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| **ST4** | Trainee Name: | Unit: |
| Time Period Assessed: | Date of ARCP: |
| Reason for ARCP: | Progression: | Previous Outcome: |
| Review: | Progression Date: |
| **ePortfolio Navigation** | **Assessment Item** | **Achieved** | **Comments** |
| **Profile** **Absences** | Absences | Absences recorded in ePortfolio: |  |
| Total days off sick: |  |
| Total episodes of Sickness: |  |
| **Personal Library** | Involved in SI/ComplaintReflection in ePortfolio |  |  |
| Form R Completed |  |  |
| Educational Supervisors report completed and signed by Supervisor |  |  |
| **Personal Library** | **SURVEY CONFIRMATIONS** |
| GMC Training Survey |  |  |
| HEE NETS Survey |  |  |
| Trainee Evaluation Form |  |  |
| **Curriculum** | **LOG BOOK PROGRESS** |
| Progress made with signing of Log Book Competencies at Intermediate Level |  |  |
| Completions transferred to output report |  |  |
| **Exam** | **EXAMINATIONS** |
| MRCOG Part 2AttemptedResult |  |  |
| MRCOG Part 3AttemptedResult |  |  |

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| **Progression summary overview** | **FORMATIVE OSATS**  **Evidence of on-going training – Minimum 1 per training year** |
| Operative Laparoscopy – Simple adnexal / Lap Steri |  |  |
| Rotational Instrumental Delivery |  |  |
| **Progression summary overview** | **SUMMATIVE OSATS****Evidence of on-going training – Minimum 1 per training year** |
| Basic Ultrasound ModulesTAS 8-12 Week | Completed: | Assessors: |
| Rating: | Consultant: |
| Basic Ultrasound ModulesSize/Lie/Presentation | Completed: | Assessors: |
| Rating: | Consultant: |
| Basic Ultrasound ModulesLV | Completed: | Assessors: |
| Rating: | Consultant |
| Basic Ultrasound ModulesPlacental Site | Completed: | Assessors: |
| Rating: | Consultant: |
| Caesarean Section | Completed: | Assessors: |
| Rating: | Consultant: |
| Operative Vaginal Delivery | Completed: | Assessors: |
| Rating: | Consultant: |
| Hysteroscopy | Completed: | Assessors: |
| Rating: | Consultant: |
| Diagnostic Laparoscopy | Completed: | Assessors: |
| Rating: | Consultant: |
| Opening & Closing the Abdomen (Gynae Case) | Completed: | Assessors: |
| Rating: | Consultant: |

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| **Progression summary overview** | **WORKPLACE BASED ASSESSMENTS** |
| Mini-CEX Obstetrics | /4 |  |
| Mini-CEX Gynaecology | /4 |  |
| CBD Obstetrics | /4 |  |
| CBD Gynaecology | /4 |  |
| **Log of experience** | **REFLECTIVE PRACTICE** |
| 8 Reflections during 12 month training period |  |  |
| **Log of experience** | **TEACHING EXPERIENCE** |
| Documented evidence of teaching & Organising Departmental Teaching of Medical Students/Foundation Trainees/GPST |  | Organising  |  |
| Delivering |  |
| **Personal Library** | **PRACTICAL SKILLS COURSES** |
| **ELEARNING & STRATOG (MANDATORY)** |
| FGM |  |  |
| Fetal Growth Restriction |  |  |
| Assessment of lower urinary tract symptoms |  |  |
| Management of lower urinary tract dysfunction |  |  |
| Epidermiology, ethical & legal issues in subfertility |  |  |
| Pre-invasive disease of the lower genital tract |  |  |
| **RECOMMENDED STRATOG & OTHER COURSES** |
| Maternal Medicine Modules |  |  |
| Subfertility Modules |  |  |

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| **Personal Library** | Y**MTP COURSES** |
| Urogynaecology |  |  |
| Medicolegal & Ethics |  |  |
| Infertility TeachingDay 1 |  |  |
| Infertility TeachingDay 2 |  |  |
| **YMTP COURSES****Year 4 or Year 5** |
| MRCOG Part 2 Course |  |  |
| MRCOG Part 3 Course |  |  |
| Maternal MedicineDay 1 |  |  |
| Maternal Medicine Day 2 |  |  |
| Fetal MedicineDay 1 |  |  |
| Fetal MedicineDay 2 |  |  |
| **SIMULATION** |
| YMET or PROMPT |  |  |

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| **Progression summary overview** | **TEAM OBSERVATION TO2*** Should not raise significant concerns to panel
* Minimum of 10 Assessors including
* Current supervising Consultant (s) – Minimum of 3 Consultants
* Senior members of nursing and midwifery staff in different clinical areas – antenatal setting, labour ward, gynaecological wars, outpatient clinics and theatres ( both obstetric and gynaecological)
* Trainees – a maximum of 3 (at all levels)
* Staff from other specialties outside of O&G – must be senior medical staff
 |
| **FIRST TO2** | Number of requires improvement: |
| **Date** |
| **Number of Assessors** | Notable comments: |
| **Correct Mix** |
| **SECOND TO2** | Number of requires improvement: |
| **Date** |
| **Number of Assessors** | Notable comments: |
| **Correct Mix** |
| **Log of experience** | **CLINICAL GOVERNANCE****(patient safety, audit, risk management and quality improvement** |
| 1 completed and presented Audit/QIP |  |  |
| Evidence of attendance at local risk management meeting |  |  |
| **Log of experience** | **PRESENTATIONS AND PUBLICATIONS** |
| Presentation outside own local department by ST4 |  |  |
| Ensure CV is competitive for ATSM/SubSpec training interviews |  |  |

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| **Log of experience** | **LEADERSHIP AND MANAGEMENT** |
| Evidence of Departmental Responsibility |  |  |
| Working with Consultant to organise – including clinical administration and dealing with correspondence |  |  |
| Complaint Management |  |  |
| **OUTCOME** |
| Recommended Outcome: |  |
| Justification and Panel Comments: |  |
| Next ARCP: | Progression Date: |  |
| CCT Date: |  |
| Next ARCP Date: |  |
| ES Feedback Completed: |  |