|  |  |  |
| --- | --- | --- |
| **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/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 logbook completion(Completion by ST2) |  |  |
| Completions transferred to output report |  |  |
| **Exam** | **EXAMINATIONS** |
| MRCOG Part 1 AttemptedResult |  | **Not compulsory** |

|  |  |
| --- | --- |
| **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 |  |  |

|  |  |
| --- | --- |
| **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 |  |  |

|  |  |
| --- | --- |
| **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 |  |  |

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