CIP GUIDE

Statement of Expectations and Guidance for CiP 8

CiP 8: The doctor is competent to assess and manage people presenting for sexual and reproductive healthcare throughout their life course.

1 What is CiP 8 about?

This CiP is designed to ensure that trainees in CSRH acquire the skills, knowledge and attributes needed to recognise, assess and manage people presenting for any aspect of sexual and reproductive healthcare at any stage in life. It is expected that a CSRH consultant will be able to manage general open access SRH services as well as more specialised, appointment-based clinics.

During training, doctors should be exposed to and participate in a wide variety of clinical teaching, skills and drills scenarios and simulation training as well as attending educational events to support their learning in this area. The ability to reflect on consultations and practical procedures that have gone well or that require further learning and experience, are all skills that should be developed and consolidated as training progresses.

The 15 Key Skills of this clinical specialty CiP describe the tasks or activities which are essential for sexual and reproductive healthcare. Satisfactory sign-off of the CiP will require the Educational Supervisor (ES) to make decisions on the overall level of clinical supervision required based on the trainee's evidence for each Key Skill within this CiP and whether this is satisfactory for their stage of training. If so, the trainee can progress to the next stage. Additional detail can be found in the programme of assessment section of the curriculum.

The GMC-approved key skills and descriptors for CiP 8 are shown below.

Key Skills	Descriptors
Manages fertility control	• Provides information and counselling about all reversible and non-reversible contraceptive options. • Provides all reversible methods of contraception that are available in the UK at the time. • Provides expert contraceptive care to people with social and/or clinical complexity. • Provides all forms of reversible post pregnancy contraception. • Manages complications secondary to all methods of contraception including contraceptive failure. • Is able to remove all reversible methods of contraception, including where this involves complex procedures. • Manages complex removals including where imaging is required, working with other specialists when necessary • Provides expert advice and management and acts as senior decision maker with regard to contraception in collaboration with other specialists
Manages pregnancy planning and preconception care	• Provides information and counselling about fertility throughout the life course. • Provides information and counselling about pregnancy planning, pregnancy spacing and preconception care. • Understands the importance of preconception care to optimise maternal and fetal health • Is able to elicit the risks to having a healthy pregnancy and baby that are of most concern or relevance to the individual and is able to support them in reaching an appropriate plan of action to prepare for pregnancy • Recognises the effect of chronic maternal disease on pregnancy and vice versa, provides information and refers for more specialised support when needed.
Manages early pregnancy, unplanned pregnancy and abortion care	• Demonstrates a non-directive and non-judgemental approach towards pregnancy and abortion care and appreciates the social and cultural factors and the impact of stigma on this area of work • Works with the individual and other professionals to ensure a network of care and appropriate follow up (such as Early Pregnancy Assessment Units, Sexual Assault Referral Centres, Domestic Abuse services etc). • Demonstrates the ability to manage women with early pregnancy and its complications; including management of Pregnancy of Uncertain Viability (PUV), Pregnancy of Unknown Location (PUL) and miscarriage, hyperemesis, medical management of ectopic pregnancy and request for abortion • Ensures appropriate clinical follow up, management of complications and disposal of fetal remains • Provides abortion within the context of personal belief • Manages issues relating to conscientious objection to abortion and other personal belief from co-workers and colleagues

	• Recognises own belief and impact on practice • Understands the legislation and regulations specific to abortion care across the 4 nations and demonstrates the skills to establish and lead an abortion service.
Manages non-complex genitourinary tract presentations	• Recognises the spectrum of clinical presentations of genital tract conditions and their differential diagnoses including sexually and non-sexually transmitted infections, dermatoses, inflammatory disorders and infestations. • Takes an appropriate sexual history including STI risk assessment • Provides immediate management of non-complex genital tract conditions • Discusses with patients the risk factors for sexual and blood borne virus infections • Advises vaccination where appropriate and explains vaccination regimes and other preventative strategies • Arranges partner notification where appropriate and refers to other specialties where indicated
Manages abnormal vaginal bleeding Manages pelvic pain Manages urogynaecological symptoms	• Provides information and counselling about all investigations and treatment options • Provides initial investigation and non-surgical treatment within the field of SRH • Refers or signposts appropriately to other specialties or practitioners where investigation and treatment lie outwith the field of CSRH, taking into account the urgency required
Manages screening relevant to SRH	• Provides information and counselling on all screening relevant to SRH • Provides screening within CSRH such as cervical screening, in accordance with national guidance. • Counsels about screening results and onward referral.
Manages adolescent SRH	• Performs a consultation appropriate to a young person recognising the particular difficulties and vulnerabilities that may be faced by this age group. • Supports young people to understand the importance of sexual wellbeing. • Is able to assess the understanding of the young person of consent and safe sex. • Discusses lifestyle choices (including risk and self-empowerment) in an appropriate manner and provides health promotion within the consultation. • Works with the individual and other professionals to ensure a network of care and appropriate follow up. • Assesses safeguarding needs, reports appropriately and contributes to the local multidisciplinary processes.
Manages premenstrual syndrome (PMS)	• Manages PMS according to individual circumstances and preferences using a range of therapeutic options including hormonal

	and non-hormonal treatment, lifestyle measures, complementary therapies and psychological therapies. • Provides information and counselling on role of surgery in the management of severe PMS. • Appreciates the impact that PMS may have on other aspects of wellbeing.
Manages menopause and postmenopausal care	• Discusses the risks and benefits of HRT and prescribes appropriately including in premature ovarian insufficiency • Formulates an individualised management plan taking into account individual circumstances and preferences, including lifestyle measures, complementary therapies and psychological input • Can manage menopausal symptoms in women with coexisting physical and / or mental health conditions, including those with a history or genetic risk of cancer • Provides expert advice and management and acts as senior decision maker with regard to menopause and HRT in collaboration with other specialists. • Appreciates the impact that the menopause may have on other aspects of wellbeing.
Manages transgender health problems	• Understands the spectrum of gender variance (to include binary and non-binary gender identities) and the possible processes of transition, including social, medical and surgical pathways undertaken by trans people. • Recognises how gender dysphoria and surgical intervention can impact on sexual wellbeing and sexuality. • Understands the options for contraception, fertility preservation and pregnancy for transgender people. • Describe and recognises the genital variance where reassignment surgery has taken place. • Identifies and assesses complications of medical and surgical interventions in trans people and refers to specialists where appropriate.
Manages reproductive mental health (SRH for people with diagnosed and undiagnosed mental health conditions)	• Demonstrates understanding of how mental health issues can affect reproductive health and how services need to collaborate to optimise support for vulnerable people • Demonstrates understanding of how reproductive health issues can significantly impact on the mental health of a person and their partner. • Is able to manage SRH presentations in people who have diagnosed or undiagnosed mental health conditions. • Is able to assess suicide risk and refer appropriately
Manages sexual wellbeing	• Understands the physical and psychological influences on sexual pleasure and function. • Demonstrates awareness of overt and covert presentation of sexual problems and is able to raise sexual issues within a relevant consultation.

	• Is be able to explore the problem with the patient further, perform a genital examination with a psychosomatic component and request appropriate investigation. • Demonstrates awareness of the doctor/patient interactions that can occur within a consultation and be able to utilise these insights for the benefit of the patient • Is able to provide immediate management of psychosexual care • Formulates and discusses management options according to/available through local pathways.
Manages sexual violence	• Demonstrates appropriate response to overt and covert presentation of non-consensual sex. • Takes an appropriate initial account from a person disclosing sexual assault to allow referral to the most appropriate service. • Understands the principles of forensic evidence preservation and applies them to clinical practice. • Understands and is able to comply with “Chain of Evidence” protocols. • Able to discuss options for reporting to the police. • Understands the requirements for performing a clinical examination only where appropriate. • Documents the clinical history and the patient’s account of events. • Assesses physical and psychological health needs of individual and discusses options and provides care in a timely manner - emergency contraception, vaccination, STI testing and PEP. • Understanding local safeguarding pathways where sexual violence is part of the presentation. • Works with the individual and other professionals to ensure a network of care and appropriate follow up.

These key skills map to a variety of generic professional capabilities. Evidence supporting progress in this CiP can also be linked to generic capabilities such as dealing with complexity, communication, teamwork, and the ability to work effectively within a multi-professional team and wider care network.

When considering whether progress is being made in this CiP, it is both the trainee’s skills as an individual medical professional and those relating to knowledge and processes of good teamwork which need to be assessed in the round, in addition to clinical competence. Throughout the training programme, the trainee should be able to demonstrate improvements each year in the simultaneous deployment of these skills, with a corresponding increase in the level of complexity that can be successfully managed and a corresponding decrease in the level of supervision required.

It is important to understand that sign-off each year for CiP 8 is a global assessment of progress across the 15 Key Skills and across all the practical procedures that underpin them. This does not mean that trainees have to make equal progress in each Key Skill in each year of training. In reality, multiple Key Skills will be used for a single clinical encounter but trainees may be concentrating on a particular area of clinical practice and may have

limited exposure to other presentations. Variation in progress with each Key Skill will also necessarily result from the variation in training programmes and local availability of training opportunities. Flexibility over the 6 years of training is therefore expected, with more progress being demonstrated in some Key Skills in some years than in others.

The ES must decide whether globally, the trainee is demonstrating a good range of specialty specific experience with evidence across enough of the Key Skills and demonstrating the sort of generic clinical competence that would be expected at that particular year of training - even if some Key Skills are ahead of expectations and some are less so. Additionally, where some Key Skills have received less attention, the ES must decide whether it is reasonable to assume that there is enough time left in the training programme to complete the outstanding areas.

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 for each stage of training.

Statement of expectations: CiP 8	
ST1–3 **Meeting expectation**	A trainee who is meeting expectations will be able to take an adequate history identifying the main problems. They will provide good care and arrange appropriate follow up. They will communicate with senior colleagues. They will be starting to understand the importance of teamwork in providing good patient care. They will seek out opportunities for learning and discussion.
ST4–5 **Meeting expectation**	A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will start to understand the importance of holistic care and their communication, observation and listening skills will be sufficient to be able to identify other issues associated with the presenting problem. They will know when to ask for advice. They will need assistance in working with other professionals to ensure an appropriate network of follow up is in place for patients with more complex needs. They will be starting to support other team members. The trainee will be giving reassurance that they are continuing to improve in the areas covered in their earlier training and making reasonable progress in acquiring additional key skills

ST6 **Meeting expectation**	A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They will provide holistic care, working independently in clinic. They will be capable of leading the team in the consultant's absence. They will be familiar with local care pathways and confident in referring patients who need support from different disciplines or agencies. They will be on track to meet all key skills in this CiP by the end of training.

2 How are the levels of supervision used to assess progress?

The clinical CiP is the only CiP that has to be signed off using the new 5 levels of supervision, as defined in the table below.

Levels of supervision	
Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

This method of sign-off moves away from a process of box-ticking and towards a process that says, 'I trust you to do these work activities. If not, I need to identify the underlying competencies that need to be developed so that you can progress to the next level of trust.'

The approach focuses on the outcome of training and defines this outcome in terms of the work that a trainee is trusted to do. By the end of training, doctors are 'trusted' to undertake all work tasks independently and without supervision. The Key Skills within CiP 8 are components of professional work that form the range of presentations in Sexual & Reproductive Health. When taken together, they can be broadly identified as the "clinical" unit of the curriculum to be entrusted to a trainee once efficient competence has been reached across all Key Skills.

Assessment of CiP 8 requires observation and judgment and replicates real-life practice. For example, a consultant must decide what each trainee can be trusted to do, as well as determine the amount of supervision, direct or indirect, that they require to undertake clinical activities safely. These kinds of judgments are routinely made in the workplace and are

based on the experience of the consultant. By the end of training, a doctor must be trusted to undertake all the key critical tasks needed to work as a consultant — and that becomes the outcome and end point of training.

The trainee will make a self-assessment to consider whether they meet expectations for their year of training for this clinical CiP (taking into account their experience and competence across all 15 Key Skills) using the five supervision levels and highlighting the evidence in the ePortfolio. The ES will then consider whether the trainee is meeting expectations or not by assigning one of the five supervision levels. Trainees will need to meet expectations for the year of training as a minimum to be judged satisfactory to progress. The nature of CSRH training programmes is necessarily varied across regions and nations and trainees will gain competence in different Key Skills at different rates and at different stages in training. Evidence does not need to be linked to each individual Key Skill every year but the trainee and the ES must feel confident that overall progress within CiP 8 is satisfactory and that there is sufficient time left to complete outstanding competencies within the training programme. The expectations for the level of supervision expected for each year of training for CiP 8 are in the table below.

Outline grid of supervision level expected for CiP 8 *									
Capability in Practice	**ST1**	**ST2**	**ST3**		**ST4**	**ST5**		**ST6**	**CCT**
CiP 8 The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course	**L1**	**L2**			**L3**	**L4**		**L5**	

*It is not essential that all Key Skills conform to the overall level of entrustability for that year of training from ST1 to ST5. However, by the end of ST6 all Key Skills in CiP 8 should be at Level 5.

3 How are the procedures associated with CiP 8 assessed?

The procedures associated with this CiP and the outline grid of progress expected for these procedures over the training programme is shown in the table below. Progress with procedures will be evidenced with OSATS. Each procedural skill requires 3 summative OSATS assessed as being competent prior to being able to perform the practical procedure independently with support (level 4). The ES can use this table to assist in making their global judgement for each year of training as it highlights the level of skill at which practical procedures need to be performed at each stage of training. The correct number of OSATs for Level 4 sign off should be completed in the appropriate year prior to global CiP 8 sign off for that year.

Outline grid of progress expected for CSRH practical procedures									
Category	**Procedure**	**ST1**	**ST2**	**ST3**		**ST4**	**ST5**	**ST6**	**CCT**
Basic Examination Skills	Bimanual examination	L3	L4	L5					

Basic Examination Skills	Speculum examination	L3	L4	L5						
Basic Examination Skills	Cervical screening (Cytology)	L3	L4	L5						
Basic Examination Skills	Proctoscopy		L1	L2		L3	L4		L5	
Basic Examination Skills	Ablation of genital lesions/warts			L3			L5			
Basic Examination Skills	Light microscopy		L1	L2		L3	L4		L5	
Contraception	Insertion and removal of intrauterine contraception (IUC)	L3	L4	L5						
Contraception	Complex insertion and removal of intrauterine contraception (IUC)	L1	L2	L3		L3	L4		L5	
Contraception	Insertion of contraceptive implant	L3	L4	L5						
Contraception	Removal of contraceptive implant	L3	L4	L5						
Contraception	Complex removal of deep/impalpable contraceptive implant		L1	L2		L3	L4		L5	
Contraception	Insertion, fitting and removal of female barrier contraception	L1	L2	L3		L4	L5			
Contraception	Ultrasound contraception – normally sited IUC			L1		L2	L3		L5	
Contraception	Ultrasound contraception – abnormally sited IUC			L1		L2	L3		L5	
Contraception	Ultrasound contraception – normally sited SDI			L1		L2	L3		L5	
Contraception	Ultrasound contraception – abnormally sited SDI			L1		L2	L3		L5	
Pregnancy and abortion care	Surgical management of 1st trimester	L1	L2	L3		L4	L5			

	miscarriage and 1st trimester abortion including MVA									
Pregnancy and abortion care	Ultrasound early pregnancy – normal early pregnancy		L1	L2		L3	L4		L5	
Pregnancy and abortion care	Ultrasound early pregnancy - miscarriage		L1	L2		L3	L4		L5	
Pregnancy and abortion care	Ultrasound early pregnancy – retained products of conception		L1	L2		L3	L4		L5	
Pregnancy and abortion care	Ultrasound early pregnancy – ectopic pregnancy		L1	L2		L3	L4		L5	
Gynaecology	Endometrial biopsy	L1	L2	L3		L4	L5			
Gynaecology	Hysteroscopy	L1	L2	L3			L4		L5	
Gynaecology	Biopsy of genital skin					L1	L2		L3	
Gynaecology	Insertion, fitting and removal of vaginal supportive pessary	L1	L2	L3						
Gynaecology	Ultrasound gynaecology – normal female reproductive tract	L1	L2	L3		L4	L5			
Gynaecology	Ultrasound gynaecology – endometrial abnormality		L1	L2		L3	L4		L5	
Gynaecology	Ultrasound gynaecology – uterine abnormality		L1	L2		L3	L4		L5	
Gynaecology	Ultrasound gynaecology – ovarian abnormality		L1	L2		L3	L4		L5	
Gynaecology	Ultrasound gynaecology – assessment of pelvic pain		L1	L2		L3	L4		L5	

4 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.

- DFSRH
- MFSRH Parts 1 and 2
- LoC IUT and SDI
- Mini-CEX
- CbD
- OSATS
- PSQ
- TO2
- Reflective practice
- Clinical skills courses
- DOC

5 What are the Knowledge Requirements for this CiP?

The Knowledge Requirements for all CiPs and Key Skills 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.

6 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 the best evidence to support this? Have I got some evidence for all the key skills in this CiP that I need to have covered throughout this training year?
- 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:

- Am I happy there is evidence to support the acquisition of Key Skills?
- Is there sufficient evidence across enough of the Key Skills that are required to sign off the CiP this year?

- Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence or should they be cross linked?

- 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?
- What are their strengths (are there areas where expectations are being exceeded) and are there areas for improvement?

When the ES judges that the trainee has met the expectations for that year, they can sign off the CiP at the appropriate entrustability level. Most crucially, this is a global judgement which takes into consideration stage of training and breadth of experience but does not have to be linked to every individual key skill. One piece of well-presented evidence with meaningful reflection may be enough to sign off the CiP at some stages of training. It is the **quality** of the evidence, not the quantity, which is key.

7 Are there any examples or case studies?

Example 1 – ST4 trainee (ES focus) You are an ES having a meeting with an ST4 trainee, who feels they are ready to be signed off at Level 3 (entrusted to act under indirect supervision – supervisor immediately available on site if needed for direct supervision) for CiP 8. They feel that they meet the statement of expectations. They have submitted the following evidence linked to the CiP and also, where appropriate, linked to generic professional capability CiPs

- CBD telephone consultation for a 32 year old lady requesting immediate IUD removal who takes methotrexate, not wanting any further contraception (Key Skills 1,2,3)
- MiniCEX Primary Herpes (Key Skill 5)
- CBD 16 year old trans male discussing contraception and menstrual suppression (Key Skills 1,10, 13, 14)
- Reflection on Psychosexual counselling following a history of childhood sexual abuse (Key Skills 14, 15, 16)
- Formative OSATs in proctoscopy, microspcopy, difficult IUC replacement, deep implant removal and hysteroscopy.
- 3 summative OSATS each for ERPC, STOP, MVA and early pregnancy ultrasound
- Good progress with gynaecology ultrasound
- (Endometrial biopsy summative OSATS completed in last training year)
- (Diaphragm fitting Level 5 achieved in last training year)
- Attendance at Current Choices Meeting

This trainee has provided evidence for most of the 15 Key Skills but not specifically for gynaecological presentations, screening, PMS or menopause care. Gynaecological presentations were well evidenced earlier in training and you know that attendance at a Menopause and PMS Clinic is being organised for ST5. Therefore, based on your meetings with the trainee and the good quality evidence which is linked to the CiP you can feel confident in signing off this CiP at level 3.

Example 2 – ST5 trainee (trainee focus)

You are an ST5 trainee considering sign-off at Level 4 (Independent practice but with support/advice available if required) for CiP 8. You are 7 months into ST5 and have submitted the following evidence linked to the CiP:

- CBD of 14 year old reporting sexual assault but missing important safeguarding actions
- Project presented as research which is in fact an audit the trainee participated in but did not design
- Ablation of warts – formative OSATS only
- Gynaecological USS – formative OSATS only
- 3 x summative OSATS for surgical management of miscarriage and abortion
- 3 x summative OSATS for complex IUT, endometrial biopsy and USS early pregnancy.
- OSATS for hysteroscopy including direct observation by another consultant who made some fundamental training recommendations

The Statement of Expectations for an ST5 trainee who is meeting expectations in CiP 8 is as follows:

- A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme.
- They will start to understand the importance of holistic care and their communication, observation and listening skills will be sufficient to be able to identify other issues associated with the presenting problem.
- They know when to ask for advice.
- They will need assistance in working with other professionals to ensure an appropriate network of follow up is in place for patients with more complex needs.
- They will be starting to support other team members.
- The trainee will be giving reassurance that they are continuing to improve in the areas covered in their earlier training and making reasonable progress in acquiring additional key skills

You discuss this CiP and your request to be signed off with your ES at your next meeting. You both agree that level 4 would indicate that you are entrusted to act independently with support. 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, the range of Key Skills covered is not very broad as only one CBD has been linked to this CiP. Also, there are key components missing in the appropriate management of this case. The other evidence centres on practical procedures, one audit project and one course attendance. You will already know what has been covered by this trainee in past years but good evidence will demonstrate that the trainee is effectively managing cases of increasing complexity with decreasing supervision.

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 activity provided as evidence in this section consists mainly of practical procedures. Whilst this is very relevant to CiP 8 more CBDs and MiniCEXs would help to demonstrate

increasingly holistic and multiprofessional management of cases. An audit might be better linked to CiP 4. Some clinical competencies in SRH tend to be completed at more senior level such as Sexual Assault, Menopause and GUM. It would be helpful if some of these areas were evidenced.

Is the level right for this trainee? Are they meeting the standards of expectations?
During Phase 2 of CSRH training, the trainee would be expected to show more autonomy and to act on any advice given. Safeguarding has been omitted in the first CBD and recommendations for further training have not been acted upon following the OSATS for hysteroscopy. There is no evidence of multiprofessional working

The ES feels that the evidence that has been provided so far has merit, but would like to see further evidence of multiprofessional working, arrangements for attendance at a Forensic Gynaecology Course and some formative OSATS for ultrasound in contraception, biopsy of genital skin, proctoscopy and microscopy. Greater breadth of evidence would be helpful for this CiP and evidence of a training plan in response to recommendations made by a clinical supervisor (during hysteroscopy OSATS). Additionally, it should be ascertained that there is sufficient training time left to complete outstanding competencies. The ES is also aware that several helpful observations have been made on this trainee with respect to team working in clinic in their TO2 and suggests linking this to CiP 8.