Community Sexual Reproductive Health trainee support handbook
Trainee support handbook

This handbook details the key information needed by a trainee on the FSRH Specialty programme

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Curriculum

CSRH training is a six-year programme, divided into basic, intermediate and advanced training, across 15 modules.

- Basic training: ST1, ST2 and ST3 (3 years)
- Intermediate training: ST4 and ST5 (2 years)
- Advanced training: ST6 (1 year)

To download the entire curriculum, see the link at the foot of this webpage.

The modules are listed below:
Module 1 Basic Clinical Skills
Module 2 Contraception
Module 3 Unplanned Pregnancy & Abortion Care
Module 4 Gynaecology
Module 5 Specialist Gynaecology
Module 6 Pregnancy
Module 7 Menopause & PMS
Module 8 Genitourinary Medicine
Module 9 Public Health
Module 10 Teaching, Appraisal & Assessment
Module 11 Ethics and Legal Issues
Module 12 Leadership, Management & Governance
Module 13 IT, audit and Research
Module 14 Sexual Assault
Module 15 Sexual Problems

CSRH 2017 Specialty Curriculum

The GMC approved the CSRH curriculum, including its content and structure, on Since then, the curriculum has had two small revisions, both approved by the GMC; 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 your final year.

You must maintain any level 3 skills that you gain – these will be assessed every year after they have been signed off. See the document below for more information. Many trainees and trainers make the mistake of concentrating only on the logbook of competencies. This is just one part of the curriculum – always study the curriculum and syllabus carefully, as well as checking the list of competencies within each module.

Specific Curriculum Issues
Skills relating to Evacuation of the Uterus
Although you can use WPBAs of surgical abortion (STOP) in lieu of WPBAs of Evacuation of Retained Products of Conception (ERPC), the reverse is not true – you cannot use ERPC in place of STOP.

Please note that you should demonstrate your continuing experience in the broader aspects of management of miscarriage.
Assessment and progression through training

The specialty training programme in Community Sexual & Reproductive Health (CSRH) is a six year training programme divided into basic, intermediate and advanced stages.

As a CSRH Trainee, you need to complete specific tasks successfully if you are to progress through the different stages of the programme. This is particularly important at these three way-points:

- basic to intermediate training (ST3 to ST4): to progress here, you must successfully complete all the basic competences; you must also pass the MFSRH Part 1 exam
- intermediate to advanced training (ST5 to ST6): to make this transition, you must successfully complete all intermediate competencies and the whole Membership exam
- completion: before taking your final Annual Review of Competence Progression (ARCP) for the CCT, you must successfully complete all the advanced competencies.

We run the MFSRH exams just once each year, so we advise you to think ahead and submit your applications in good time.

If you fail to supply sign-off evidence for these competencies at the required way-points, or if you do not pass the exams, you will delay your progression in training.

N.B. 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.

Induction and educational meetings (appraisal)

At the start of your CSRH training programme, you must have an induction with your Educational Supervisor; you must also register with FSRH for access to the e-Portfolio.

All trainees must use the CSRH Training e-Portfolio. It provides a comprehensive record of your training and documents your progression through the programme as you achieve the competencies that the curriculum requires.

Each trainee has a nominated CSRH Educational Supervisor for their entire training programme. Make sure you hold regular educational meetings with your Educational Supervisor – these should take place at least every four months, regardless of your stage of training or whether you are on a placement and away from your home Training Centre.

Training matrix

CSRH ARCP Matrix 2017

Your progress will be assessed at your ARCP meetings against the standards laid out in the Matrix. These standards represent the minimum required, so we encourage you to exceed them. The SAC occasionally modifies and/or revises the Matrix.
Workplace-based assessments (WPBAs)
Throughout your training, you will need to take part in a series of workplace-based assessments (WPBAs) to evaluate your progress. There are two types of WPBA:

• Formative: these are assessments for learning and are used to provide feedback via Supervised Learning Events.
• Summative: these are assessments of learning and allow you to demonstrate your competence in a given clinical situation via Assessments of Performance.

The CSRH training programme includes both formative and summative OSATS (Objective Structured Assessment of Technical Skills). However, mini-clinical evaluation exercises (Mini-CEX) and case-based discussions (CbDs) are only ever formative.

The full Workplace-based assessment forms are listed for download from the website.

Please remember these points

• You are responsible for organising your own WPBAs.
• You should discuss with your Educational Supervisor the areas that require assessment at different stages of your programme.
• You should also make sure that you take part in WPBAs for a mixture of modules – the exact ratio should reflect the nature of your attachments.
• You must keep all completed WPBA forms on your e-Portfolio, linked to the relevant competence.
• The Matrix contains only the minimum required number of annual WPBAs.
• 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 appraisal or ARCP.
• 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 Educational Supervisor as soon as possible – do not wait for your appraisal or 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.
• Where possible, use electronic forms. If you do use paper, please make sure that you scan and collate them in your e-Portfolio library, and link them to the relevant competence.

Directly Observed Clinic (DOC)
The DOC is an assessment technique for senior trainees (ST4 and above) that uses a clinic to assess a number of competencies. The assessor uses multiple Mini-CEX pro formas to cover a range of competencies that you must demonstrate as you work with multiple patients during the course of the clinic. Although each consultation can be treated as a Mini-CEX, the assessor should also judge your overall performance; in particular, whether you have demonstrated a level of professionalism consistent with someone who will be mostly practicing independently and will soon be a consultant.
The DOC can and, where possible, should be combined with a short patient satisfaction questionnaire (PSQ). This is given to patients by reception as they enter the clinic and collected as they leave. These patient responses should form part of the feedback you receive at the end of the assessed clinic. The PSQs can then be pooled with up to 30 other patient questionnaires from clinics, analysed and then reviewed by you and your trainer. You can also use PSQs developed by the local trust or the CSRH unit.

Directly Observed Clinics (DOCs comprising multiple MiniCEX and a PSQ) – two DOCs to be completed by the end of ST 5 (ideally one in ST4 and one in ST5) and one DOC to be completed at the end of ST6.

**Multi-source Feedback – Team Observation**

As well as recording your attainment of competencies in your e-Portfolio 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).

You need to gather at least ten TO1 forms; we suggest sending out more so that you receive enough responses.

Your e-Portfolio 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.
- Use the Ticket Request function in your e-Portfolio to send out the forms.
- You will be able to see how many forms have been completed; initially, however, only your Educational Supervisor can see what they say.

**TO2 form**

Your Educational Supervisor is responsible for reviewing the TO1 forms and generating a TO2 form for your ARCP. Having reviewed the content, we encourage Educational Supervisors to let their trainees see their TO2 form for themselves. If yours includes any unexpected ‘unsatisfactory’/‘improvement needed’ results, however, your Educational Supervisor may need to meet you first in order to give constructive feedback and provide suitable support to address the issues identified, and to notify your Training Programme Director of this plan.

TO2 forms are used with other evidence to determine your ARCP outcome. A particularly poor TO2 form can itself be enough to produce an ARCP outcome 3.
A poor TO2 score would include either ‘unsatisfactory’/‘improvement needed’ or substantial negative comments in the free text sections. If you receive such a score, your Educational Supervisor will discuss this with you before your ARCP.

Links to sample Multi-source feedback – TO1 and TO2 forms

**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. 

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

The structure of the Reflective Practice Form within your e-Portfolio currently needs revision. You should still use it but do not confine yourself to the existing headings – reflections can be about any aspect of your professional life, not just ‘clinical situations’.

**Here are some 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.
  - 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 Educational Supervisor 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?

This section explains the three different levels of sign-off that you need as you gain new competencies and skills throughout your training. It also describes what you
need to do to gain sign off at levels 1, 2 and 3, as well as an ‘anchor statement’ that summarises our expectations at each level.

Both trainees and their trainers should carefully consider what we expect at each level. Please note that interpreting the required competency level in some non-clinical modules of the programme may require a more flexible approach.

Many trainees and trainers make the mistake of concentrating only on the logbook of competences. This is only one part of the curriculum. Remember that you should always study the curriculum and syllabus carefully, as well as looking at the list of competences within each module.

ES countersignatures
Trainees’ competencies should only be signed off on the basis of clear and independent evidence, such as WPBA links in your e-Portfolio. Your Educational Supervisor must also countersign any competence once you have completed all the required levels.

Levels 1-3
The e-Portfolio uses a simple system to record the clinical skills that you acquire. Each module of the curriculum has specific training targets.

Find out more about how competency acquisition is signed off.

Confirming competence for procedural skills
To confirm (final) level 3 competence for those procedural skills listed in the Matrix you need to have three summative WPBAs that confirm your (level 3) competence in each procedural skill. At least two of these WPBAs should be conducted by a consultant or trainer of equivalent seniority (if your trainers are not consultants or medical professionals).

Other methodology
Unusual situations or presentations may involve competencies that are particularly difficult to acquire. In such exceptional circumstances, it is acceptable to use alternative training methods, such as drills, simulation or e-learning. These should supplement CbD assessments, which should continue until the trainee has met all the requirements for that assessment level.

When alternative training methods are used to sign off a competency on a trainee’s e-Portfolio, the Educational Supervisor or Clinical Supervisor must state in the text box that they have used these other methods.

If other methods may be needed to assess a trainee approaching a way-point, the Educational Supervisor should discuss this with the TPD (and SAC), at the earliest opportunity.

If other methods have been used to assess a trainee at a way-point, the Educational Supervisor must point this out in their report to the ARCP panel.
Demonstrating Maintenance of Competence
As a trainee, it can be easy to forget about a specific area of work once you have completed the relevant module.

For example, if you have previously completed the menopause module, we still expect you to engage in enough continuing education or training to maintain up-to-date knowledge and skills in this area. You need to demonstrate to your Educational Supervisor – and, through them, to the ARCP Panel – that you have taken steps to maintain your menopause knowledge and skills during the year.

Maintaining competence is a continuous process leading to development of expertise. You must demonstrate such continuous learning across all modules in which you have achieved Level 3 competency. For the procedural skills listed in the Matrix the requirement, you must complete two Objective Structured Assessments of Technical Skills (OSATS) each year. For non-procedural skills/areas of SRH/curriculum modules, we expect you to collect evidence every year to demonstrate that you have continued your education in these areas. This evidence might include WBPAs such as mini-CEX or CBDs. You should begin collecting evidence the year after you achieve the competency. Please note that this would be before the identified year if you achieve a specific competency early in your training.

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.
The Faculty runs ARCPs for the CSRH Training Programme. For most other larger specialties, ARCPs are run by the Deaneries or by Local Education and Training Boards (LETBs).

The ARCP is a formal meeting with at least three panel members, although there are often many 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 Educational Supervisor 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 Educational Supervisor will never sit on your panel.

ARCP panels usually aim to rely entirely on the Educational Supervisor’s report to reach its recommendation. If panel members are concerned or need some clarification, however, they can access your e-Portfolio. After the panel, its Chair will write to your Dean and recommend an ARCP outcome, copying in you and your Educational Supervisor.

Which trainees must attend the ARCP in person?
We give all trainees the option to attend the ARCP themselves, but we require personal attendance from:
• all trainees who are at a way-point i.e. making the transition between basic and intermediate training (ST3/4), intermediate and advanced training (ST5/6), or completing the programme (finishing ST6)

• any trainee with an Educational Supervisor’s report that suggests that there have been difficulties – these may be caused by a trainee’s own problems and/or problems with the programme.

Your LETB/Deanery will cover your travel expenses when you attend your ARCP panel.

How ARCP process relates to revalidation
For information on how revalidation affects the ARCP process, please visit the revalidation for trainees section of the RCOG website.

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 LETB/Deanery.

ARCP: 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 Educational Supervisor must meet the relevant submission dates and deadlines, so make sure to note them down.

• Familiarise yourself with the Educational Supervisor’s (ES) report. To prepare for your end-of-year meeting with your Educational Supervisor, you will need to fill out parts of this document. Your Educational Supervisor 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 Educational Supervisor and complete the ES report together. This records your educational achievements and the competencies that you have gained that year.

• Your Educational Supervisor will complete the structured reference section of the report and generate the summary of your Multisource Feedback (i.e.T02 forms). [LINK to..]). This is a summary of your T01 (team observation) forms.

• Your Educational Supervisor must record all leave that you have taken within the ES report. You can read more about this here. [LINK to Absence from work and Time out of Training]

• Please remember to complete the Trainee Evaluation Form in your e-Portfolio.

Advice on ARCP outcomes
FSRH has produced the following advice for your possible ARCP outcomes, as they relate to expected benchmarks as laid out in the Matrix.
We have drawn up this specific guidance for ARCP panels assessing trainees who have not met the required standards to ensure consistency. The guidance can also help you anticipate your own outcome by assessing your evidence-based progress against the Matrix.

If you achieve all the standards for your year then you should receive an ARCP outcome 1. If you do not, the Panel should not recommend an outcome 1. Instead, it will recommend a different outcome, and may be advised and supported by your Deanery.

An ARCP outcome 2 will let your Postgraduate Dean ensure that your next attachment can give you the training you need. You should not regard an outcome 2 as a failure, but rather as a chance to receive the necessary education and training to achieve the expected standard. An outcome 2 does not alter your CCT date.

An ARCP outcome 3 will let you obtain specific competencies and give you extra training time. Please note that the Gold Guide limits this extra time to one year, unless there are truly exceptional circumstances.

An ARCP outcome 5 is reserved for the very few cases where the panel has not received enough evidence to reach an informed conclusion. In such cases, the panel should review its outcome 5 recommendation once it has enough information and then issue a new recommendation. This should take place within a short space of time – around two weeks.

**ARCP outcomes at key way-points**
The CSRH curriculum contains key way-points when trainees move from basic to intermediate level training (ST3-4) and from intermediate to advanced level training (ST5-6). The ARCP process is particularly important at these way-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 basic logbook competencies and have taken the WPBAs listed in the Matrix.

If you have achieved the competencies 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 Educational Supervisor to advise the ARCP Panel that you possess the necessary clinical skills. This advice should be recorded in the ES report.

At end of ST5, you need to must have passed MFSRH part 2 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 benchmarking trainees objectively. This table provides advice for the ARCP outcome for each of the standards it lists. An ARCP outcome 2 or 3 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.

*You can download the table here.*

**ARCP Panel Timing**
For organisational reasons, sometimes ARCP panels are convened before the end of the training year. In these situations, a trainee may not have achieved all the Matrix objectives but is expected to do so by the end of the training year. In such cases, the ARCP Panel should recommend an outcome 2, which can be changed to an outcome 1 later on if the trainee submits the remaining evidence in time. If it is clear that the trainee will not achieve the required objectives, the Panel should recommend an outcome 3. This is particularly important at the key way-points of ST3-4 and ST5-6.

**Training evaluation form (TEF)**
The TEF is compulsory. It allows you to give direct feedback on your training, thereby enabling us to monitor and improve its quality. You will also be asked to give feedback via the national GMC survey; because trainee numbers are small, the GMC does not share localised reports of your feedback.

The ARCP Panel will read your TEF and may discuss it with you at your ARCP. This is your chance to give both general and detailed feedback on your training experience and, with the Panel, to consider how best to address any issues. This information is confidential outside the ARCP process, but may be collated anonymously to review aspects of the training programme overall.

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

*For more information about the CCT/CESR(CP) routes to registration, visit the General Medical Council website.*
**e-Portfolio help and guidance**
Your e-Portfolio provides a comprehensive record of your training and documents your progress. Both you and your trainer can use it to make your training explicit, accountable, systematic and suitable. Please remember that your e-Portfolio may also be reviewed in your ARCPs. You will receive a CSRH NES e-Portfolio account when you start your training, and you should start building this up straightaway. In particular, your e-Portfolio 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
- log of procedures
- publications
- reflections

Your Educational Supervisor should use the Induction and Appraisal form or the Educational Meeting form in your e-Portfolio to record the outcomes of their meetings with you.

*You can find a CCT Calculator resource on the RCP website.*

**Educational logs**
The ‘Reflection’ part of your e-Portfolio contains an educational log that lets you record different events and experiences. These are:
- formal presentations (either regional, national or international)
- a general log, which you can use to record procedures you have completed, or other events and activities
- audits (to record audit or other quality improvement projects)
- publication (for posters, journal papers or other publications you have written)
- reflective practice*
- research (for any research activities in which you have been involved)
- teaching sessions (where you were the teacher/trainer)**

*Although the reflective practice form has a ‘clinical situation’ section, please do not limit your reflections only to clinical situations. Instead, use this section to record reflections of any kind that contribute to your professional development.

**The e-Portfolio forms for teaching sessions have no section for audience/learner feedback and the reflections this provokes. This is an oversight on the part of the portfolio and so, we encourage you and your trainer to include your reflections on teaching sessions that you give, for example, in the box about ‘type of audience’.

**Personal Development Plan (PDP)**
The 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 Educational Supervisor to develop your PDP, and you should update it after your educational / appraisal 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.

**Courses**
You should use the ‘Courses’ section in your e-Portfolio profile to record all training courses and conferences that you attend. Although the section contains no space for reflecting on your learning from each event/course, we hope that you will use a reflective practice form to record your personal and professional development in each instance, rather than simply documenting your attendance. (Please ignore the ‘exam passed’ section).
Learning resources for the CSRH programme

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 their nature of course change over time and no one particular course is absolutely compulsory in the CSRH curriculum. However, all of those above listed as mandatory 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 LETB, Deanery or Trust will offer many valuable training courses, so we encourage you to explore these.

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<tr>
<td>Basic Practical Skills in O&amp;G</td>
<td>Mandatory</td>
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<td>Forensic (Sexual Assault) Medical Examiners course</td>
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<tr>
<td>Courses to obtain FRT status / Educational Supervisor Status</td>
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<tr>
<td>Simulator training (where relevant/available e.g. MVA/hysteroscopy/scan)</td>
<td>Mandatory</td>
<td></td>
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<td>USS Skills course</td>
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<td>Courses necessary for DFSRH (course of 5)</td>
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<td>HR skills and Recruitment Training</td>
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<td>Research methodology /Critical appraisal (Critical Reading)</td>
<td>Mandatory</td>
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<td>BMS theory course</td>
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**Optional**

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<tr>
<th>Course</th>
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<td>FSRH Current Choices and Annual Scientific meetings</td>
<td>Optional</td>
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<tr>
<td>FSRH SSM course - Foundation Sexual Problems (or equivalent)</td>
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<td>FSRH SSM course for menopause (or equivalent)</td>
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<td>BASHH STI/HIV course (modules 1-4)</td>
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<td>Public Health for Non-PH specialty trainees’ course</td>
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**StratOG**

*StratOG is the RCOG’s interactive eLearning resource. It supports trainees throughout their core training and helps them to prepare for the MRCOG exams.*

CSRH trainees can access StratOG at a reduced ‘non-e-Portfolio’ annual fee of £80.

You can access StratOG on the RCOG website, and will also receive the other benefits of RCOG membership. These include:

- quarterly mailings of (and on-line access to) ‘The Obstetrician and Gynaecologist’ (TOG)
- regular mailings of the College’s ‘Membership Matters’ newsletter
• O&G Trainees’ TROG newsletter, emailed three times a year
• access to the RCOG trainees’ resources
• 20% discount on all Cambridge University Press Academic titles
• discounted subscription rates to ‘BJOG: An International Journal of Obstetrics and Gynaecology’

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.

Trainee registration
The current trainee subscription is £75 per year; this money is used primarily to cover the cost of your e-Portfolio. Failure to pay your annual subscription will result in restrictions in your e-Portfolio for your next ST level until you pay your subscription and any associated fees you owe.

Training guidelines
Less than full-time training (LTFT) and advice on how to apply for time out of programme (OOP)

Speak to your Educational Supervisor and get advice from your LETB/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
Trainees must record all absences from work in their e-Portfolio, as well as any time out of training. You can read more on the [GMC’s website](https://www.gmc-uk.org). ‘Absence’ includes all forms of absence such as sickness, maternity, compassionate paid or unpaid leave, other than study or annual leave or prospectively approved OOP training or research.

You must report an absence of 14 days or more in any 12 month period to your LETB/Deanery; you must also record this on your Educational Supervisor’s report for your ARCP.

**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 LEB/Deanery and inform the Faculty of your plans.

**Trainees’ representatives & Trainees Network**

**CSRH Trainees’ Network**
We’re here to provide information and reviews by trainees, for trainees. Anybody currently training in the CSRH specialty is welcome to join. We also have a closed group where trainees can post questions about their training so that, where possible, other trainees can provide information and/or support.

**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.

For further information about the training programme please contact:

Chair of the Trainee Network: csrh.trainees@gmail.com

**Useful documents**

- [Annual Educational Supervisory Report for Trainees](https://www.gmc-uk.org)
- [Team Observation Form](https://www.gmc-uk.org)
- [Case-based discussion (CBD) Supervised Learning Event](https://www.gmc-uk.org)
- [Mini-clinical Evaluation Exercise (CEX) Supervised Learning Event](https://www.gmc-uk.org)
- [OSATS Assessment of Performance](https://www.gmc-uk.org)
- [OSATS Supervised Learning Event](https://www.gmc-uk.org)
- [Guidance for Completion of Form R Parts A & B](https://www.gmc-uk.org)
• FSRH Specialty Training Evaluation Form
• FSRH Guidance to ARCP Panels, Educational Supervisors & Training Programme Directors on bringing forward a CCT date