

CIP GUIDE

Statement of Expectations and Guidance for CiP 7

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.

1 What is this CiP about?

This CiP is designed to ensure that trainees in CSRH acquire the skills, knowledge and attributes needed to take an active role in implementing Public Health priorities for their population. It is expected that a consultant in CSRH will work closely with local Public Health services to plan and deliver initiatives that not only optimise the sexual and reproductive health and rights of their population, but that also reduce stigma and promote the sexual and reproductive wellbeing of all groups within society.

During training doctors will undertake a Public Health project and should be exposed to and participate in a wide variety of public health initiatives as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well or when they have not, are all skills that should be developed and consolidated as training progresses. Here are the GMC-approved key skills and descriptors

Key Skills	Descriptors
Considers the impact of the broader social and cultural determinants of health when planning and delivering SRH care.	<ul style="list-style-type: none"> • Understands the impact of social, cultural, economic and environmental factors on the physical and mental health of the population. • Aware of the impact of globalisation on SRH and how the increasing movement of people impacts upon health care and services.
Participates in setting the direction of future SRH care at local, regional and national level	<ul style="list-style-type: none"> • Contributes to a local SRH strategy • Demonstrates involvement in influencing wider context/political drivers for better SRH • Works effectively with the media. • Communicates/presents professionally in written, spoken and visual formats and on digital and social media platforms • Presents information in appropriate format for range of audiences
Formulates and articulates problems so they can be addressed using public health intelligence	<ul style="list-style-type: none"> • Collates, reviews and utilises available sources of data to demonstrate a population health need. • Demonstrates ability to complete a Public Health project within the available time • Analyse population data to demonstrate trends, draw comparisons and identify inequalities in SRH. • Demonstrates awareness and understanding of population level data relevant to SRH

These **Key Skills** also map to a variety of generic professional capabilities developed by the GMC. Evidence supporting progress in this CiP should link to generic capabilities such as dealing with complexity, teamwork and leadership and knowledge of patient safety issues.

Descriptors are assigned to each Key Skill. It is important to note that they are given as guidance as to the kinds of activity that will help a trainee self-assess as to their progress with the acquisition of the Key Skill. Other activities that could be said to belong to that Key Skill are not excluded, hence the list is not exhaustive.

To help trainees and trainers assess progress in this CiP, there is a Statement of Expectations for trainees at each stage of training. It offers guidance as to what constitutes acceptable progress in each training year.

Statement of expectations: CiP 7	
ST1–3 Meeting expectation	A trainee who is meeting expectations will understand the broader social and cultural determinants of health in relation to SRH care and rights, understand the structure of the healthcare landscape at a local level, will be aware of local and national sexual health strategies that utilise public health principles and will be familiar with local population data. The trainee will be able to reflect on the Public

	Health implications of any audits and quality improvement projects that they are involved in
ST4–5 Meeting expectation	A trainee who is meeting expectations will build on their previously developed understanding by applying Public Health principles by designing and completing a Public Health project(s), working closely with Public Health colleagues to gain a deeper understanding of local collaboration between clinical, Public Health and third sector colleagues, gathering information from local, regional and national sources to understand inequalities that drive local need. The trainee will engage in SRH strategy development meetings with a public health focus.
ST6 Meeting expectation	In addition to the earlier levels outlined, a trainee who is meeting expectations will participate with confidence in local public health strategy initiatives to influence SRH services by engaging with the public and local stakeholders including the media, to advocate for the sexual and reproductive healthcare needs and rights of the local population. The trainee is able to champion SRH priorities to address inequalities in service planning, access and provision.

2 What kind of evidence might be relevant to this CiP?

This list is not exhaustive. Trainees and supervisors can discuss and agree other sources of relevant evidence. They should also refer to the [Matrix of Progression](#) which sets out the key overall requirements for progression at each stage of training.

- Public Health project
- Advocacy related to SRH
- Patient and public engagement
- Contribution to local, regional or national strategy meetings including meetings in collaboration with Public Health
- Attendance at a course or e-learning related to Public Health
- Chairing Public Health or SRH strategy meetings
- Oral or poster presentation
- Reflections
- Risk assessments
- MFSRH Part 2

3 What are the Knowledge Requirements for this CiP?

The [Knowledge Requirements](#) for all CiPs are contained in a single document, available on the FSRH website. They are not listed here because they also constitute the MFSRH syllabus which needs to be a separate document for all examination candidates, some of whom are not CSRH trainees.

4 When can this CIP be signed off?

A trainee can make a self-assessment of their progress in this CiP at any point in the training year. The first question for a trainee to ask themselves is,

- Do I think I meet the expectations for this year of training?

If the answer is yes, then the next questions to ask are:

- Have I produced evidence and linked that evidence to support my self-assessment?
- Is this evidence at the right level of complexity for my year of training?
- Do I understand the knowledge requirements of this CiP? If not, do I need to look at the knowledge requirements/MFSRH syllabus?

Once the trainee has completed the self-assessment the educational supervisor (ES) needs to review the evidence and ask the same questions:

- Is this sufficient evidence to sign off the CiP?
- Am I happy there is evidence to support the acquisition of key skills?
- Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?
- Is there other evidence that has been missed?
- Is the level right for this trainee? Are they meeting the standards in the statement of expectations?

When the ES judges that the trainee has met the expectations for that year, they can sign off the CiP. Most crucially, this is a global judgement which does not have to be linked to key skills. One piece of well-presented evidence with some reflection may be enough to sign off the CiP. It is the **quality** of the evidence, not the quantity, which is key. Remember also that one piece of evidence can be used up to three times across the CiPs.

5 Are there any examples or case studies?

Example 1 – ST2 trainee (ES focus)

You are an ES having a meeting with an ST2 trainee, who asks for sign-off of CiP 7 after considering the questions regarding the evidence. They feel that they meet the statement of expectations. They have submitted the following evidence:

- Visits to third sector providers relevant to sexual health

- Reading the local relevant sexual health strategies and reflecting on these
- Reflection on structure of relevant public health bodies
- Inclusion of induction programme which included introduction to local Public Health teams
- CbD focusing on vulnerable individual with relevant discussion about societal health inequalities and relevance of public health policies

As an ES you know that your trainee has produced evidence to demonstrate an awareness of health and societal inequalities and vulnerable populations and the relevance of Public Health policy to individual clinical encounters.

The statement of expectations for an ST2 trainee who is meeting expectations in CiP 7 is as follows:

- understand the broader social and cultural determinants of health in relation to SRH care and rights,
- understands the structure of the healthcare landscape at a local level,
- will be aware of local and national sexual health strategies that utilise public health principles and
- will be familiar with local population data
- will be able to reflect on the public health implications of any audits and QIPs that they are involved in

Therefore, based on your meetings with the trainee and the evidence which is linked to the CiP, you can feel confident in signing off this CiP for ST2.

Example 2 – ST6 trainee (trainee focus)

You are an ST6 trainee considering sign-off for CiP 7. You are 7 months into ST6 and have submitted the following evidence linked to the CiP:

- CbD dealing with a vulnerable individual with brief reflection on societal structures
- Attendance at two Public Health Meetings to consider improving access to LARC
- Has read Local Sexual Health Strategy

The Statement of Expectations for an ST6 trainee who is meeting expectations in CiP 7 is as follows:

- The trainee is able to participate with confidence in local public health strategy initiatives to influence SRH services by engaging with the public and local stakeholders including the media, to advocate for the sexual and reproductive healthcare needs and rights of the local population.
- The trainee is able to champion SRH priorities to address inequalities in service planning, access and provision.

You discuss this CiP and your request to be signed off with your ES at your next meeting. The ES considers the key questions:

Is this sufficient evidence to sign off the CiP? Am I happy there is evidence to support the acquisition of key skills?

In this case, three pieces of evidence have been provided with only minimal application to practice. Reflection in this particular CiP should include thinking about how the individual functions within their own context and how this might affect interaction with, and experience of, healthcare.

Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence? Is there other evidence that has been missed?

The evidence submitted is taken from the correct domain of professional activity but does not demonstrate “confident participation” in those activities or “championing” of the needs of any service users who may be finding access to support challenging. Reading the local Sexual Health Strategy is relevant but should be part of a larger piece of work that could include reflection on the implications for the local population and the local SRH service providers,

Is the level right for this trainee? Are they meeting the standards of expectations?

There is no evidence of active participation in the professional activities required for this CiP. At this stage of training there should be evidence of engagement with policy development demonstrating an understanding of and ability to use public health principles. This might include reflection on a meeting attended or chaired, evidence of interaction with stakeholders, the public or media. Observational experience alone is insufficient at this level of training.

The ES therefore declines to sign off the CiP and discusses the expectations for an ST6 trainee. As part of that discussion the ES suggests that Public Health thinking at this stage should be at strategic and population level.

The ES also discusses with the trainee that at ST6 the trainee should be evidencing confident and effective interaction with professionals from other specialties, eg. local authority, education and media. The ES suggests shadowing a senior colleague during these activities. The ES also suggests the trainee demonstrates their understanding of the implications of the local Sexual Health Strategy, perhaps formulating service development proposals in alignment with the strategy and presenting this proposal at an operational management level meeting.