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| **ST1** | 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/Complaint  Reflection 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 logbook completion  (Completion by ST2) | |  | |  |
| Completions transferred to output report | |  | |  |
| **Exam** | **EXAMINATIONS** | | | | |
| MRCOG Part 1  Attempted  Result | |  | | **Not compulsory** |

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| **Progression summary overview** | **FORMATIVE OSATS**  **Evidence of on-going training – Minimum 1 per training year** | | |
| Fetal Blood Sampling |  |  |
| Manual Removal of Placenta |  |  |
| Uncomplicated Caesarean Section |  |  |
| Non-rotational assisted vaginal delivery (Forceps) |  |  |
| Non-rotational assisted vaginal delivery (Ventouse) |  |  |
| Surgical Management of Miscarriage |  |  |
| Simulation Training – Basic Laparoscopy Skills |  |  |
| **Progression summary overview** | **SUMMATIVE OSATS**  **Minimum of 3 assessments by more than 1 x Assessor (1 x Consultant)** | | |
| Perineal Repair | Completed: | Assessors: |
| Rating: | Consultant: |
| Opening and Closing abdomen in lower segment caesarean section | Completed: | Assessors: |
| Rating: | Consultant: |
| **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 - Medical Students/Foundation Trainees/GPST |  |  |

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| **Personal Library** | **PRACTICAL SKILLS COURSES** | | |
| Basic US Course |  |  |
| Basic Practical Skills |  |  |
| Hysteroscopy Course |  |  |
| **ELEARNING & STRATOG (MANDATORY)** | | |
| Basic Practical Skills |  |  |
| Principles of Ultrasound |  |  |
| Fetal Monitoring (eLFH) |  |  |
| Communicating with Patients |  |  |
| Communicating with Colleagues |  |  |
| Principles of Antenatal Care |  |  |
| Early Pregnancy Loss (Management) |  |  |
| **RECOMMENDED STRATOG & OTHER COURSES** | | |
| Postpartum and Neonatal Problems |  |  |
| Management of Labour & Delivery |  |  |
| HALO |  |  |
| **YMTP COURSES** | | |
| Care of the Critically Ill Mother |  |  |
| Basic Obstetric Teaching Day 1 |  |  |
| Basic Obstetric Teaching Day 2 |  |  |
| Basic Gynae Teaching |  |  |
| **SIMULATION** | | |
| YMET / 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** | | | |
| Departmental Presentation |  | |  |

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| **OUTCOME** | | |
| Recommended Outcome: |  | |
| Justification and Panel Comments: |  | |
| Next ARCP: | Progression Date: |  |
| CCT Date: |  |
| Next ARCP Date: |  |
| ES Feedback Completed: |  |