COMMUNITY SEXUAL & REPRODUCTIVE HEALTHCARE

Specialty Specific Guidance
This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Community Sexual Reproductive Health. You will also need to read the Community Sexual Reproductive Health curriculum documentation.

Introduction
You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Faculty of Reproductive and Sexual Health for guidance before you submit your application. They can also provide a mentor. The Faculty can be contacted at specialty@fsrh.org

The indicative period of training for a CCT in Community Sexual & Reproductive Healthcare is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time. The structure of the programme for those undertaking specialty training (in indicative timescales) is as follows:

- Three years basic training; during this phase, trainees achieve basic competencies in SRH, gynaecology and STI competencies.
- Two years intermediate training; during this phase trainees continue to develop their SRH, gynaecology and STI competencies, have attachments to Public Health and SARC (Sexual Assault Referral Centres), and gain further experience in Psychosexual Medicine.

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• One year advanced training; 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.

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the FSRH Community Sexual & Reproductive Healthcare curriculum.

**Submitting your evidence**
Do not submit original documents.

All your copies, other than qualifications you’re getting authenticated **must** be accompanied by a pro-forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It’s very important that you read an explanation of how to this in our important notice about evidence.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

**Anonymising your evidence**
It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted. This includes:
  i. Names (first and last)
  ii. Addresses
  iii. Contact details such as phone numbers or email addresses
  iv. NHS numbers
  v. Other individual patient numbers
vi. GMC numbers or any other professional registration

The following details don’t need to be anonymised:

- Gender
- Date of birth
- Colleague names in meeting minutes etc (these may be required by evaluators)

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be deleted from the GMC system and returned to you. More information can be found on our website.

How much evidence to submit
This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence required and we recommend that you delay submitting an application until you are able to gather it.

Your evidence must cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the Community Sexual Reproductive Health curriculum. If evidence is missing for any area of the curriculum, then the application may fail.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy and list it in your application under each relevant area, stating that the document is located elsewhere and you would like to cross-reference it. Each piece of evidence should not be used or cross-referenced more than three times.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Evidence of your competence should be recent. In general, evidence of skills or experience should not be more than five years old. For some skills, evidence should not be more than three years old, as typically older evidence does not demonstrate that the competences have been maintained which has implications for patient safety and case management because day-one consultants in CSRH are expected to take secondary and tertiary referrals in Sexual Health. The time frames for evidence are identified in the Curriculum (see evidence required below).

As a general guide, we would want no more than 800 - 1000 pages of evidence.
Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence
Your evidence will need to be organised to reflect the structure of the online application, which may mean you need to create your own dividers for any hard copy evidence.

Your evidence must cover the knowledge, skills and qualifications required to demonstrate the high-level learning outcomes of the Capabilities in Practice (CiPs) in all areas of the Community Sexual & Reproductive curriculum. We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

Missing evidence for a CiP will result in your application being unsuccessful.

You need to gather your evidence by area of competence in the curriculum and then attach this under the relevant section in your online application.

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability.

Curriculum framework

<table>
<thead>
<tr>
<th>CiP</th>
<th>Description</th>
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<tbody>
<tr>
<td>CiP 1</td>
<td>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.</td>
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<td>CiP 2</td>
<td>The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.</td>
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**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 multi-professional 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 and contribute to the vision for the future direction of healthcare; and plan and deliver a Sexual and Reproductive Health Service, within which the principles of Public Health are embedded.

**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.
**Unsuccessful applications or poor evidence**

It is our experience that applications from doctors in the specialty of FSRH Community Sexual & Reproductive Healthcare are often submitted with inadequate or poor evidence in the following areas:

- certificates of courses/qualifications submitted without full details of course content and length
- lists of publications without any supporting evidence of actual papers, such as a front page showing authorship (independently certified)
- national/international lectures - without identifying audience or conference details
- lack of robust evidence of Public Health Medicine competencies, audit, and clinical governance involvement
- lack of references spread across the depth and breadth of the CSRH curriculum
- attainment of competencies that have not been endorsed by a senior clinician able to conduct the required assessment. For example, three summative OSATS for each surgical procedure, from the required timeframe are required. Within the UK, a FSRH accredited trainer will be able to assess these competencies. Further information can be found on the FSRH website
- Evidence for each CIP of the curriculum not being triangulated with different types of evidence such as WBPAs, case histories and case lists.
- Skills listed in the approved FSRH List of Procedures must be confirmed by WBPAs

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

We also strongly recommend that your referees are able to provide detailed support for your competences across all or most areas, and understand the requirements for specialist training in Community Sexual & Reproductive Healthcare and Specialist Registration in the UK.

**Evidence of training and qualifications**

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

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| **Primary medical qualification (PMQ)** | If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance. |
Specialist medical qualification(s) Please provide an **authenticated copy** of any specialist medical qualifications you hold.

The formal test of knowledge required for a CCT is the Membership of the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists (RCOG) (MFFP/MFSRH) obtained by examination/assessment. You can demonstrate this by providing confirmation of success in this exam from the FSRH.

If you cannot demonstrate success in this exam, then alternative evidence of your knowledge must be provided. It must map to all aspects of the curriculum and **must** demonstrate assessment of knowledge and skills in all areas specified in the syllabus for the MFSRH examination (parts 1 and 2). The full details of the syllabus for the current MFSRH Parts 1 and 2 are [here](#) and a link to the CSRH knowledge requirements are here.

This can be achieved through submission of, for example:

- Diplomas in other specialties such as Diploma of the Institute of Psychosexual Medicine
- Evidence of other related specialist qualifications or examination(s) passed, for example College/Faculty exams in Obstetrics and Gynaecology, General Practice, and Public Health etc. that map to the curriculum
- This evidence should include
  - Curriculum of specialty examination undertaken
  - Logbooks
  - Details of the assessment process

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant’s whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the
same decision. Please list successful attempts at examinations (where you have not subsequently been successful) in the application form.

Recent specialist training

If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in Community Sexual & Reproductive Healthcare in the UK in the past five years, you should provide a copy of your ARCPs.
| Specialist registration outside the UK | Please provide an **authenticated copy** of details of the registration requirements of that authority. This should include the requirements for specialist registration and **must** relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) **must** be the one that was in place when you undertook your training.  
If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.  
For qualifications, we will look to evaluate:  
- where the curriculum covers areas of the CCT curriculum  
- the complexity of the work undertaken  
- how examinations are evaluated or quality assured (external assessment) |

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Other relevant qualifications and certificates

For example, degrees or diplomas in areas such as genito-urinary medicine, sexual assault, psychosexual medicine, public health, management, education, information technology, education, communication, ethics,

Please provide copies of certificates. [examples are Dip GUM, DLM, MBA, AdvanceHE accredited course]

You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology

Please provide copies of certificates.

The FSRH recognises that, within a diverse body of doctors, some may experience a conflict between their personal beliefs and one or more aspects of the CSRH curriculum in theory and/or in practice e.g. abortion care. Legal restrictions in abortion care can also impact on skills acquisition. Skills competencies not attempted because of either of the above should be clearly recorded in the application in the appropriate workplace-based assessment. The FSRH has developed detailed guidance in section 9 of the Curriculum Definitive Document (Training where there are legal restrictions to provision of abortion or where personal beliefs conflict with the provision of abortion).

Evidence of employment in posts and duties (including training posts)

Employment letters and contracts of employment

The information in these letters and contracts must match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
**Job descriptions**

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

**Departmental annual caseload statistics**

Data including departmental annual caseload statistics from each employing organisation’s dataset, relevant to the CSRH curriculum, **for the last three years** including information on:

- Total number of outpatients, annual access to clinics, wards and theatres
- Total number of each clinical procedure undertaken annually by the department (across SRH)
- Range and scope of work undertaken within your employing organisation/s – e.g. the size of the organisation/s you work in

**Appraisal**

Sequential annual appraisal from the last five years. You must include **your most recent appraisal documentation from the last 12 months**.

**Summaries of appraisals can be presented for past years, except for the most recent one, which should be submitted in full.**

In the absence of any formal annual appraisals, applicants must provide alternative contemporaneous evidence of review which must include a review of clinical practice, teaching and training, managerial and administrative experience (or explain any gaps, such as a career break/maternity leave)

**Further suggested evidence**

In addition to the evidence required for each of the below CiPs, there are several documents that you may also wish to consider to support

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the CiPs. This evidence can be submitted as part of a CiP and cross referenced throughout the application.

| Reflective Practice | • Reflective pieces from the **last five years** should be submitted throughout the application. These can be spread across the application to directly address the relevant key skills, where you choose.  
• Personal reflection templates are of the applicant’s choosing. |
| Case histories | • Examples of case histories / medical reports relevant to CSRH from **the last three years**  
• Case histories / medical reports can be based on areas of clinical practice of your own choosing, and should be spread across the application to address the relevant key skills  
• Medical reports should be in the format of a case report written for a publication linked to the curriculum competencies covered  
• This evidence should include the following:  
  o Dates  
  o Diagnosis  
  o Nature of your involvement in the management of the case  
  o This evidence will demonstrate the types and complexity of cases you’re involved in |
| Medical reports | • OSATS technical skills assessments should be spread across the application to directly address the relevant key skills, where you choose. Competence to perform a procedure independently requires 3 summative OSATS completed by more than one appropriate assessor  
A LOC (FSRH Letter of Competence) can be used in place of three summative OSATS for the skills of SdI insertion /removal or IUC insertion  
A summative **OSATS template** can be found on the FSRH website. |

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| Multisource feedback | Multisource feedback from colleagues and patients on performance and professional behaviour can be used to support relevant key skills. Feedback should include a **minimum of 10 for colleagues and 26 for patients.**

If required, a template for colleagues to complete ([TO1](#)) can be found on the FSRH website, likewise the FSRH Patient Satisfaction Questionnaire ([PSQ](#)). The individual also has to complete a self-observation form ([SO1](#)). |
| --- | --- |
| Evidence of independent self-directed learning | Suggested activities include:
- reading, including web-based material such as e-Learning for Healthcare (e-LfH)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement and research projects
- reading journals
- achieving personal learning goals beyond the curriculum |
<table>
<thead>
<tr>
<th>CbDs</th>
<th>Mini-CEX</th>
<th>DOC</th>
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<tbody>
<tr>
<td>Case-based Discussion (CbD) and Mini-Clinical Evaluation Exercise (mini-CEX) assessments can be spread across the application to provide evidence of competency, where you choose. Templates can be downloaded directly from the FSRH website. Where CbDs or mini-CEX are used, three good quality assessments per key skill is sufficient. The Directly Observed Clinic (DOC) is an assessment technique that uses a clinic to assess a number of competencies. Using multiple Mini-CEX proformas, an assessor can cover a range of competencies demonstrated by a clinician as they work with multiple patients in the course of a clinic. Each consultation can be treated as a Mini-CEX but the assessor should also build a global judgement of the observed clinicians performance in the context of the level of competency and professionalism consistent with practicing independently at consultant level. The DOC where possible should be combined with a patient satisfaction questionnaire given to patients before the enter the consultation and completed and returned after leaving it.</td>
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<tr>
<td>Log of experience or procedure</td>
<td>A log may be used to evidence activity, which may be supported by competency assessments if appropriate. Templates can be downloaded directly from the FSRH website.</td>
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**Community Sexual & Reproductive Healthcare – Capabilities in Practice**

**CiP 1 - The doctor is able to apply medical knowledge, clinical skill and professional values for the provision of high quality, safe and empathetic patient centred care.**

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**Key skills**

- Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis
- Facilitates therapeutic decision making for people of all sexes and genders
- Facilitates discussions
- Provides treatment
- Applies all legal and ethical frameworks appropriate to clinical practice

**Documentation required**

Certificates of completion, or their recertification, from the following Recommended Courses or their equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency

- Consent training
- Equality and Diversity training
- e-DFSRH
- GUM STIF Advanced qualification (or equivalent)
- Record keeping
- Certification of training in level 3 child protection (**current**)
- Information Governance and Data Protection (**completed or revalidated within the last 12 months**)  

**Recommended evidence**

1. **Five referrals** with replies to give a trail of correspondence, including management plans, to reflect the breadth of your practice, from the last three years
   - Include a mix of correspondence you have written to colleagues, as well as letters they have written to you, either referrals, or as a response to your referrals

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2. Demonstrate collaboration over management of patient care evidencing **two-way communication** and ensuring that the patient management outcome is clear
   - **Five referrals** with replies to give a trail of correspondence, from the last **three years** demonstrating an understanding of the legal issues around, and impact of, vulnerabilities due to age or mental health incapacity on care plans.

3. **Five case histories** from the last **three years** demonstrating your understanding of law and regulation on providing patient care

4. **Five letters** you have written directly to patients regarding their treatment and/or diagnosis, demonstrating tailoring your communication appropriately and demonstrating your ability to communicate risk appropriately, from the **last three years**
   - If you have not written directly to patients, please provide hypothetical examples of how you may write to patients in this capacity
   - These must be based on real cases with the relevant letter you have written to the GP also attached. These letters must be clearly marked as hypothetical.

5. Patient feedback with your reflection undertaken within the **last three years**

**Further suggested evidence**

1. Thank you letters, notes or cards from patients regarding the care you provided
2. Testimonials from colleagues – these must highlight your communication skills and relationships with colleagues and patient
3. Evidence of participation in consent design and implementation such as consent for deep implant removal
4. Evidence of participation in patient information design and implementation in a variety of formats such as information for access to contraception during the pandemic
5. Evidence of collaborative care of an individual e.g. inclusion of police reports, social services reports such care of an under 16 in care accessing an abortion
6. Evidence of FSRH and other relevant independent self-directed learning regarding relevant topics such as Regulatory agencies, Information Governance and record keeping, Communication skills course, Breaking Bad News, Presenting information on risk, Good Medical Practice, confidentiality and disclosure
7. Evidence of implementation of FSRH and/or other organisations clinical/service standards such as for record keeping
8. Evidence of participation in Safeguarding and Ethics Committees such as minutes/ presentations
9. Assessments: see page 13-15 of the SSG for further information on these

- CBD
- Multi-source Feedback – Team Observation
- PSQ
- OSATS
- DOC
- Mini-CEX
- Log of experience or procedure
- Reflective practice
CiP 2: The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement

Key skills
- Teamworking
- Understands decision making
- Manages stress and fatigue
- Makes effective use of resources including time management
- Understands human behaviour and demonstrates leadership skills
- Demonstrates personal insight
- Manages conflict

Recommended Evidence
1. **Five referral letters** with consequent correspondence to reflect the breadth of your practice from the last three years, demonstrating collaboration over management of patient care across multidisciplinary teams, evidencing two-way communication and ensuring that the patient management outcome is clear
2. **Three full sets** of minutes from multidisciplinary (MDT) meetings from the last three years, demonstrating attendance and participation e.g. safeguarding MDT, colposcopy MDT, clinical governance, etc.
3. Colleague 360 feedback with reflection undertaken within the last five years demonstrating your
   - communication skills
   - behaviours and relationships
4. Evidence of reflection from within the last five years.
   - time management
   - management of personal stress and fatigue
   - decision making
   - personal insight
5. Evidence of application of conflict management skills such as 2 colleagues who have difficulty working with each other

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6. Evidence of an example of staff development you were personally responsible for and your reflection on this such as implementing appraisal recommendations for a colleague

7. Evidence of personal management of negative staff behaviours and your reflection on this such as bullying or harassment in the workplace

**Further suggested evidence**

1. Evidence of lead role in development, implementation and review of a multiagency care pathway demonstrating involvement of public bodies and the 3rd sector such as an abortion care pathway

2. Case histories illustrating multidisciplinary teamwork such as safeguarding

3. Leadership analysis (focussing on areas such as leadership style) and your reflection on this such as attendance in a leadership course

4. Participation in multidisciplinary team scenario-based simulation training such as setting up a new service e.g. click and collect contraception

5. Evidence of chairing a multidisciplinary task-and-complete project you were responsible for such as service redesign for the pandemic

6. Five letters/cards/correspondence trails with colleagues demonstrating good interpersonal working relationships from the last five years

7. Independent Self-directed learning and reflection on key skills topics

8. Assessments: see page 13-15 of the SSG for further information on these
   - CBD
   - Mini-CEX
   - Multi-source Feedback – Team Observation
   - PSQ
   - OSATS
   - DOC
   - Log of experience or procedure
   - Reflective practice
CiP 3: The doctor is able to work successfully within health services at organisational and systems levels

Key skills

- Influences and negotiates
- Understands systems and organisational factors
- Participates in clinical governance processes
- Understands the healthcare systems in the four nations of the UK

Recommended evidence

1. **Three full sets of minutes** from directorate and clinical governance meetings from the last five years, showing:
   - Your regular attendance
   - Your contribution to service improvement

2. **Three full sets of minutes** from a sexual health strategy group, or equivalent from the last five years showing:
   - Your regular attendance
   - Your contribution to ongoing review of implementation of national/local sexual health strategy

3. Evidence of personal negotiation influencing service change for quality improvement such as negotiating resource for a patient involvement project

4. Evidence of managing a critical incident with a recommendation that links to quality improvement such as a missed ectopic in abortion care

5. Evidence of managing a patient safety concern such as clinical area cleanliness

Further suggested evidence

1. Written report / presentation to organisation / department on the impact of at least one national policy or guideline on your local service such as ‘Sexual and reproductive health and HIV: applying All Our Health (2019)
2. Written response to national or regional consultation on behalf of service such as on long acting reversible contraception services budgetary constraints
3. Evidence of business case writing or cost/benefit analysis such as for a new method of contraception
4. Evidence of working with the media to portray service direction such as new clinical development
5. Evidence of patient reported outcomes influencing a service such as leading to a change in patient information
6. Independent self-directed learning and reflection on key skills topics

7. Assessments: see page 13-15 of the SSG for further information on these
   - CBD
   - Multi-source Feedback – Team Observation
   - DOC
   - Log of experience or procedure
   - Reflective practice
CiP 4: The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.

**Key Skills**
- Works effectively within the digital environment
- Understands quality improvement (safety, experience and efficacy)
- Undertakes and evaluates the impact of Quality Improvement interventions

**Recommended evidence**

1. Evidence of annual information governance and data protection updating for the **last three years**

2. A Quality Improvement / service development project with stakeholder involvement in which you have been involved within the **last five years** such as implementation of telemedicine for service delivery

3. Demonstration of competency in and utilisation of Word, Excel and Powerpoint. As a minimum, please submit one of each from the **last five years**

4. Evidence of utilising IT solutions for patient care e.g. to develop a clinical guideline **Or** Employer/ external body approved patient information leaflets/ other media such as FGM services. As a minimum, please submit **one of the above** from the **last five years**

**Further suggested evidence**

1. Personal development; evidence of relevant independent self-directed learning regarding:
   - Quality Improvement methodology
   - IT updating

2. Evidence of a piece of personal work undertaken which demonstrates an ability in digital data storage, retrieval, analysis and presentation such as a service development proposal using a Public Health tool such as SPOT.

3. Evidence of attendance and active participation in audit and quality meetings such as attendance sheets/ presentation/ outcomes
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<td>4.</td>
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| 6. | Assessments: see page 13-15 of the SSG for further information on these  
  • Reflective practice  
  • Log of experience or procedure  
  • CBD |
CiP 5: The doctor is able to engage with research to promote innovation

Key Skills
- Demonstrates research skills
- Innovates
- Demonstrates critical thinking

Documentation required
Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency:
- Good Clinical Practice course or equivalent
- Research methodology course or equivalent
- Critical appraisal (critical reading) course or equivalent
- Literature searching course or equivalent

Recommended evidence
1. Peer-reviewed publications that have either been published or that have been accepted for publication, including a clear demonstration of contribution to the writing of these publications i.e. first author

2. Abstracts you have contributed to that have been accepted and/or invitations for oral or poster presentations at national and international meetings
   - Maximum of five examples should be provided; all evidence must be from within the last five years. Your contribution to these must be clear

3. Critical appraisal of a scientific paper in SRH within the last five years

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Further suggested evidence

1. Evidence of acting as a peer reviewer such as for the FSRH Clinical Effectiveness Unit (CEU)
2. Evidence of Journal club attendance and presentation such as attendance log and presentation
3. Evidence of having designed a simple questionnaire/interview study such as a patient reported outcome measure (PROM)
4. Evidence of participation in a clinical trial such as trial documentation
5. Evidence of having sought approval for a study from a local research ethics committee such as bid documentation
6. Evidence of active participation in a Research Ethics Committee such as minutes or a presentation
7. Evidence of Membership of or contribution to a Guideline Group – local or national (CEU) such as minutes or named in completed document
8. Evidence of Completion of a public health project
9. Evidence of learning from a personally developed and led practice innovation secondary to robust research evidence such as reflection and report including implementation plan
10. Evidence to openness to innovation such a service development plan
11. Evidence of independent self-directed learning and reflection in research methods, governance and ethics
12. Assessments: see page 13-15 of the SSG for further information on these
   - Multi-source Feedback – Team Observation
   - Reflective practice
   - Log of experience or procedure
   - CBD
CiP 6: The doctor is able to manage and lead a multi-professional team delivering a Sexual & Reproductive Health Service.

Key skills

- Demonstrates commitment to provision of a service which is continually monitored and responsive to both positive and negative events
- Recruits, manages and develops the members of various professional groups that make up multidisciplinary staff
- Manages and sustains financial resources effectively
- Demonstrates commitment to continuous quality improvement and resulting service development

Documentation required

Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency.

- HR skills and recruitment training course or equivalent
- Management / leadership course or equivalent
- Complaints handling course or equivalent

Recommended evidence

1. A report and reflection upon a personally led Quality Improvement project in SRH

2. Three clinical audits or Quality Improvement activities from the last five years involving different professional groups/ disciplines
   - Reports, and/or presentations
   - Audit evidence must demonstrate completion of the five stages of the audit process, including closing the audit loop via re-audit:
     1. Definition of criteria and standards
     2. Data collection
     3. Assessment of performance against criteria and standards
     4. Identification of changes / alterations to practice
     5. Re-evaluation
   Your contribution to the audit/activity must be clearly defined

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3. **Two** written responses / letters / statements of account you have authored in response to on complaints received, from the last five years
   - Evidence should show your ability to act constructively and objectively when a complaint is made
   - You must include the complaint you are responding to
   - If you’ve not been involved in any complaints, you should provide responses to two hypothetical complaints

4. **Two** written responses / letters / statements of account you have authored in response to adverse incidents investigated from the last five years
   - Evidence should show your ability to demonstrate root cause analysis
   - You must include the incident you are responding to
   - If you’ve not been involved in any adverse incidents, you should provide responses to two hypothetical adverse incidents

5. Evidence of appraisal of colleague/ staff (anonymised) and your reflection on this

6. Evidence of development and submission of a business case (for at least one of the following; e.g. service reconfiguration, workforce restructure, new equipment / new pharmaceutical product)

7. Evidence of contribution to an interview/selection panel

8. Evidence of writing a job description for a new post e.g. staff grade. If you have not written a job description for a new post, please provide a hypothetical example of how you would do this

9. Evidence of leading and responding to a service user consultation for service development, change or delivery such as transgender services

**Further suggested evidence**

1. Evidence of ability to manage, and reflection on, change in funding resource, whilst ensuring maintenance of service quality such as imposed by public health budget cuts

2. Evidence of managing staff wellbeing, sickness and absence in the service or of an individual

3. Evidence of leadership in a collaborative public health project

4. Evidence of FSRH and other relevant independent self-directed learning and reflection regarding personal leadership development

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5. **Assessments:** see page 13-15 of the SSG for further information on these
   - Multi-source Feedback – Team Observation
   - DOC
   - Reflective practice
   - Log of experience or procedure
   - CBD
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 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

- Considers the impact of the broader social and cultural determinants of health when planning and delivering SRH care.
- Participates in setting the direction of future SRH care at local, regional and national level
- Formulates and articulates problems so they can be addressed using public health intelligence

Documentation required

Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency

- Public Health course or equivalent

Recommended evidence

1. Completion of a personally led Public Health Project in CSRH, in the last 5 years
2. Evidence of a report or presentation illustrating retrieval and analysis of public health intelligence to address population health need

Further suggested evidence

1. Evidence of a health improvement intervention you were personally responsible for such as reduction in unplanned pregnancy
2. Evidence of a health protection intervention you were personally responsible for such as STI screening
3. Evidence of the utilisation of Public Health Intelligence for service change personally undertaken such as the use of Fingertips or SPOT
4. Evidence of stakeholder engagement in a public health project you led and implemented

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5. Evidence of attendance and active participation at policy and strategy board meetings e.g. sexual health network, teenage pregnancy, drugs and alcohol such as attendance log, minutes and presentation

6. Evidence of media work undertaken to support health improvement such as copies of audio/ print

7. Evidence of a poster or oral presentation on a public health issue in which you were the lead author

8. Evidence of independent self-directed learning and reflection regarding Public Health Policy, strategy and implementation

9. Assessments: see page 13-15 of the SSG for further information on these
   - Reflective practice
   - Log of experience or procedure
   - CBD
   - Multi-source Feedback – Team Observation
CiP 8: The doctor is competent to assess and manage people presenting for sexual and reproductive healthcare throughout their life course.

Key skills

- Manages fertility control
- Manages pregnancy planning and preconception care
- Manages early pregnancy, unplanned pregnancy and abortion care
- Manages non-complex genitourinary tract presentations
- Manages abnormal vaginal bleeding
- Manages pelvic pain
- Manages urogynaecological symptoms
- Manages screening relevant to SRH
- Manages adolescent sexual and reproductive health
- Manages premenstrual syndrome
- Manages menopause and postmenopausal care
- Manages transgender health problems
- Manages reproductive mental health (SRH for people with diagnosed and undiagnosed mental health conditions)
- Manages sexual wellbeing
- Manages sexual violence
**Documentation required**

Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the **last five years** or Equivalent Experience demonstrating continuing competency (unless stated otherwise):

- Current certification of training in level 3 child protection (**completed within the last 12 months**)  
- Current certification of training in Basic Life Support (**completed within the last 12 months**)  
- Current certification of training in Anaphylaxis (**completed within the last 12 months**)  
- Vulnerable Adults Training/Mental Capacity Training (**completed within the last 12 months**)  
- Courses (or equivalent) necessary for the DFSRH  
- Current certification LOC IUT  
- Current certification LOC SDI-IR  
- BASHH STIF course or equivalent  
- BASHH modules 1-4 (or equivalent)  
- Menopause Theory course (RCOG/BMS) or equivalent  
- Current certification cervical cytology  
- USS skills course (RCOG/RCR) or equivalent  
- Forensic (Sexual Assault) Medical Examiners course or equivalent

**Recommended evidence**

1. Three summative OSATS for each of the following from the **last five years:**
   - Insertion and removal of intrauterine contraception (IUC) (**completed within the last three years**)  
   - Complex insertion and removal of intrauterine contraception (IUC)  
   - Insertion of contraceptive implant (**completed within the last three years**)  
   - Removal of contraceptive implant (**completed within the last three years**)  
   - Complex removal of deep/impalpable contraceptive implant (**completed within the last three years**)  
   - Surgical management of 1st trimester miscarriage and 1st trimester abortion including MVA  
   - Ultrasound early pregnancy - normal early pregnancy

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• Ultrasound early pregnancy – miscarriage
• Ultrasound early pregnancy - retained products of conception
• Ultrasound early pregnancy – ectopic pregnancy
• Ultrasound gynaecology - normal female pelvic reproductive tract
• Ultrasound gynaecology - endometrial abnormality
• Ultrasound gynaecology - uterine abnormality
• Ultrasound gynaecology - ovarian abnormality
• Ultrasound gynaecology - assessment of pelvic pain
• Ultrasound contraception - normally sited IUC
• Ultrasound contraception - abnormally sited IUC
• Ultrasound contraception - normally sited SDI
• Ultrasound contraception - abnormally sited SDI
• Biopsy of genital skin
• Endometrial biopsy
• Hysteroscopy
• Insertion, fitting and removal of female barrier contraception (**completed within the last three years**)
• Insertion, fitting and removal of vaginal supportive pessary (**completed within the last three years**)
• Bimanual examination (**completed within the last three years**)
• Speculum examination (**completed within the last three years**)
• Cervical screening (cytology) (**completed within the last three years**)
• Proctoscopy
• Ablation of genital lesions/warts
• Light microscopy

Submitted OSATS must be:

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signed off at Level 5 (entrusted to act independently) with the exception of: (a) Biopsy of genital skin and (b) Insertion, fitting and removal of vaginal supportive pessary which may be signed off at Level 3 (entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision))

completed by two different assessors

*** For specific procedures, a Letter of Competence in intrauterine (LoC IUT) or subdermal implant contraception (LoC-SDI-IR) will be deemed equivalent to three summative OSATS

2. For all key skills, anonymised logs of experience from the last five years demonstrating the full range of cases managed (including where technical skills are not required) must be submitted and must be supported by workplace-based assessments. Logbooks must include a breakdown of all procedures and contain the following:

- Only procedures you were involved in
- Age (of patient)
- Date and full name of procedure
- Reflective notes on difficult or complex cases.
- Your role in the procedure
- Critical incidents
- Name of hospital / institution where procedure was performed

Your logbooks must demonstrate your maintenance of skill and competency from the last three years of your practice.

3. Annual caseload statistics for the total numbers of patients seen in the following clinics you’ve performed in any year period over the last five years.

- Your role in the clinics must be clear – e.g. total of contacts completed independently, supervised, assisted, etc.
- Include a brief description of the clinic caseload statistics, function and case mix and your rota commitment to it
- Statistics generated by hospital software/data teams are preferable

Clinics (state if a clinic is a combination of any of the below):

- Contraception (**within the last three years**)
- Counselling and management of complex contraceptive requirements including contraception for individuals with complex medical or
social needs (**within the last three years**)  
• Abortion care  
• Early pregnancy care  
• GUM/ HIV  
• Medical gynaecology  
• Minor procedures  
• Menopause  
• PMS  
• Sexual assault  
• Sexual problems

Further suggested evidence

1. Evidence of personal development in non-technical key skills. Example: Menopause care – evidence of this to be demonstrated by either:  
   • Course completion or  
   • Evidence of independent Self-directed Learning and reflection

2. Medical reports and case histories

3. Assessments: see page 13-15 of the SSG for further information on these  
   • Mini-CEX  
   • CBD  
   • OSAT  
   • PSQ  
   • Multi-source Feedback – Team Observation  
   • Reflective practice  
   • Log of experience or procedure  
   • DOC
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

- Delivers effective teaching
- Supervises and appraises
- Facilitates inter-professional learning
- Develops people

Documentation required

Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency:

- Courses to obtain FRT status/Educational Supervisor status or equivalent

Recommended evidence

1. Evidence of teaching sessions delivered:
   - Advertising teaching events you’ve delivered e.g. posters
   - Teaching timetables which clearly identify your sessions
   - Teaching presentation slides from lectures you’ve delivered with feedback
   - Feedback from those taught
   - Reflection

   You must provide three examples of the above, averaging one per year for the last three years

2. Correspondence confirming your regular teaching involvement over the last three years. Ideally, the letters should confirm the sessions and dates you taught. You must provide three examples of the above, averaging one per year for the last three years
3. Evidence of identifying and managing a trainee in difficulty and your reflection on this within the **last three years as contained in educational meetings forms**

4. Evidence of Educational Supervision within a training programme and your reflection on this in the **last three years such as contained in educational meetings forms**

5. Evidence of clinical supervision within a training programme and your reflection on this in the **last three years** such as workplace-based assessments as trainer

6. Logbook of training experiences in different clinical and non-clinical settings, to healthcare and non-healthcare professionals, with supporting evidence/correspondence/ feedback and reflection covering the **last three years**

### Further suggested evidence

1. Evidence of attending formal courses e.g. Train the Trainers, clinical supervision, educational supervision, workplace-based assessment courses, appraisal training, mentoring

2. Evidence of a regular teaching/training commitment within your Job Plan

3. Evidence of use of assessments tools and methods such as workplace-based assessments

4. Evidence of effective teaching/training of different health professionals/ non-health professionals such as event/ presentation and feedback/ consequent e.g. service change

5. Evidence of effective and appropriate mentoring skills such as an anonymised example using case based discussion, teaching log, reflections and 360 appraisal as useful evidence sources

6. Evidence of ability in the formal process of managing a trainee in difficulty such as an anonymised example using case based discussion, teaching log, reflections and 360 appraisal as useful evidence sources

7. Evidence of mentoring other trainers and your reflection on this such as an anonymised case presentation

8. Independent self-directed learning and reflection on key skills topics
9. Assessments: see page 13-15 of the SSG for further information on these
   • Multi-source Feedback – Team Observation
   • Reflective practice
   • Log of experience or procedure
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:
- Understands educational programmes within SH/SRH
- Demonstrates ability in planning, delivery and evaluation of training programmes

Documentation required
Certificates of completion, or their recertification, from the following Recommended Courses or equivalent undertaken in the last five years or Equivalent Experience demonstrating continuing competency:
- Courses to obtain FRT status/Educational Supervisor status or equivalent

Recommended evidence
1. Evidence of the ability to plan, structure and facilitate an educational session / intervention/ event/ or training programme in SRH, including aims, objectives, learning resources to be used and evaluation methods. You must provide three examples of each of the above, averaging at one per year for the last three years
2. Feedback on education/ training events personally planned and delivered by healthcare/ non-healthcare professionals and /or the public. You must provide three examples of each of the above, averaging at one per year for the last three years

Further suggested evidence
1. Evidence in appraisal of updating in education development and techniques
2. Evidence of participation in the planning and execution of courses and training in different modalities and/ or environments including 1-2-1 teaching, small group, problem- based, workshops and formal lectures such as minutes/ presentations
3. Reflection on:
   - Programmes organised
   - Teaching sessions delivered
   - Assessment of training needs
   - On educational governance
   - Quality improvement of the educational programme
   - Reflections on own personal learning

4. Evidence of FSRH and other relevant independent self-directed learning and reflection regarding education and training

5. Assessments: see page 13-15 of the SSG for further information on these
   - Reflective practice
   - Log of experience or procedure