Overview

This handbook details the key information needed by a trainee on the FSRH Specialty programme. It will also be useful for those involved in supervising or assessing CSRH trainees. It will be updated on a rolling basis.

Contents

Abbreviations commonly used in CSRH training ................................................................. 4
Introduction .................................................................................................................................. 7
The purpose of the training programme .................................................................................... 7
The structure of the training programme ................................................................................. 8
Indicative timetable for your CSRH training programme ....................................................... 8
Phase 1 training (years 1-3) ........................................................................................................ 8
Ultrasound .................................................................................................................................. 10
Phase 2 training Year 4-5 ........................................................................................................... 10
Menopause ............................................................................................................................... 10
Public Health ............................................................................................................................ 11
Psychosexual training .............................................................................................................. 11
Management and leadership ..................................................................................................... 11
Phase 3 training Year 6 ............................................................................................................... 11
Practicalities ............................................................................................................................. 12
Trainee registration .................................................................................................................. 12
MyFSRH .................................................................................................................................. 12
Point of contact at FSRH .......................................................................................................... 12
Guidance on training programme issues ................................................................................ 12
Absence from work and Time out of Training ....................................................................... 12
Returning to training .............................................................................................................. 13
Induction and educational meetings ....................................................................................... 13
ePortfolio help and guidance ................................................................................................. 13
Personal Development Plan ..................................................................................................... 13
Logs ......................................................................................................................................... 13
Examples .................................................................................................................................. 13
The CSRH Curriculum - introduction .................................................................................... 14
Assessment and progression through training - introduction .................................................. 15
Expediting training .............................................................................................................. 16
MFSRH examination: Part 1 and Part 2 .............................................................................. 16
Knowledge Requirements ................................................................................................. 16
The importance of evidence ............................................................................................. 16
Workplace-based assessments (WPBAs) ........................................................................... 17
  Reflective practice and recording reflection .................................................................... 18
  Multi-source feedback (TO1, TO2 and SO1) ................................................................... 19
Global judgement and the process of sign-off .................................................................. 19
End of the training year ....................................................................................................... 20
Global judgement of generic and non-clinical specialty CiPs ............................................ 20
  Global judgement of CiP 8 (The doctor is competent to assess and manage people  
  presenting for reproductive healthcare throughout their life course) .......................... 20
Ongoing Competence ......................................................................................................... 24
ARCP (Annual Review of Competence Progression) ......................................................... 24
  Which trainees must attend the ARCP in person? ........................................................ 24
  How ARCP process relates to revalidation ..................................................................... 24
  ARCP outcomes .............................................................................................................. 24
  Preparing for the ARCP .................................................................................................. 25
  Advice on ARCP outcomes ............................................................................................ 25
  ARCP outcomes at key way-points ................................................................................. 25
  Using the Matrix to screen for developing issues .......................................................... 26
Certification of Completion of Training & specialist registration ..................................... 26
Learning resources for the CSRH programme .................................................................. 26
  Courses ............................................................................................................................ 26
  FSRH Website ................................................................................................................ 27
Other organisations .......................................................................................................... 27
  Society of Consultants and Lead Clinicians in Reproductive Health (SCRH) .............. 27
  Faculty of Medical Leadership and Management (FMLM) .......................................... 27
  British Association for Sexual Health and HIV (BASHH) ............................................ 28
  The British Menopause Society (BMS) .......................................................................... 28
  British Society of Abortion Care Providers (BSACP) .................................................. 28
Trainees’ representatives & Trainees Network .................................................................. 28
  CSRH Trainees’ Network ............................................................................................... 28
  Annual CSRH Trainees Day ........................................................................................... 28
Abbreviations commonly used in CSRH training

AoMRC  Academy of Medical Royal Colleges
ARCP   Annual Review of Competency Progression
BSACP  British Society of Abortion Care Providers
BASHH  British Association for Sexual Health & HIV
BMA    British Medical Association
BMS    British Menopause Association
CAG    Curriculum Advisory Group
CbD    Case-based discussion
CSRH   Community Sexual & Reproductive Healthcare
CCT    Certificate of Completion of Training
CiP    Capability in Practice
CSE    Child sexual exploitation
CEU    Clinical Effectiveness Unit
COSRT  College of Sexual & Relationship Therapists
DFSRH  Diploma of the Faculty of Sexual & Reproductive Healthcare
DOC    Directly Observed Clinic
e-LfH   eLearning for Healthcare
EPA    Entrustable professional activity
ERPC   Evacuation of Retained Products of Conception
ES     Education Supervisor
ESR    Education Supervisors Report
FMLM   Faculty of Medical Leadership and Management
FSRH   Faculty of Sexual & Reproductive Healthcare
FME    Forensic Medical Examination
FRT    FSRH Registered Trainer
GMC    General Medical Council
GPC    Generic Professional Capability
GUM  Genito-urinary medicine
HEE  Health Education England
HEEofE  Heath Education East of England Deanery
HEIW  Health Education and Improvement Wales
HRT  Hormone replacement therapy
IPM  Institute of Psychosexual Medicine
IUC  Intrauterine contraception
KAT  Knowledge assessment test
KS  Key skill
LTFT  Less than full time training
LoC  Letter of Competence
MDT  Multi Disciplinary Team
MFSRH  Member of the Faculty of Sexual & Reproductive Healthcare
Mini-CEX  Mini-Clinical Evaluation Exercise
MSF  Multi-source feedback
MVA  Manual vacuum aspiration
NES  NHS Education for Scotland
NIMDTA  Northern Ireland Medical and Dental Training Agency
O&G  Obstetrics & Gynaecology
OOP  Out of programme
OOPT  Clinical training
OOPE  Clinical experience
OOPR  Research
OOPC  Career breaks
OSATS  Objective Structured Assessment of Technical Skills
OSCE  Objective Structured Clinical Examination
PDP  Personal development plan
PMS  Pre-menstrual syndrome
PUV  Pregnancy of uncertain viability
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>PUL</td>
<td>Pregnancy of unknown location</td>
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<tr>
<td>PSQ</td>
<td>Patient Satisfaction Questionnaire</td>
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<tr>
<td>QI</td>
<td>Quality improvement</td>
</tr>
<tr>
<td>RCOG</td>
<td>Royal College of Obstetricians &amp; Gynaecologists</td>
</tr>
<tr>
<td>RPOC</td>
<td>Retained products of conception</td>
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<td>SARC</td>
<td>Sexual Assault Referral Centre</td>
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<tr>
<td>SBA</td>
<td>Single Best Answer</td>
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<tr>
<td>SCRH</td>
<td>Society of Consultant and Lead Clinicians in Reproductive Health</td>
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<tr>
<td>SLE</td>
<td>Supervised learning event</td>
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<td>SAC</td>
<td>Specialty Advisory Committee</td>
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<td>SSM</td>
<td>Special Study Module</td>
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<td>SRH</td>
<td>Sexual &amp; Reproductive Healthcare</td>
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<td>STIF</td>
<td>STI Foundation</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TO</td>
<td>Team observation</td>
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<td>TPD</td>
<td>Training programme director</td>
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<td>TEF</td>
<td>Training evaluation form</td>
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<tr>
<td>USS</td>
<td>Ultrasound skills</td>
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<td>WPBA</td>
<td>Workplace based assessment</td>
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Introduction

Welcome to the dynamic and challenging specialty of Community Sexual and Reproductive Health (CSRH). The training programme will equip you to make a positive and lasting difference to people from a diverse range of backgrounds requesting help with issues that are central to their health and wellbeing, their life aspirations and their identity. You will lead or co-lead a multidisciplinary team to deliver this service, you will support and train other practitioners to provide reproductive healthcare in your region and you will be one of the experts helping to develop a strategic response to the sexual health needs of your population.

The purpose of this handbook is to explain the structure and organisation of the CSRH training programme and is primarily aimed at trainees although it is also a useful resource for trainers. Please read it in conjunction with the curriculum documentation and other guidance to which you will be signposted in the text. Remember that as a trainee your first resort for queries is always your Educational Supervisor (ES). Trainees also support each other extensively but do not have responsibility for each other in the way that a trainer does.

The purpose of the training programme

This is a 6-year training programme leading to a Certificate of Completion of Training (CCT) in CSRH. It will enable you to become a consultant who can design, deliver and lead community-based sexual and reproductive healthcare provision.

The CSRH consultant is a specialist trained in sexual and reproductive healthcare throughout the life course. Sexual and reproductive health involves managing the provision of contraception, including complex contraception, gynaecology, unplanned pregnancy, abortion, menopause, pre-menstrual syndrome (PMS), psychosexual care and sexual wellbeing and the immediate management of STI and sexual assault. The CSRH CCT holder is also highly skilled in providing targeted SRH care for individuals with complex psychosocial needs.

The CSRH consultant is able to manage and lead an SRH service in line with the principles of public health, while being able to provide teaching, training, mentoring and assessment support to all professionals providing contraception care and STI and SRH in various settings across the healthcare system.

CSRH specialists are not trained to provide ongoing HIV care and do not undertake maternity or obstetric care.

It is important to realise that CSRH consultant job plans vary widely and may not include all of the clinical skills or disciplines encompassed in the training programme. Consultants can be employed by hospital, community or mental health trusts, whilst a few are in independent sector organisations providing NHS care. There may be challenges with different elements of care being provided by separate organisations and part of the role of the CSRH consultant is to try and bridge gaps between providers that exist locally, to ensure that patients receive
responsive, high quality, individualised care with clear patient pathways. It is rare for a consultant to only provide gynaecology services, and you should not expect this.

**The structure of the training programme**
The training is divided into three phases – this is simply so that we can ensure that your training is appropriate for your needs at any point. You will find more detail of the structure of the programme later in this handbook. However, our training is very broad and flexible, and training programmes may look quite different from each other as specific episodes of training will be offered in different orders depending on the service that you are working within. You should expect that some parts of the training will continue throughout most of the programme, and you will be expected to provide service commitment in these areas as you gain the necessary expertise. This is primarily SRH but may include other clinical work such as abortion care. Other parts are better done as blocks of time, and during these blocks you should not be expected to provide service commitment or need to take study leave for the block. Examples of this are Public Health and Sexual Assault Referral Centre (SARC) attachments. Specific clinical topics or skills such as abortion, menopause and ultrasound probably form longer blocks of time which usually do not take you away from your service commitment. These may be 1-2 days per week for 6-18 months for example.

You will work with trainees from other specialties (Obstetrics & Gynaecology (O&G), Genitourinary Medicine (GUM), Public Health) as you progress through the programme. You will find that the organisation of their time is different from yours and you may need to explain this to others, with the help of your supervisors. As a specialty where network leadership is central, you will work in many different settings and may be away from your base for significant amounts of your training time. You will be expected to bring your resultant breadth of knowledge and understanding of the wider context back to your department and participate fully in teamwork and quality improvement in your main service.

**Indicative timetable for your CSRH training programme**
Throughout the duration of your training you will:

- Be exposed to a variety of clinical situations, as well as non-clinical elements of training
- Participate in local, regional and national teaching sessions
- Be regularly allocated to SRH clinics (including those for fitting and removal of long-acting methods), gynaecology and integrated sexual health clinics.

A clinic or other commitment is expected to be of 3.5-4 hours duration, with time within this for patient administration, result management and clinical communication.

**Phase 1 training (years 1-3)**
Sexual and reproductive health care requires a good grounding in O&G and an understanding of how the specialty interrelates with ours. It is also important to build strong links with the O&G service, as you will work with them throughout your training. For this reason, you will work to a large extent in O&G during the first 12-18 months of your training. You will probably start alongside O&G ST1s and be on their rota. You will have a clinical supervisor for O&G, but your training will still be overseen by your ES in SRH.
You will find that your learning objectives are different from the O&G ST1s. This can sometimes be tricky to negotiate, but your ES will help. For example, you need to see caesarean sections, understand how to manage labour, major haemorrhage and the post-partum period, but you are unlikely to need to perform a caesarean. As an SRH practitioner you will need to help people to make decisions about if, how and when to have children and you will also need to help people to cope with the psychological and physical consequences of childbirth on their reproductive wellbeing. However, you are also training to be able to provide community based gynaecological procedures and so need early exposure to and comprehensive training in “office based” gynaecology techniques including hysteroscopic skills, abortion, early pregnancy care and ultrasound scanning in order to perform these procedures safely in the community. You will understand more about these issues when you have spent some time in an SRH service so it might be sensible to spend Year 1 primarily in O&G with the equivalent of one day per week in SRH, and then reverse this in year 2. In order to fit in with the rota, many trainees have their SRH experience in blocks (e.g. 1 week every 6). Care should be taken to distribute annual and study leave between both aspects of training so that you can gain adequate exposure to both specialties. It is not appropriate for you to take regular study leave in order to access SRH training, but it is important that you have a weekly session for education/training and are able to attend Multi Disciplinary Team meetings (MDTs) and specialty specific training. You should also have the opportunity to participate in emergency rota s in O&G for at least a year. If this is not possible, other ways of experiencing emergency care will be substituted.

We would definitely recommend going back to obstetrics in year 3 when you might work with the midwives caring for high-risk individuals, for example, or start fitting implants in postnatal women. You will continue to work within gynaecology throughout your training.

During years 2 and 3 you will start to spend more time in integrated sexual health services. Your ES will decide when you should move off the O&G rota to gain experience in Reproductive Health (RH) and GUM. During the first year you will probably complete the Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH) although this is not essential. This will give you a good basis for your contraceptive work. You may also do the Sexually Transmitted Infection Foundation (STIF) Course – Core and Plus competencies. As a guide, to complete basic training requirements you will need 1-2 LARC clinics weekly, with 2 integrated sexual health clinics weekly. You should also be able to continue to undertake regular sessions within gynaecology and abortion care to build on experience gained in year 1. If your centre does not provide abortion, you will be assisted to find a provider to train you, for which you will probably need an honorary contract. In this case you will probably spend several days per week in that service, in order to learn rapidly. Please read the FSRH guidance on personal beliefs relating to the provision of abortion or any method of contraception and also Section 10 of the CSRH Curriculum Definitive Document. Trainees need to develop the skills, understanding and attitudes to run an abortion service, but can choose not to perform abortion. You will therefore need to spend time with an abortion service even if you choose not to undertake the procedure itself. If you do not perform surgical abortion, you will need to show competence in evacuation of retained products of conception (ERPC). Trainees are encouraged to discuss and reflect on their viewpoint with
their ES on an annual basis recognising that personal beliefs evolve throughout an individual’s professional lifetime in response to their clinical experiences.

As a general rule in years 2 and 3 you should be spending 20-40% of your time in integrated sexual health services, and 20-40% in gynaecology-abortion/ultrasound. The rest of your time will be spent on administration, quality improvement and self-directed learning.

You will need to pass Part 1 of the Membership of the Faculty of Sexual & Reproductive Healthcare (MFSRH) to progress to Phase 2 training.

**Ultrasound**

Ultrasound is a critical part of CSRH training. You will need more extensive training than your O&G colleagues, starting earlier. As ultrasound trainers tend to be overloaded, you should work with your ES either from a very early stage or the beginning of your training to organise your ultrasound training. You should take up opportunities to scan whenever and wherever this is available. Experience gained in early pregnancy, emergency gynaecology, abortion care and gynaecology clinics are the most obviously useful settings but experience gained in post-menopausal bleeding clinics and infertility clinics is also very valuable and relevant. It is helpful to follow the logbook for the FSRH Special Skills Module (SSM) in Ultrasound as a record of your progress and this will be available to you in your MyFSRH account (for CSRH Trainees). You should not register for the SSM as it duplicates your curriculum. There is also a Guidance Note which you can download from the Curriculum 2021 website and you should also consult the list of procedures.

**Phase 2 training Year 4-5**

Phase 2 training is more flexible and will involve taking blocks of time out of your clinical service. It is important however not to lose your clinical skills. Whilst it is not necessary to formally demonstrate maintenance of competence for the Annual Review of Competency Progression (ARCP), you should continue to keep a log of clinical experience so that you can perform your self-assessment each year. You should ensure that you continue to work in contraception, complex contraception and integrated sexual health, either on a regular weekly basis or in blocks. Depending on the service in which you are working, this may form your main clinical commitment so you may need to increase the frequency of these clinics when you are not out of the service on blocks. You should still be spending time in gynaecology and ultrasound consolidating skills such as hysteroscopy and use of ultrasound as an adjunct to clinical management. You will continue to gain experience in the management of STIs equivalent to the level required for the Diploma in Genitourinary Medicine (DipGUM) although it is not necessary to take this qualification. This phase of training should also include management of sexual assault, psychosexual medicine, menopause, PMS and Public Health.

**Menopause**

The curriculum trains the doctor to provide PMS and menopause advice and care to all women including those with medical comorbidities, cancer and genetic cancer risk. Whilst care of high-risk women should always be provided by a multidisciplinary team, the CSRH curriculum has been recognised as the equivalent to the British Menopause Society (BMS)
advanced training and the FSRH Advanced Menopause Certificate and thus will be a pathway to BMS Menopause Specialist status. Care of the perimenopausal and menopausal woman is an important part of the life course approach and as such is compulsory for all trainees. Menopause training will usually take place in years 4-5 of training, although care of the very complex patient may be more appropriate in year 6. This will depend on training opportunities for each individual trainee. It is expected that at least part of the training will take place within a specialised menopause clinic which accepts referrals from primary care and other hospital specialists. However, perimenopausal women will also present for care within SRH clinics, sexual problems services and other community settings. Specific menopause clinic training should be expected to include a weekly clinic for approximately 6-12 months and attendance at a theory course would be supported by your ES. This should be one that is approved by FSRH and the BMS. Although trainees are not advised to do the FSRH Menopause SSM or BMS training as the components are the same, they may wish to use the SSM logbook as a guide in the same way that they use the Ultrasound SSM logbook to record their progress. Outcomes will be assessed by passing MFSRH, workplace-based assessments and other demonstrations of skill such as giving presentations and performing quality improvement projects.

Public Health
There are many different ways of attaining Public Health competencies with some opportunities for attachments at national level such as with the Department of Health and Social Care. However, it will always be important to work closely with your local Public Health department and most trainees will work within their local department for a block of around 3 months. A theory course would be very useful, but availability is variable. We would suggest that you take advice on this locally.

Psychosexual training
In order to gain experience and understanding of how to manage people requesting help with sexual difficulties, you may wish to enrol with the Institute of Psychosexual Medicine (IPM) and attend an Introductory Session and/or work towards obtaining the Diploma (DIPM). The College of Sexual & Relationship Therapists (COSRT) also offer a variety of training packages. A formal qualification in psychosexual medicine is not necessary for successful completion of the CSRH training programme but attendance at seminars, presentation of cases and evidence of appropriate supervision can all be effectively demonstrated by participating in these training pathways.

Management and leadership
This aspect of the training is extremely important and should develop gradually throughout the whole of your training.

Phase 3 training Year 6
In the final year of training, consolidation of generic professional skills will need continued commitment of 4 sessions per week although one should be spent in complex contraception including the management of lost implants, complex intrauterine contraception insertion and
removal, along with consolidation of scanning skills to support this. Management work should take up approximately 2 sessions per week with ongoing project work in addition to a regular weekly audit or quality improvement session. You will need one weekly session to maintain skills in gynaecology, abortion care and menopause and any outstanding competencies in the management of sexual assault.

**Practicalities**

**Trainee registration**
You will need to pay an annual fee, which will be published on the FSRH website. Failure to pay your annual subscription will result in restrictions in your ePortfolio for your next ST level until you pay your subscription and any associated fees you owe.

**MyFSRH**
You will have a MyFSRH account which will have all your personal details, payment information and access to some additional resources. In time, you will also have access to the new FSRH Training Hub.

**Point of contact at FSRH**
Your primary point of contact at FSRH is the Specialty Development Officer, email specialty@fsrh.org, phone +44(0)20 7724 5187. The Specialty Development Officer manages the ePortfolio, access to the training programme, ARCP and recruitment processes, and supports the Specialty Advisory Committee (SAC). SAC is responsible for the oversight of the CSRH training programme across the UK and consists of all Training Programme Directors.

**Guidance on training programme issues**
For less than full-time training (LTFT) and advice on how to apply for time out of programme (OOP) you should speak to your ES and get advice from your local Deanery. The RCOG website also has useful information on LTFT and advice on how to apply for OOP time for:

- Clinical training (OOPT)
- Clinical experience (OOPE)
- Research (OOPR)
- Career breaks (OOPC)

**Absence from work and Time out of Training**
You must record all absences from work in your ePortfolio, as well as any time out of training. This will also be recorded in your ES’s report (ESR) for your ARCP. ‘Absence’ includes all forms of absence such as sickness, maternity, compassionate paid or unpaid leave but does not apply to study or annual leave or prospectively approved OOP training or research. You must report an absence of 14 working days or more in any 12-month period to your Deanery via the ESR at the time of your ARCP as this is the threshold at which consideration is given to the need for an extension in training time but this will be assessed on a case by case basis by the ARCP panel at the time.
 Returning to training
The Academy of Medical Royal Colleges (AoMRC) Return to Practice guidance suggests that an absence of three months or more may affect your skills and knowledge. It therefore recommends that you seek an assessment upon your return to practice. Please also find out the policy of your Deanery which should have programmes of support and advice in place for this situation and inform the FSRH of your plans.

Induction and educational meetings
You will have a nominated CSRH ES for your entire training programme. At the start of your CSRH training programme, you must have an induction meeting with your ES. At this meeting and at the start of each training year you will create an Educational Agreement and learning plan for the year ahead. Make sure you hold regular educational meetings with your ES – these should take place at least every three months, regardless of your stage of training or whether you are on a placement and away from your home Training Centre. You should use the Meeting form in the ePortfolio to record your meetings.

ePortfolio help and guidance
All trainees must use the CSRH Training ePortfolio and you will receive a CSRH NES ePortfolio account when you start your training. You should start building this up straightaway as it provides a comprehensive record of your training and documents your progression through the programme as you achieve the skills and experience that the curriculum requires. You should use it to record not only those elements that are assessed, but also other aspects of your development in the Personal Development Plan and the Logs. The ePortfolio will be reviewed in the ARCP process.

Personal Development Plan
The Personal Development Plan (PDP) is your chance to set out what you expect to achieve during each post/attachment and throughout the training programme. You should work with your ES to develop your PDP, and you should update it after your educational meetings. Make sure you review your PDP regularly. Identify learning objectives, outline how you will meet these, how long this will take and the evidence that you will use to show that you have completed them. You should agree all these with your supervisor and once achieved, you can tick them off. However, they will remain on your PDP to reflect your achievements during training.

Logs
You can use the General Log to record any learning event or encounter for your own records. The Procedures Log can be used to record procedures, as not all the procedures you undertake will be assessed, and it is useful to keep a record for other purposes (e.g. revalidation).

Examples
Your ePortfolio should include:

- your attendance at courses and formal teaching sessions (i.e. where you were the learner/trainee)
teaching sessions / presentations given (i.e. where you were the teacher/trainer)
any quality improvement projects you have done
general log
procedures log
publications
reflections
Personal Development Plan

Full guidance on how to use the ePortfolio is on the CSRH Curriculum 2021 website.

The CSRH Curriculum - introduction

The CSRH curriculum aims to meet patient, service and population needs by ensuring that, alongside the generic capabilities expected of all doctors, trainees develop the specialty specific capabilities necessary to become both a consultant clinician and a systems leader in SRH. The curriculum content is grouped according to 10 Capabilities in Practice (CiPs). The CiPs are essentially high-level outcomes. The diagram below demonstrates the structure of the CSRH curriculum.

![Diagram of the Community Sexual & Reproductive Healthcare (CSRH) curriculum]

<table>
<thead>
<tr>
<th>Phase 1 Training</th>
<th>Phase 2 Training</th>
<th>Phase 3 Training</th>
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<tbody>
<tr>
<td>ST1</td>
<td>ST2</td>
<td>ST3</td>
</tr>
<tr>
<td>MFSRH PART 1 (SBA)</td>
<td>MFSRH PART 2 (KAT, OSCE)</td>
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You must achieve the 10 CiPs by the end of your training. Each CiP is supported by Key Skills and Descriptors. If you want to see full details of the curriculum, including the CiPs, you should access the CSRH 2021 curriculum on the FSRH website. Or if you want to know more about a CiP, you can click on the link in the table below to access the relevant CiP Guide.

<table>
<thead>
<tr>
<th>Table 1 – Professional identities and Capabilities in Practice (CiPs)</th>
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<tr>
<td><strong>Professional identity: NHS Professional (generic)</strong></td>
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<tr>
<td><strong>CiP 1</strong></td>
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<tr>
<td>The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality, safe and empathetic patient centred care.</td>
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<tr>
<td>CiP 2</td>
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<td>CiP 3</td>
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<td>CiP 4</td>
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<td>CiP 5</td>
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**Professional identity: Systems leader and champion (design)**

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<th>CiP 6</th>
<th>The doctor is able to manage and lead a multiprofessional team delivering a Sexual and Reproductive Health Service.</th>
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<tbody>
<tr>
<td>CiP 7</td>
<td>Working in partnership with all other relevant organisations, the doctor is able to champion the healthcare needs of people from all groups within society to enable people to realise their right to optimum sexual and reproductive health and to 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.</td>
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</table>

**Professional identity: Clinical expert (deliver)**

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

**Professional identity: Educator/Trainer (train)**

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<tr>
<th>CiP 9</th>
<th>The doctor is able to directly facilitate learning through the provision of teaching, training, mentorship, and assessment to a wide variety of learners, from various professions.</th>
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<tr>
<td>CiP 10</td>
<td>The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.</td>
</tr>
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Every CSRH trainee completes this same curriculum. Although there are no sub-specialties, there should be opportunity to develop a special interest within this field, particularly in the final year.

**Assessment and progression through training - introduction**

All assessments, workplace-based and examinations, are mapped to the CiPs to form an **overall Programme of Assessment**, as required by the GMC. You need to complete this programme successfully if you are to progress through the different stages of the training. Progression through training requires satisfactory progress for each year of training as assessed by your ES and ratified by the ARCP process.

- Phase1/2 transition point (ST3 to ST4): to progress here, you must successfully meet all the requirements in each CiP for your level and you must also pass the MFSRH Part 1 exam
- Phase2/3 transition point (ST5 to ST6): to make this transition, you must successfully meet all the requirements in each CiP for your level and you must also pass MFSRH Part 2 exam.
Completion of Phase 3: before taking your final ARCP for the CCT, you must successfully meet all remaining requirements in each CiP.

You can find out the requirements for each CiP for your stage of training in the CiP Guides. Note that CiP 8 (The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course) sets out the specific requirements for reaching independent practice in an approved list of procedures (see also Assessment of procedures – OSATS below).

You should also be familiar with the Matrix of Progression which details the minimum standards for progression set out by the FSRH Specialty Advisory Committee (SAC). Your progress will be assessed at your ARCP meetings against these standards which are the minimum required, so we encourage you to exceed them. The SAC occasionally modifies and/or revises the Matrix.

For up-to-date details on the MFSRH exam, please see the website. You should think ahead and submit your applications in good time.

**Expediting training**
The CSRH training programme is competency based and not time bound. As long as trainees have passed MFSRH Part 2, they are eligible to request to have their CCT date brought forward by up to a year if they have met the required competencies. If you fail to meet the requirements at the required way-points, or if you do not pass the exams, you will delay your progression in training.

Under GMC rules, we do not require you to attain the FSRH Diploma (DFSRH). However, it is a useful and suitable way of showing early CSRH competences.

**MFSRH examination: Part 1 and Part 2**
The membership examination of the FSRH (MFSRH) is a high stakes postgraduate exam that forms an imperative confirmatory assessment at critical waypoints in the CSRH training programme. It is open to a diverse group of doctors, namely doctors working within SRH services and other allied specialties – GUM, O&G and Primary Care. You have to pass Part I (Single Best Answer paper) by end of ST3 year and Part II, a Knowledge Assessment Test (KAT) and an OSCE, by end of ST5 year. Full details of the MFSRH are here.

**Knowledge Requirements**
To pass your MFSRH and progress through the curriculum, you will need to acquire knowledge. We have put together a full guide to what you need to know in each CiP. This guide constitutes the full MFSRH Syllabus.

**The importance of evidence**
Good quality evidence is fundamental to the global assessment process. The kinds of evidence that you will need to demonstrate progress are laid out in the CiP Guides. You will see that all of the CIPs specify certain workplace-based assessments (WPBA), but several also give examples of other items that may be linked to the CiP. You will need to decide
which bits of evidence will best demonstrate your progress and then link them to the CiP. One piece of evidence can be linked to a maximum of 7 Key Skills across no more than 3 CiPs - so for example a Quality Improvement or Public Health project could be used to evidence your acquisition of key skills across the curriculum. At ARCP it is expected that there is some evidence linked to each Key Skill. You should be thinking about the quality and depth of evidence not the quantity.

**Workplace-based assessments (WPBAs)**

Throughout your training, you will need to complete a series of WPBAs to evidence your progress on the ePortfolio. **Full details of each assessment can be found on the Curriculum 2021 website.** There are two types of WPBA.

- **Formative:** these are assessments for learning and are used to provide feedback via Supervised Learning Events.
  - Case-based Discussions (CbDs)
  - Mini Clinical Evaluation Exercises (Mini-CEX)
  - Objective Structured Assessment of Technical Skills (OSATS) - formative
  - Team observation (TO1), TO2 and self-observation (SO)
  - Directly Observed Clinic (DOC)
  - Patient Satisfaction Questionnaire (PSQ)

- **Summative:** these are assessments of learning and allow you to demonstrate your competence in a given clinical situation via Assessments of Performance.
  - MFSRH Part 1: Single Best Answer (SBA) paper
  - MFSRH Part 2: Knowledge Assessment Test (KAT) and Objective Structured Clinical Exam (OSCE)
  - OSATS – summative

The Matrix of Progression sets out what is required for each year of training but in summary you should do at least one of each type of assessment in each training year apart from the summative OSATS.

<table>
<thead>
<tr>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are responsible for organising your own WPBAs.</td>
</tr>
<tr>
<td>You should discuss with your ES the areas that require assessment at different stages of your programme</td>
</tr>
<tr>
<td>You must keep all completed WPBA forms on your ePortfolio. You choose which forms to link to which Key Skills and which CiPs for the purpose of annual assessment.</td>
</tr>
<tr>
<td>The Matrix contains only the minimum required number of annual WPBAs.</td>
</tr>
<tr>
<td>You should obtain WPBAs throughout the year, not just in the weeks before your ARCP. Make sure you plan ahead to avoid having to complete all of your WPBAs as you approach your ARCP.</td>
</tr>
</tbody>
</table>
You cannot ‘fail’ a WPBA – each assessment is useful to you and your assessor, whether or not you show complete competence.

If you are finding it difficult to complete your assessments, speak to your ES as soon as possible – do not wait for your ARCP to explain your difficulties.

Your WPBAs should reflect the level of complexity expected in that year of your training; they should also show progression of competency.

Always use the forms provided in your ePortfolio to upload evidence of WPBAs.

Reflective practice and recording reflection
You also need to record your experiences and development throughout training. This record should include reflective practice, audits and research, publications and presentations, and a log of your experiences. All WPBA now include a section on reflection and there is still the facility to complete a stand-alone reflective practice form on the ePortfolio. Reflections can be about any aspect of your professional life, not just ‘clinical situations’. Trainees are encouraged to concentrate on quality of reflective practice rather than quantity.

Read more information from the GMC outlining the importance of reflection, and how much you should be doing.

Key prompts to help you make useful records of your reflections

- Why is it important to you?
- How does it affect your current practice?
- What did you learn?
- How might it lead to improvements in patient care or safety?
- How have your knowledge, skills and professional behaviours changed?
- How will you change your current practice as a result?
- How do you feel it has reinforced your current practice?
- Have you identified any skills and/or knowledge gaps relating to your professional practice?
- What changes to your professional behaviour do you now want to make?
- What changes in your team/department/organisation’s working practices do you now feel are necessary?
- Are you planning to make any changes as a result of your learning? If not, say why. If yes, describe what these will be and why you think they are important.
- What difference will this make to patients’ safety and the quality of their care?
- What impact or difference will this make for you personally? Try to identify any needs to help you do this successfully.
- If you have identified further learning and development, how do you intend to address these? Set SMART objectives for these (i.e. Specific, Measurable, Achievable, Relevant and Time-bound).
- Discuss the reflection with your ES and record the outcomes.
- Did you identify wider learning needs e.g. departmental or organisational? How might you take these forward?
Can you share your learning? How will you do this?

**Multi-source feedback (TO1, TO2 and SO1)**

As well as recording your attainment of clinical key skills in your ePortfolio and completing enough formal workplace-based assessments (WPBAs), you need to gather feedback from your colleagues via the team observation forms (TO1 and TO2). The TO1 form gathers feedback from a range of healthcare professionals and forms part of your assessment. It is based on the principles of good medical practice, as defined by the GMC. The TO2 form summarises your TO1 forms and informs your Annual Review of Competence Progression (ARCP). From August 2021, you will also need to assess yourself by completing a self-observation form (SO1).

You need to gather at least ten TO1 forms. We suggest sending out more so that you receive enough responses. Your ePortfolio lets you manage the process for completing TO1 forms, as follows.

- Decide with your Educational Supervisor who should receive your TO1 forms. It is important that this is a joint decision, that you send the forms to a broad range of colleagues in a variety of disciplines, and that you do this at an appropriate time i.e. before your placement has ended.
- Create Self-TO1 (SO1) and complete this, rating yourself in each area
- Once you have completed the SO1, you use the Ticket Request function in the ePortfolio to issue TO1 assessment requests to the assessors
- Once 10+ TO1s are completed, it is then possible for the assigned ES to complete the trainee’s TO2
- There is a link on the TO2 for the ES to view the trainee’s completed SO1, which opens in a new tab, but only the assessors’ TO1 ratings and anonymised comments appear in the TO2
- You will be able to see how many forms have been completed; initially, however, only your Educational Supervisor can see what they say.

**Global judgement and the process of sign-off**

The CiP is the fundamental basis of global judgement. Assessment of CiPs involves a supervisor looking across a range of key skills and reviewing the attached evidence of progress to make a global judgement about your suitability to take on responsibilities or tasks as appropriate to your stage of training. It also involves you providing a self-assessment of your performance for that stage of training.

Throughout the training year, clinical and ESs and others contributing to assessment will provide formative feedback on your performance. This feedback will include a global rating in order to indicate to you and your ES how you are progressing at that stage of training. You can ask for a CiP to be assessed at any point in the training year.

Evidence to support the global rating for the CiP will be derived from the workplace-based assessments and other evidence that you have linked to the CiP in the ePortfolio. There will
be a global judgement for each CiP, and the final ESs Report will indicate whether you are either “Not meeting expectations for this year of training; may not meet the requirements for critical progression point” OR “Meeting expectations for this year of training and expected to progress to the next stage of training”.

**End of the training year**

Towards the end of the training year, if you have not done so already, you will assess your own progression for each CiP and record this in the ePortfolio, linking to the evidence that supports your rating. The ES will then review the evidence in the ePortfolio including WPBAs, the TO2 and your self-assessment and record their global judgement of performance in the ESR with supporting commentary.

Each CiP will be globally judged against the expectations for the particular stage of training. However, there will be a difference between the global judgement of generic and non-clinical specialty CiPs and the clinical specialty CiP. This because the ES is required to make an entrustment decision about your ability to take on particular clinical responsibilities or tasks and the level of supervision that they require.

**Global judgement of generic and non-clinical specialty CiPs**

For all CiPs other than CiP 8, your self-assessment will consider whether you meet expectations for the stage of training, highlighting the evidence in the ePortfolio. The ES will indicate whether you are meeting expectations or not. You will need to meet expectations for the stage of training as a minimum to be judged satisfactory to progress. The expectations for each stage of training for generic and non-clinical CiPs will be specified in the CiP Guides and will include demonstration of continued progression across the curriculum.

**Global judgement of CiP 8 (The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course).**

CiP 8 encompasses 15 Key Skills which involve the competent performance of Practical Procedures. The OSATS is a validated assessment tool for testing technical competency in a named practical procedure and is only used to evidence the practical procedures required in CiP 8. You can do formative OSATS throughout training as many times as you and your supervisor feel necessary until you have demonstrated that you are competent to practice independently (level 5) in all the required procedures. You may be regarded as competent to perform a procedure independently after you have completed three summative OSATS by more than one appropriate assessor. It is recognised that in a small specialty, this may not always be possible but trainees are strongly advised to find at least two appropriate assessors for each skill whenever possible. For ST1-3 only, a Letter of Competence is equivalent to three summative OSATS for certain procedures. By the end of your training, you should have reached Level 5 in all procedures shown with the exceptions of biopsy of genital skin and insertion of a supportive vaginal pessary which can be a minimum of Level 3. The definition of each Level of supervision or “entrustability” is shown in Table 2 below.
Table 2 – Levels of supervision

<table>
<thead>
<tr>
<th>Level of supervision</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Entrusted to observe</td>
</tr>
<tr>
<td>Level 2</td>
<td>Entrusted to act under direct supervision (within sight of the supervisor).</td>
</tr>
<tr>
<td>Level 3</td>
<td>Entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision)</td>
</tr>
<tr>
<td>Level 4</td>
<td>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)</td>
</tr>
<tr>
<td>Level 5</td>
<td>Entrusted to act independently</td>
</tr>
</tbody>
</table>

The assessment of CiP 8 is different from the other non-clinical CiPs in that you have to reach an overall level of supervision for each year of training based on your how your competence is progressing across all the practical procedures. Progress across all the Key Skills will not be uniform and is not expected to be - and to some extent will reflect the service configuration of the region in which you are based. Table 3 below sets out the expected grid of minimum progress for each practical procedure by Level of Supervision required for each year. As long as the minimum levels are met, flexibility in assessing overall progress is key and you should not worry if your progress with Key Skills appears uneven as long as there is a realistic framework to complete all procedures which support these Key Skills to the required level by the end of training. In addition, you may well be ahead of schedule with some procedures. You should discuss your progress with practical skills regularly with your ES and there is also the Summary of Procedures in the ePortfolio that will record a running total of the OSATS completed to help you keep on track for any given training year.

Table 3 - Outline grid of progress by Level of Supervision expected for CSRH practical procedures

<table>
<thead>
<tr>
<th>Category</th>
<th>Practical Procedure</th>
<th>ST1</th>
<th>ST2</th>
<th>ST3</th>
<th>ST4</th>
<th>ST5</th>
<th>ST6</th>
<th>CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Examination Skills</td>
<td>Bimanual examination</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Speculum examination</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Cervical screening (cytology)</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Proctoscopy</td>
<td>L1</td>
<td>L2</td>
<td></td>
<td>L3</td>
<td>L4</td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Ablation of genital lesions/warts</td>
<td></td>
<td>L3</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
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<td>--------------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Light microscopy</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Insertion and removal of intrauterine contraception (IUC)</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Complex insertion and removal of intrauterine contraception (IUC)</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Insertion of contraceptive implant</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Removal of contraceptive implant</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Complex removal of deep/impalpable contraceptive implant</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Insertion, fitting and removal of female barrier contraception</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Ultrasound contraception – normally sited IUC</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Ultrasound contraception – abnormally sited IUC</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Ultrasound contraception – normally sited SDI</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>Ultrasound contraception – abnormally sited SDI</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and abortion care</td>
<td>Surgical management of 1st trimester miscarriage and 1st trimester abortion including MVA*</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Although you can use workplace-based assessments in surgical abortion in lieu of WPBAs of Evacuation of Retained Products of Conception (ERPC), the reverse is not true – you cannot use ERPC in place of surgical abortion.
Ongoing Competence
It is not necessary to attach evidence of maintenance of competence to your ePortfolio. All CiPs must be assessed each year and for Generic Cips (1-5 and 9) in particular, evidence of increasing professional expertise and the management of cases or situations of greater complexity should be demonstrated within the evidence that you upload. You may wish to complete OSATS for procedures in which you have already demonstrated competence if this provides evidence of acquisition of further specialised expertise but it is not necessary to repeat OSATS simply to show maintenance of competence.

ARCP (Annual Review of Competence Progression)
Your educational progression will be reviewed annually at an ARCP, which will assess you against the minimum standards required by the Matrix. Although ARCPs cannot be precisely 12 months apart, they should take place within three months of this annual interval. ARCPs for the CSRH Training Programme are hosted by Health Education East of England Deanery, Cambridge (HEEoE).

The ARCP is a formal meeting with at least three panel members, although there are often more. The panel must include either your Postgraduate Dean (or deputy) or a Training Programme Director. It may also include the chair of the Specialty Advisory Committee, an ES and a lay representative. Educational Supervisors consider ARCPs to be good learning experiences so a panel will often include one or two additional members. Your own ES will never sit on your panel.

ARCP panels usually rely on the ES's Report (ESR) to reach their recommendations. Panel members will have access to your ePortfolio to check your progress against what is written in the ESR. After the panel, the Chair will write to your regional Dean and recommend an ARCP outcome, copying in you and your ES.

Which trainees must attend the ARCP in person?
It is not necessary to attend the ARCP in person although virtual meetings have made it possible to for trainees to “attend” their ARCP much more readily. Attendance can be requested by the trainee or by the panel, particularly if there have been difficulties either for the trainee or with the training programme. It is usual to invite trainees to attend if their ARCP marks a progression point or is their penultimate one.

How ARCP process relates to revalidation
For trainees, the ARCP takes the place of the revalidation process for non-training grade doctors. Based on the ARCP outcome, the responsible officer of the Parent Trust makes a recommendation to the GMC that the trainee is suitable for revalidation.

ARCP outcomes
The ARCP panel will recommend one of several outcomes. These are described in the Gold Guide. This also contains information about the general principles and regulations that underpin the ARCP process. To find out about the ARCP appeals and complaints process, please contact your Deanery.
Preparing for the ARCP

This checklist will help you prepare for your ARCP. Make sure you understand the expected standards for your training year, as described in the Matrix. This will help you make satisfactory progress.

You and your ES must meet the relevant submission dates and deadlines, so make sure to note them down.

**ARCP Checklist**

- Familiarise yourself with the ESR. To prepare for your end-of-year meeting with your ES, you will need to complete your self-assessments for each CiP. Your ES will then complete the remaining sections and share these with you before your ARCP. Help yourself by knowing what sections you need to complete yourself and collect the necessary information during the year, rather than rushing to do so in the weeks before your ARCP.
- Meet your ES and complete the ESR together. This records your educational achievements and the competencies that you have gained that year.
- Your ES will complete the structured reference section of the report and generate the summary of your Multisource Feedback, the TO2 form, which will also have a link to your SO1. This is a summary of your TO1 (team observation) forms.
- Your ES must record all leave that you have taken within the ES report.
- You can find a CCT calculator resource on other royal college websites, e.g. Royal College of Psychiatrists or Royal College of Physicians

**Advice on ARCP outcomes**

For information and guidance on ARCP outcomes, please go to the [Gold Guide](#).

**ARCP outcomes at key way-points**

The CSRH curriculum contains key progression points when trainees move from Phase 1 to Phase 2 training (ST3-4) and from Phase 3 to Phase 4 training (ST5-6). The ARCP process is particularly important at these progression points, so it is essential that you provide the necessary evidence to show that you have achieved the required competencies. Failure to achieve them usually results in an outcome 3.

At end of ST3, you should have passed MFSRH Part 1, completed the requirements for your stage of training in each CiP and have taken the WPBAs listed in the Matrix.

If you have met your CiP and Matrix requirements but fail the MFSRH Part 1, you may be allowed to do clinical work under the educational plan you will receive after your outcome 3. This outcome will require your ES to advise the ARCP Panel that you possess the necessary clinical skills. This advice should be recorded in the ESR.

At end of ST5, you need to must have passed MFSRH Part 2 and completed the
requirements for your stage of training in each CiP and have all the WPBAs listed in the Matrix to show that you have the competencies and skills required to move to ST6.

**Using the Matrix to screen for developing issues**
The Matrix is a useful tool for the ARCP panel to decide objectively if a trainee has satisfied the requirements for progression. An unsuccessful ARCP outcome should result in an educational plan. This needs to have SMART (Specific, Measurable, Achievable, Realistic and Timely) targets, which should be assessed at a follow-up ARCP. The original ARCP panel should take advice from the local Deanery to determine the timeframe to achieve these targets. Following the Covid pandemic and to ensure consistent return to training, the GMC has approved ongoing derogations for meeting training requirements. You should always refer to the most current version of the Matrix.

**Certification of Completion of Training & specialist registration**
Subject to a satisfactory final ARCP, you will receive an outcome 6. The FSRH will then make a recommendation to the GMC that you have completed your training and are eligible for the award of the CCT.

For more information about the CCT/CESR route to registration, visit the General Medical Council website.

**Learning resources for the CSRH programme**

**Courses**
The table provides guidance to TPDs and others to indicate which courses should be eligible for funding and study leave in line with your local arrangements. Courses available and the nature of courses change over time and no one particular course is absolutely compulsory in the CSRH curriculum. However, all of those above listed as “recommended” should be eligible for study leave budget without need for individual consideration, and those listed as optional are also recommended by the FSRH Specialty Advisory Committee (SAC).

Your local Deanery or Trust will offer many valuable training courses, so we encourage you to explore these.

<table>
<thead>
<tr>
<th>Table 3 - Standard recommended courses</th>
<th>ST1</th>
<th>ST2</th>
<th>ST3</th>
<th>ST4</th>
<th>ST5</th>
<th>ST6</th>
<th>CiP</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASHH modules 1-4 (or equivalent)</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>1, 2, 8</td>
<td></td>
</tr>
<tr>
<td>BASHH STIF course (or equivalent)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>1, 2, 8</td>
<td></td>
</tr>
<tr>
<td>Basic Practical Skills in O&amp;G (or equivalent)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>1, 2, 8</td>
<td></td>
</tr>
<tr>
<td>Courses necessary for DFSRH (or equivalent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1, 2, 8</td>
<td></td>
</tr>
<tr>
<td>Courses to obtain FRT/ES status (or equivalent)</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>4, 9, 10</td>
<td></td>
</tr>
</tbody>
</table>
Forensic (Sexual Assault) Medical Examiners course  (or equivalent)  | X | X | 1, 2, 3, 6, 8 |
FSRH Current Choices and Annual Scientific meetings  (or equivalent)  | X | X | X | X | X | 1, 2, 3, 4, 5, 6, 7, 8, 9 |
HR skills and recruitment training  |  | X  | X | 6 |
Menopause Theory course  (RCOG/BMS or equivalent)  |  |  | X | X | 1, 2, 8 |
Public Health course (or equivalent)  | X | X | X | 3, 4, 7 |
Regional and National CSRH Trainees’ Meetings (or related specialty equivalent – GUM, O&G, Public Health, General Practice)  | X | X | X | X | X | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 |
Research methodology/critical appraisal course (or equivalent)  | X | X | 1, 4, 5, 7 |
Simulator training (where relevant/available e.g. MVA/hysteroscopy/scan)  | X | X | X | 1, 2, 8 |
USS skills course  (RCOG/RCR or equivalent)  | X | 1, 2, 4, 8 |

FSRH Website
The [FSRH Website CSRH section](#) is the go-to place for all documentation and information about the curriculum and assessment frameworks. There is also a section about the background to the curriculum and how it was developed. You will find all the CiP Guides here, as well as the Knowledge Requirements, the Definitive Curriculum Document and other resources about your training.

Other organisations

**Society of Consultants and Lead Clinicians in Reproductive Health (SCRH)**
Any CSRH trainee can attend the annual meetings of this small membership organisation at a reduced rate. In particular, the meetings should help senior trainees develop their understanding of service development, health policy and commissioning; they will also help you develop leadership skills.

**Faculty of Medical Leadership and Management (FMLM)**
The FMLM was established in 2011 to raise the standard of patient care by improving medical leadership. It also works to support and develop doctors at all stages of the medical career and across all specialties. The FMLM was set up by all the medical royal colleges and faculties. It is endorsed by the Academy of Medical Royal Colleges (AoMRC). The FMLM also runs the National Medical Director’s Clinical Fellow Scheme for doctors in training, which offers high-level Out of Programme (OOP) training opportunities.


**British Association for Sexual Health and HIV (BASHH)**
The British Association for Sexual Health and HIV (BASHH) is a membership organization which runs many useful courses and training sessions. It also produces the national guidelines on management of STIs.

**The British Menopause Society (BMS)**
The British Menopause Society educates, informs and guides Healthcare professionals on menopause and all aspects of post reproductive health. The CSRH curriculum has been recognised as the equivalent to BMS advanced training, and the FSRH Advanced Menopause Certificate, and thus is a pathway to BMS Menopause Specialist status.

**British Society of Abortion Care Providers (BSACP)**
The British Society of Abortion Care Providers is a multi-professional organisation formed to promote best practice, education, training and research in abortion care.

**Trainees’ representatives & Trainees Network**

**CSRH Trainees' Network**
The CSRH trainees have a closed WhatsApp group where trainees from all over the UK can connect with each other. Trainees often share information via this platform. It is an informal place to ask questions and seek advice from other trainees. Other trainees will often be in a position to provide helpful information and/or support. There is also a separate LTFT group. Please contact the trainee reps on the email below if you would like to be added to either group.

**Annual CSRH Trainees Day**
Every year FSRH supports a national training day which provides training on those parts of the curriculum that are more difficult to cover and gives you a chance to update and expand your knowledge.

We aim to vary the event’s location as much as possible from year to year, and welcome trainees’ suggestions for topics to discuss. They can help you achieve curriculum sign-off in these areas, following discussion and reflection with your supervisor, and once you have completed any necessary follow-up sessions.

We also hold a short meeting after the first day of the Annual Scientific Meeting so that trainees can discuss any common issues or concerns that they may have.

If you would like to contact the CSRH trainee representatives please contact:

Trainee Representative contact: csrhtrainees@fsrh.org