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| **ST2** | 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** |
| Completion of Log Book Competencies at basic level |  |  |
| Completions transferred to output report |  |  |
| **Exam** | **EXAMINATIONS** |
| MRCOG Part 1 AttemptedResult |  | **Compulsory** |

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| **Progression summary overview** | **FORMATIVE OSATS**  **Evidence of on-going training – Minimum 1 per training year** |
| Hysteroscopy |  |  |
| Laparoscopy |  |  |
| **BASIC ULTRASOUND SCANNING** |
| Module 1: Early Pregnancy (8-12wks) |  |  |
| Module 2: Ultrasound Assessment of fetal size, liquor and the placenta |  |  |
| **Progression summary overview** | **SUMMATIVE OSATS****Minimum of 3 assessments by more than 1 x Assessor (1 x Consultant)** |
| Caesarean Section (Basic) | Completed: | Assessors: |
| Rating: | Consultant: |
| Non-rotational assisted vaginal delivery(Ventouse) | Completed: | Assessors: |
| Rating: | Consultant: |
| Non-rotational assisted vaginal delivery(Forceps) | Completed: | Assessors: |
| Rating: | Consultant |
| Fetal Blood Sampling | Completed: | Assessors: |
| Rating: | Consultant: |
| Surgical Management of Miscarriage | Completed: | Assessors: |
| Rating: | Consultant: |
| Manual Removal of Placenta | Completed: | Assessors: |
| Rating: | Consultant: |
| **SUMMATIVE OSATS****Minimum of 1 Consultant observed confirming continuing competence**  |
| Perineal Repair | 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 - Medical Students/Foundation Trainees/GPST |  |  |
| **Personal Library** | **PRACTICAL SKILLS COURSES** |
| Robust Course |  |  |
| Basic Laparoscopy |  |  |
| STEP UP |  |  |
| **ELEARNING & STRATOG (MANDATORY)** |
| Basic Laparoscopic Surgery |  |  |
| PEARLS (Perineal repair) |  |  |
| EaSi (instrumental delivery) |  |  |
| Reflective Practice |  |  |
| Gynae Emergencies |  |  |
| Pelvic Pain |  |  |

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| **Personal Library** | **RECOMMENDED STRATOG & OTHER COURSES** |
| Antenatal Counselling |  |  |
| Surgical & Post Op Care |  |  |
| MRCOG Part 1 Course |  |  |
| **YMTP COURSES** |
| Human Factors(A Day at Work) |  |  |
| Core Obstetric Teaching Day 1 |  |  |
| Core Obstetric Teaching Day 2 |  |  |
| Core Gynae Teaching |  |  |
| **SIMULATION** |
| Ultrasound Simulator(Minimum 5 Sessions) |  |  |
| Laparoscopic Simulator(Minimum 5 Sessions) |  |  |
| 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** |
| As per previous annual review discussion |  |  |
| **Log of experience** | **LEADERSHIP AND MANAGEMENT** |
| Evidence of Departmental Responsibility – Rota/Departmental Meetings |  |  |

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