRH

Doctors applying for the specialty training programme in CSRH who hold objections to providing any form of contraception or undertaking abortion or who work in regions where there are legal restrictions to the provision of abortion should study the curriculum. There are a number of key skills related to advising on, prescribing and administering contraception, including emergency contraception, pregnancy decision making support, abortion referral and abortion care.

To fulfil the requirements for the specialty training programme, a doctor must be willing to participate in the provision of all forms of care excepting that which is defined as conscientious objection in the Abortion Act 1967, as amended by the Human Fertilisation & Embryology Act 1990.

9.3 Legal aspects

This guidance recognises that there are two main ways in which a doctor may object to the provision of certain aspects of healthcare: the first being an objection to carrying out abortion which is defined in law as conscientious objection; the second being objections to the provision of other aspects of care due to personal or religious beliefs.

9.4 Conscientious objection as defined in law

There are currently two specific statutory protections for doctors who have a conscientious objection to: (1) participating in abortion (Abortion Act 1967, s.4) ¹ and/or (2) technological procedures to achieve conception and pregnancy (Human Fertilisation and Embryology Act 1990, s.38)². In the case of abortion the provision is qualified in that it does not “affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent

injury to the physical or mental health of a pregnant woman” (Abortion Act 1967, s.4). The legal frameworks within which doctors operate vary across between the four UK countries. However, in all parts of the UK the provision of treatment to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman overrides any other legal or ethical consideration (Abortion Act 1967, s.1).

9.5 The law and objection to the provision of care on the basis of personal or religious beliefs

The Human Rights Act 1998 incorporates the European Convention on Human Rights (ECHR) into UK law. Article 9 of the ECHR protects “the freedom of thought, conscience and religion; this right includes ... to manifest his religion or belief, in worship, teaching, practice and observance”³. The decision in *Eweida v United Kingdom* recognises refusal to perform aspects of a job as a form of manifestation of belief.⁴ Article 9 is a qualified right and may be subject to “such limitations as are prescribed by law and necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others” (Article 9, ECHR). Therefore whether refusal of care is protected or whether infringement of Article 9 is justified will depend on the specific circumstances of the situation.

Part 5 of the Equality Act 2010 sets out provisions for non-discrimination in employment. Specifically, s.39 prohibits employers from discriminating against individuals on the basis of ‘protected characteristics’ (of which religious belief is one) and places an obligation on employers to make ‘reasonable adjustments’ to accommodate religious beliefs.⁵ An exception to this general rule of non-discrimination exists in situations where there is an incompatibility between the protected characteristic and the ability “to carry out a function that is intrinsic to the work” (*ibid.*). What this means in practice will again depend on the specific circumstances of the situation.

9.6 Personal beliefs

The CoSRH recognises that within a diverse body of trainees some may experience a conflict between their personal beliefs and one or more aspects of the CoSRH curriculum in theory and/or in practice.

Trainees considering a career in SRH should discuss concerns with the training programme director or head of school before embarking on a training programme. Where issues arise once training has already commenced, trainees are strongly encouraged to discuss them with their Educational Supervisor at the earliest opportunity for support to find a solution.

1. ALL trainees are expected to fulfil the clinical competencies, demonstrate the professional skills and attitudes and complete the CiP requirements relating to Unplanned Pregnancy
2. ALL trainees are expected to fulfil the clinical competencies, demonstrate the professional skills and attitudes and complete the CiP requirements relating to Follow Up of women following abortion
3. ALL trainees are expected to meet the Knowledge Requirements in CiP 8 Key skill 3

Trainees with conscientious objection to abortion are expected to demonstrate a non-judgmental attitude to women seeking abortion and make arrangement for them to receive timely and appropriate care from colleagues. Skills competencies not attempted because of conscientious objections should be clearly recorded in the ePortfolio and signed by the trainer.

The CoSRH recognises that the personal beliefs of individual doctors may change during the course of their training or career. It is recommended that doctors review their personal beliefs and the impact they may have on patient care at their work-based annual appraisal or equivalent, ie. (at least) annually Educational Supervisors should ask their trainees, and trainees should reflect upon, whether any personal beliefs are impacting on their training.

9.7 Legal restrictions on provision of abortion

The CoSRH recognises that, due to legal restrictions on the provision of abortion in some regions of the UK, trainees may not be able to gain training in aspects of abortion care within their region. Trainees will be required to have knowledge regarding abortion and managing a person presenting with an unplanned pregnancy, and have the knowledge and skills to run an abortion service. Trainees will be expected to gain experience and competency in the practical procedures of medical management of miscarriage and surgical management of miscarriage (up to 12 weeks gestation) in their local region and to gain competence in medical and surgical abortion up to 12 weeks gestation in a different region of the UK if necessary.

Trainees will be expected to gain experience and competency in the practical procedures of medical management of miscarriage and surgical management of miscarriage (up to 12 weeks gestation), as it is agreed that these procedural skills are transferable for medical and surgical abortions (up to 12 weeks gestation).

9.8 Membership exam (MCSRH)

Any part of the curriculum may be assessed in the examination. This may include knowledge and practical assessment of the provision of:

- Contraception (all methods including emergency contraception)
- Abortion care (but it will not include the demonstration of the skills to perform an abortion procedure if the candidate declares a conscientious objection)

9.9 Reading and other resources

Trainees may find it helpful to read the following guidance when considering issues of personal

belief:

- BMA guidance on expression of doctors' beliefs GMC guidance on personal beliefs
- The policies of their employer or prospective employer

¹ Abortion Act 1967, Section 4, available at: <http://www.legislation.gov.uk/ukpga/1967/87/section/4>

² Human Fertilisation and Embryology Act 1990, Section 38, Available at: www.legislation.gov.uk/ukpga/1990/37/section/38

³ European Convention on Human Rights, Article 9, available at: https://www.echr.coe.int/Documents/Convention_ENG.pdf ⁴Eweida v United Kingdom (2013) 57 EHRR 213

⁵ Equality Act 2010, Section 39, available at: <http://www.legislation.gov.uk/ukpga/2010/15/section/39>

10 Glossary

Assessment	Assessment is defined as all activity aimed at judging a learner's attainment of curriculum outcomes, whether for summative purposes (determining progress or completion) or formative purposes (giving feedback). An examination is an example of an individual assessment test.
Assessment Strategy	The overarching approach to assessments (including examinations) and how assessment fits within the wider curriculum. This is essentially the Programme of Assessment.
Assessor	An assessor provides an assessment and is responsible for interpreting the learner's performance in that assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the area that is being assessed. It includes examiners as a specific type of assessor.
Attitude	Attitude expected to be demonstrated by a CCT holder.
Capabilities in Practice (CiPs)	<p>CiPs are high level statements setting out what a doctor should be able to do at the end of training. CiPs are aligned with the Generic Professional Capabilities (GPCs), and they describe the professional tasks or work within the scope of the CSRH Curriculum.</p> <p>CiPs are based on the format of Entrustable Professional activities (EPAs) a method of using the professional judgement of appropriately trained, expert assessors as a key aspect of the validity of assessment and a defensible way of forming global judgements of professional performance.</p> <p>CiPs are further divided into Generic (developing the doctor professional) and Specialty (developing the CSRH Consultant) CiPs.</p> <p>Each CiP has a set of Key Skills and Descriptors associated with that activity or task. Descriptors are not exhaustive and are intended to give as guidance on how to meet the Key Skill.</p>
Capability	Capability is about having the potential to become competent and, beyond this, to continue to develop towards higher levels of expertise, creativity and wisdom. To be a capable SRH Consultant, trainees must recognise what level of competence is needed in any given situation and apply this successfully. This requires the trainee to have an awareness of the limits of their competence, the ability to extend these limits when required, and the flexibility to adapt to unfamiliar professional environments.

Competence	<p>Competence is the demonstration of trainee’s ability to perform expected professional tasks in accordance with agreed standards.</p> <p>A competency is a set of behaviours or attributes that trainees must show to the standard required to function safely and effectively.</p>
Critical Progression Point	<p>A point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice or experiences significant changes in the level of supervision or trust. Satisfactory completion of training is a critical progression point.</p>
Curriculum Advisory Group (CAG)	<p>The Curriculum Advisory Group (CAG) is run by the GMC. This is made up of medical educationalists, including consultant, lay and trainee representatives, and psychometricians. This group is involved in approving the endorsing the second and final stage of curriculum submission.</p> <p>The CAG make recommendations to the GMC about whether curricula meet the GMC standards.</p>
Curriculum Oversight Group (COG)	<p>The GMC has set up the Curriculum Oversight Group (COG), who have responsibility for endorsing the first stage of curriculum development, which is the approval of the curriculum Purpose Statement and High Level Outcomes.</p> <p>The COG is made up of members of the UK Medical Education Reference Group. This has representation from organisations responsible for UK medical workforce planning and education, such as Health Education England, NHS Scotland, Wales Deanery, the Northern Ireland Medical and Dental Training Agency and the Departments of Health.</p> <p>The group will inform the GMC if the curriculum purpose statement and high level outcomes have the full support of the four countries of the UK and align with strategic workforce needs, including consideration and incorporation of relevant principles from the Shape of Training review.</p>
Descriptors	<p>Descriptors are assigned to each Key skill and are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated by cSRH Doctors.</p> <p>Descriptors may be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for their year of training. They also provide guidance for trainees and trainers for an entrustment decision/global assessment to be made.</p>

	The descriptors are not a comprehensive list and there may be more examples that would provide equally valid evidence of performance.
Entrustable Professional activities (EPAs)	Entrustable Professional activities (EPAs) are an area of professional practice to be entrusted to a trainee once sufficient competence has been reached.
Examiner	An examiner is a category of assessor working within the context of a formal, summative exam.
Excellence by Design	The GMC's Excellence by Design define the standards for the development and design of postgraduate medical curricula. They require curricula to describe generic, shared and specialty-specific outcomes, to support doctors in understanding what is expected of them
Generic Capabilities in Practice	Generic CiPs cover the universal requirements of all specialties as described in the GPC framework. Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off will indicate that there are no concerns before the trainee can progress to the next part of the assessment of clinical capabilities.
Generic Professional Capabilities Framework	The GMC has developed the Generic professional capabilities framework with the Academy of Medical Royal Colleges (AoMRC) to describe the fundamental, career-long, generic capabilities required of every doctor. This describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language.
Key Skills	Each CiP is supported by the key skills expected to be demonstrated by a CCT holder. Each key skill has a set of descriptors associated with that activity or task – these are not exhaustive and are intended to give guidance as to how to meet the Key Skill. Additionally, the key skills repeatedly refer to the need to demonstrate professional behaviour with regard to individuals and their families, colleagues and others. Key Skills are mandatory to achieve the Capabilities in Practice (CiPs) and must be evidenced clearly in e-portfolio.
Knowledge	Knowledge expected to be demonstrated by a CCT holder.
Learning outcomes	Learning outcomes are statements that set out those essential aspects of learning that must be achieved. An outcome can be defined as a level of performance or behaviour that a trainee is expected to achieve as part of their development according to their stage of training within their specialty curriculum. This can include an area of professional practice that may be

	trusted to a learner to execute unsupervised, once he or she has demonstrated the required competence
Phase	<p>The learner journey for a CSRH trainee is divided into specific “phases” which represent the level of training achieved by the trainee.</p> <p>These phases correspond to the year of training. For example:</p> <p style="padding-left: 40px;">Phase 1 corresponds to ST 1-3</p> <p style="padding-left: 40px;">Phase 2 corresponds to ST 4-5</p> <p style="padding-left: 40px;">Phase 3 corresponds to ST 6</p>
Practical Procedures	<p>Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician in order to accomplish a specific and well characterised technical task, or medical procedure.</p> <p>A procedure is a manual intervention that aims to produce a specific outcome during the course of patient care; it may be investigational, diagnostic, and/or therapeutic.</p>
Programme of Assessment	This specifies the range of assessment instruments to be used by trainees to develop and demonstrate their knowledge and skills throughout their time in training.
Specialty Specific Capabilities in Practice (Clinical)	The Specialty Specific CiP (Clinical) describes the clinical tasks or activities which are essential to the practice of Community Sexual and Reproductive Health (CSRH). The clinical CiP has also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for the Specialty Specific CiP (Clinical), the doctor in training's performance meets or exceeds the minimum expected level of performance expected for completion of this stage of CSRH training, as defined in the curriculum. The outline grid of levels in the CSRH curriculum will indicate the level expected for this CiP in each year of training.
Specialty Specific Capabilities in Practice (Non-clinical)	The non-clinical specialty CiPs describe the key skills which are essential for a CCT holder in CSRH. Satisfactory sign off will require Educational Supervisors to make a global assessment indicating whether the trainee has made satisfactory progress for the defined stage of training. If this is satisfactory for the stage of training, the trainee can progress. More detail on assessment will be provided in the programme of assessment section of the curriculum

Syllabus: Knowledge Requirements

These provide further requirements and guidance on how to demonstrate satisfactory achievement of the Capabilities in Practice. They are flexible, allowing trainees to apply the curriculum to the context in which they are working. The emphasis is on quality rather than quantity of evidence.

The syllabus, which is essentially the MCSRH syllabus as well, explores curriculum and assessment requirements in more detail.

11. Abbreviations commonly used in CSRH training

AoMRC	Academy of Medical Royal Colleges
ARCP	Annual Review of Competence Progression
BASHH	British Association for Sexual Health & HIV
BMA	British Medical Association
BMS	British Menopause Association
CAG	Curriculum Advisory Group
CbD	Case-based Discussion
CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
CEU	Clinical Effectiveness Unit
CiP	Capability in Practice
COG	Curriculum Oversight Group
CoP	Community of practice
CoSRH	College of Sexual & Reproductive Healthcare
CRT	CoSRH Registered Trainer
CSE	Child Sexual Exploitation
CSRH	Community Sexual and Reproductive Healthcare
DCSRH	Diploma of the College of Sexual and Reproductive Healthcare
DOC	Directly Observed Clinic
e-LfH	eLearning for Healthcare
EMQ	Extended Matching Question
EPA	Entrustable Professional Activity
ES	Educational Supervisor
FME	Forensic Medical Examination
GCP	Good Clinical Practice
GMC	General Medical Council
GMP	Good Medical Practice
GP	General Practice
GPC	Generic Professional Capability
GUM	Genito-Urinary medicine
HEE	Health Education England

HEIW	Health Education and Improvement Wales
HRT	Hormone Replacement Therapy
IUC	Intrauterine Contraception
IUD	Intrauterine Device
KAT	Knowledge Assessment Test
KS	Key Skill
LoC	Letter of Competence
MARAC	Multi Agency Risk Assessment Conference
MCSRH	Member of the College of Sexual and Reproductive Healthcare
Mini-CEX	Mini-Clinical Evaluation Exercise
MSF	Multi-source Feedback
MVA	Manual Vacuum Aspiration
NES	NHS Education for Scotland
NIMDTA	Northern Ireland Medical and Dental Training Agency
O&G	Obstetrics & Gynaecology
OSATS	Objective Structured Assessment of Technical Skills
OSCE	Objective Structured Clinical Examination
PDP	Personal Development Plan
PMS	Pre-menstrual Syndrome
PSQ	Patient Satisfaction Questionnaire
PUL	Pregnancy of Unknown Location
PUV	Pregnancy of Uncertain Viability
QI	Quality Improvement
QIP	Quality Improvement Project
RCOG	Royal College of Obstetricians & Gynaecologists
RPOC	Retained Products of Conception
SAC	Specialty Advisory Committee
SARC	Sexual Assault Referral Centre
SBA	Single Best Answer
SLE	Supervised Learning Event
SRH	Sexual and Reproductive Healthcare
SSM	Special Study Module
STI	Sexually Transmitted Infection

STIF	STI Foundation
TEF	Training Evaluation Form
TO	Team Observation
TPD	Training Programme Director
USS	Ultrasound Skills