Community Sexual and Reproductive Health (CSRH) Curriculum 2020 Draft
### Version History

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<tr>
<th>Version Number</th>
<th>Date Issued</th>
<th>Summary of changes</th>
<th>Author(s)</th>
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<td>2</td>
<td>01/03/2020</td>
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<td>CSRH Review Working Group</td>
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1. Introduction

The Community Sexual and Reproductive Healthcare (CSRH) programme is the specialty training pathway for doctors who wish to obtain a Certificate of Completion of Training (CCT) in CSRH.

2. Purpose Statement

2.1 The Purpose of the curriculum

The purpose of the Community Sexual and Reproductive Health (CSRH) Curriculum is to produce CSRH Consultants who can design, deliver and lead community-based, sexual and reproductive healthcare provision. The 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 sexual and reproductive health.

**CSRH curriculum - Clinical expertise**

The clinical expertise of a CSRH consultant encompasses diagnosis, investigation and management in the areas of complex contraception, gynaecology, abortion, unplanned pregnancy, menopause, premenstrual syndrome (PMS), psychosexual care and sexual wellbeing, and immediate management in the areas of STI and sexual assault. The CSRH consultant is also highly skilled in targeted SRH care for individuals with complex psychosocial needs.

**CSRH curriculum - Systems leadership**

The CSRH curriculum trains the doctor to provide systems leadership. The CSRH consultant will have responsibility for large populations with oversight of a variety of healthcare professionals (from support workers to consultant colleagues) who are providing SRH care.
to that population in a multitude of settings. The consultant will deliver ongoing training, clinical supervision and governance support to this network of diverse professionals.

**CSRH curriculum – Public Health**

The curriculum also trains in Public Health approaches to enable a CSRH consultant to act as a leader in population-level SRH interventions for a specific region. The training in Public Health methodology ensures that the design of services is rooted in prevention and health promotion and aligns with wider strategic initiatives to improve the health of communities at population level.

**CSRH curriculum - Trainer/Educator**

As a core part of the curriculum every trainee is required to undertake formal training in healthcare education and demonstrate a continuing commitment to teaching and training others from all healthcare professions.

Specific emphasis is placed within the curriculum on teaching, assessment and high-level educational skills to equip the CSRH consultant to deliver programmes of continuing professional development for the diverse workforce delivering SRH care within a given region.

### 2.2 The need for the Curriculum

The need for doctors to follow the Community Sexual and Reproductive Health (CSRH) curriculum is evident in key public health policies in the United Kingdom over the past decade which have acknowledged the return on investment (ROI) and importance of accessible, high quality SRH services within the National Health Service (NHS). Lack of funding, and fragmented pathways can create barriers to accessing SRH care, which in turn exacerbate health inequalities, particularly for those experiencing language, cultural, financial and geographical barriers. In some instances, access to the full range of contraceptive methods may be restricted. GPs, practice nurses and other healthcare professionals must be adequately supported to gain and maintain the necessary competencies to deliver all available methods of contraception in order to reduce unplanned pregnancies and enable individuals to have children at a time of their choosing.

The needs of our population are changing; the gap between the age at which people start having sex and the age at which they have their first child continues to widen. As this trend to delay child-bearing prevails, so does the need for them to access services for their sexual and reproductive health needs throughout their life course, including complex contraception, gynaecology, abortion, unplanned pregnancy, menopause, PMS, psychosexual care and sexual wellbeing and the immediate management of STI and sexual assault.

Moreover, people who are marginalised or vulnerable may need extra support to optimize their sexual and reproductive health, this includes young people, people with learning difficulties, psychiatric disorders, those who are socially excluded and non-binary individuals.
It is widely recognised that healthcare in the future needs to move out of hospital into community settings, including the patient’s home; and take a system-wide approach underpinned by robust care pathways.

Leadership in SRH will drive such change and will also support the needed partnership-working with other healthcare providers, the voluntary sector and patients themselves. Supporting the population to manage their own health is an important part of addressing socio-economic inequalities but also SRH services will strike a balance between providing universal and targeted interventions.

2.3 CSRH Consultant – Scope of practice
The CSRH consultant is a clinical expert, a systems leader of SRH services and provides training and support to a wide body of healthcare professionals.

The CSRH Consultant is a highly skilled doctor trained in Sexual and Reproductive Healthcare throughout the life course, including the following: managing the whole sphere of contraception (contraceptive provision for all people including those with medical or social complexities, and managing complex specialist contraception) gynaecology, abortion, unplanned pregnancy, menopause, 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.

2.4 Structure of Training

The CSRH curriculum is divided into three phases of a six-year programme (indicative): Phase 1 (ST1-3), Phase 2 (ST4-5) and Phase 3 (ST6) training.
Points of Critical Progression

There are two essential way points for the CSRH curriculum as shown in the above diagram: MFSRH Part 1 exam, which must be achieved before progression to Phase 2 training (ST4-ST5) and MFSRH Part 2 Exam, which must be achieved before progression to Phase 3 training (ST6).

In addition, the critical progression point for the Evidence Based Commentary (EBC), a component of the MFSRH exams, will remain at the ST5 year; candidates will have the option of submitting their EBC at any time between the ST1 and ST5 year, to encourage flexibility.

The first way-point is not characterised by a distinct change in role or responsibility and the trainee journey in CSRH is very flexible and varied. CSRH trainees at the same phase of training may well be doing different things reflecting individual trainee requirements but also reflecting the training opportunities and configuration of local services. The CSRH trainee has considerable responsibility from the outset in planning their own learning and development, with the ability to address training needs without the requirement to follow a rigid sequence. During the final year, in addition to completing all clinical competencies the trainee prepares to transition to a consultant role that potentially may be single-handedly leading a service.

Progression through each ST level in the training programme is outcomes based, with the learning designed in a spiral structure increasing in complexity and reinforcing previous learning. Leadership, management and teaching experience will be gained throughout the programme. The outcomes-based curricula structure means that training time is indicative, allowing for more flexibility in the trainee journey and the duration of training.
Phase 1 (Indicative 3 years)

Phase 1 Training occurs from ST1 to ST3. During this phase, trainees need to achieve basic competencies in SRH, maternity and STI care. They will divide their time between each field of care in order to do so. This is the time when trainees will start to gain experience in CSRH but built on a solid foundation of experience from hospital obstetrics and gynaecology.

Phase 2 (Indicative 2 years)

Phase 2 Training occurs from ST4 to ST5. During Phase 2, CSRH trainees will continue to develop their SRH, maternity care and STI competencies and will have attachments to Public Health and SARC (Sexual Assault Referral Centres) and gain further experience in Psychosexual Medicine.

Phase 3 (Indicative 1 year)

Phase 3 Training occurs in ST6. During this phase, in addition to completing all clinical and non-clinical competencies, including systems management and leadership, the trainee prepares to transition to a consultant role.

<table>
<thead>
<tr>
<th>ST6 Year Competencies - Training time percentage of ST6 training year</th>
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<tbody>
<tr>
<td>Contraception</td>
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<td>10%</td>
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<table>
<thead>
<tr>
<th>Contraception</th>
<th>GU/STI</th>
<th>Gynaecology</th>
<th>Sexual assault</th>
<th>Sexual dysfunction</th>
<th>Leadership and management</th>
<th>Public health</th>
<th>Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>10%</td>
<td>30%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
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High level outcomes (CR1.4)
This curriculum consists of 12 Capabilities in Practice (CiPs) grouped under 4 professional identities. The CiPs are the high-level learning outcomes which bring together the Generic Capabilities (6 CiPs), the Specialty Specific Capabilities (4 CiPs), and the shared Generic/Specialty Specific Capabilities (2 CiPs).

These CiPs ensure transferability and flexibility of learning outcomes between related specialties, such as O&G, GP, GUM.

Professional Identities

CSRH Professional Identities

<table>
<thead>
<tr>
<th>NHS Professional</th>
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<table>
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<tr>
<th>Systems Leader and Champion</th>
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| Design                       |

<table>
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<tr>
<th>Clinical Expert</th>
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| Deliver                      |

<table>
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<tr>
<th>Trainer/Educator</th>
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| Train                        |

Table 1 - Professional Identities and Capabilities in Practice (CiPs)

<table>
<thead>
<tr>
<th>GENERIC</th>
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<table>
<thead>
<tr>
<th>PROFESSIONAL IDENTITY: NHS PROFESSIONAL</th>
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<table>
<thead>
<tr>
<th>CiP 1</th>
<th>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.</th>
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<thead>
<tr>
<th>CiP 2</th>
<th>The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.</th>
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<table>
<thead>
<tr>
<th>CiP 3</th>
<th>The doctor is able to work successfully within health services at organisational and systems levels.</th>
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<tr>
<th>CiP 4</th>
<th>The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.</th>
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</table>
### CiP 5
The doctor is able to engage with research to promote innovation.

### CiP 6
The doctor is able to apply all legal and ethical frameworks appropriate to clinical practice.

#### SPECIALTY SPECIFIC

### PROFESSIONAL IDENTITY – SYSTEMS LEADER and CHAMPION (DESIGN)

#### CiP 7
The doctor is able to manage and lead a multi-professional team delivering a Sexual and Reproductive Health Service.

#### CiP 8
Working in partnership with all other relevant organisations the doctor is able to; champion the healthcare needs of people from all groups within society and contribute to the vision for the future direction of healthcare; and plan and deliver a Sexual and Reproductive Health Service, within which the principles of Public Health are embedded.

### PROFESSIONAL IDENTITY: CLINICAL EXPERT (DELIVER)

#### CiP 9
The doctor is competent to assess and manage people of all sexes and genders presenting for sexual and reproductive healthcare throughout their life course.

#### CiP 10
The doctor is competent to diagnose and provide immediate management of genital tract and sexually transmitted infections in people of all sexes and genders, and to use various prevention strategies.

#### GENERIC/SPECIALTY SPECIFIC

### PROFESSIONAL IDENTITY: EDUCATOR/TRAINER (TRAIN)

#### CiP 11
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.

#### CiP 12
The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.

### 3. Development of CSRH 2020 Curriculum

The CSRH 2020 curriculum was developed by the Assessment and Curriculum Committee, Specialty Advisory Committee and the Exams Committee, under the authority of the Education Strategy Board. The members of the committees have broad UK representation and include consultants who are actively involved in teaching and training, trainees, service representatives and lay persons.

To ensure a robust consultation process, the working groups sought input from a range of stakeholders including royal colleges, faculties, commissioner groups. A series of stakeholder reengagement workshops took place over a two-year period focusing on each component of the curriculum. Groups also participated in online and telephone surveys and...
online forums to ensure a broad range of views had the opportunity to input into the design and development of the curriculum.

4. Components of the curriculum

The practice of Community Sexual and Reproductive Healthcare (CSRH) requires the generic and specialty knowledge, skills (including procedural skills), attitudes to manage patients presenting with a wide range of sexual and reproductive health symptoms and conditions. It involves particular emphasis on diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when another specialty opinion or care is required.
4.2 Developing the Doctor – Generic Capabilities in Practice (CiPs)

Professional Identity 1: NHS Professional

CiP 1: 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. (Ref only – patient centred care, individual doctor and patient. CSRH 2017 Modules 1 (L.O a), b), c), d), 11, 12, 13)

Key Skills
Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis

<table>
<thead>
<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>• Takes a detailed and focused history and analyses it in a succinct and logical manner.</td>
</tr>
<tr>
<td>• Recognises and resolves communication difficulties including the need for an interpreter.</td>
</tr>
<tr>
<td>• Understands the impact of social, cultural and psychological factors on the physical and mental health of the individual and their relatives or carers.</td>
</tr>
<tr>
<td>• Conducts appropriate clinical examination maintaining respect for individual dignity, confidentiality and diversity.</td>
</tr>
<tr>
<td>• Acknowledges the request for a doctor of a particular gender.</td>
</tr>
<tr>
<td>• Acknowledges the need for a chaperone.</td>
</tr>
<tr>
<td>• Selects appropriate investigations and interprets the results using sound clinical judgement.</td>
</tr>
<tr>
<td>• Lists possible diagnoses and applies clinical judgement to arrive at a working diagnosis.</td>
</tr>
<tr>
<td>• Documents clinical encounters in an accurate, complete, timely and accessible manner in compliance with legal requirements.</td>
</tr>
<tr>
<td>• Monitors and manages personal and professional ethical standards arising from patient interactions.</td>
</tr>
</tbody>
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### Facilitates discussions

**Descriptors**
- Uses empathy, respect and compassion when communicating with a patient to build trust and independence.
- Promotes shared awareness and understanding by making explanations to patients in language they can understand.
- Recognises the hidden agenda or unvoiced concerns in consultations.
- Deals sensitively and non-judgementally with embarrassing and disturbing topics and is able to respond effectively to disclosure.

### Facilitates therapeutic decision making for people of all sexes and genders

**Descriptors**
- Shares information in an honest and unbiased way.
- Considers views, preferences and expectations when working with patients to establish a patient-centred management plan.
- Provides written or digital information in an appropriate format.
- Promotes shared awareness and understanding by making explanations to patients in language they can understand.
- Recognises the hidden agenda or unvoiced concerns in consultations.
- Deals sensitively and non-judgementally with embarrassing and disturbing topics and is able to respond effectively to disclosure.

### Provides treatment

**Descriptors**
- Demonstrates a commitment to high quality care which is safe and effective and delivers a good patient experience.
- Identifies safeguarding concerns in children and vulnerable adults and makes appropriate referrals.
- Manages problems in a structured and flexible way.
- Prescribes medicine, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance.
• Determines responsibility for follow up, including appropriate intervals for review, location of care, instructions on accessing emergency help and changing or cancelling appointments.
• Works effectively within a multiprofessional team to meet the needs of the individual.
• Recognises limitations and escalates and transfers care where appropriate.

Evidence to inform decision
• CbD
• Mini-CEX
• TO2
• PSQ
• MFSRH Part 2
• OSATS
• DOC

Mapping to GPCs
Domain 1: Professional values and behaviours

Domain 2: Professional skills
• Practical skills
• Communication and interpersonal skills dealing with complexity and uncertainty
• Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge
• Professional requirements
• National legislative requirements

Domain 6: Patient safety and quality improvement
• Patient safety
• Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 9: Capabilities in research and scholarship
CiP 2: The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement (Ref only – patient centred care within the clinical team. CSRH 2017 Module 1 (LO d) and e), Module 12)

Key Skills

Teamworking

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<tbody>
<tr>
<td>• Understands teamworking in complex, dynamic situations.</td>
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<tr>
<td>• Demonstrates the ability to adapt to changing teams.</td>
</tr>
<tr>
<td>• Works effectively as part of a multi-professional team in different roles.</td>
</tr>
<tr>
<td>• Communicates effectively within the multiprofessional team and with patients, relatives and members of the public. Understands that multiple methods of communication are required.</td>
</tr>
<tr>
<td>• Understands and applies the techniques to maintain situation awareness taking into account team and individual factors.</td>
</tr>
<tr>
<td>• Demonstrates appropriate assertiveness and challenges constructively.</td>
</tr>
<tr>
<td>• Recognises and reflects on breakdowns in team working and communication.</td>
</tr>
<tr>
<td>• Recognises and celebrates effective multiprofessional team working.</td>
</tr>
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Understands human behaviour and demonstrates leadership skills

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<tr>
<td>• Actively contributes to culture of respectful care by role modelling appropriate language and behaviour and challenge when this does not happen.</td>
</tr>
<tr>
<td>• Understands the basic principles and importance of emotional intelligence.</td>
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<tr>
<td>• Reflects on own leadership style and how this can impact on patient and colleague interactions.</td>
</tr>
<tr>
<td>• Demonstrates the ability to adapt leadership style to different situations.</td>
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Continues to develop and enhance leadership skills.

**Understands decision making**

**Descriptors**

- Understands the psychological theories on how decisions are made.
- Understands the different types of decision making (intuitive, rule based, analytical and creative).
- Demonstrates insight into their own decision making process.
- Reviews and analyses the decisions of others.
- Progresses from analytical to intuitive decision making and is able to articulate this as experience develops.
- Reflects on unconscious biases which may influence their interaction and behaviour.
- Demonstrates, when making decisions, the ability to consider a different perspective and the reasons for choices and perceptions of benefit.

**Demonstrates personal insight**

**Descriptors**

- Demonstrates insight into own knowledge and performance.
- Adapts within the clinical and team environment.
- Provides evidence that they reflect on practice and demonstrate learning from it.
### Manages stress and fatigue

**Descriptors**

- Understands stress, its impact on personal wellbeing and its potential effect on delivering high quality patient care.
- Develops personal strategies to maintain mental strength and resilience and demonstrates this as part of their personal development.
- Recognise the impact of stress and fatigue on their team and offer support or signpost as appropriate.

### Manages conflict

**Descriptors**

- Understands the concept of personal and interpersonal conflict in the healthcare setting.
- Understands the challenges and negative effects of conflict within teams and organisations.
- Understands and implements the methods used to manage conflict and its resolution.

### Makes effective use of resources including time management

**Descriptors**

- Can prioritise effectively.
- Demonstrates effective time management in clinical and non-clinical settings.
- Effectively delegates tasks to other members of the multiprofessional team.
Evidence to inform decision

- CbD
- Mini-CEX
- TO2
- PSQ
- MFSRH Part 2
- OSATS
- DOC

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills
- Practical skills
- Communication and interpersonal skills dealing with complexity and uncertainty
- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement
- Patient safety
- Quality improvement
CiP 3: The doctor is able to work successfully within health services at organisational and systems levels. (Ref only – patient centred care: organisation level CSRH 2017 Module 12)

Key Skills
Influences and negotiates

<table>
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| • Develops and evaluates own preferred negotiation style.  
• Can handle a variety of negotiation challenges.  
• Understands and is able to secure and consolidate agreements. |

Participates in clinical governance processes

<table>
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| • Follows safety processes that exist locally and nationally.  
• Actively engages in clinical governance processes.  
• Understands the way in which incidents can be investigated and the theory that underpins this.  
• Participates in incident investigations and links recommendations to quality improvement.  
• Understands Duty of Candour and discusses harmful patient safety incidents with patients and their relatives accurately and appropriately. |
## Understands systems and organisational factors

### Descriptors

- Recognises how equipment and environment contribute to outcomes and patient safety.
- Is aware of latent and active failures within healthcare systems and the effects on safety.
- Promotes a safety culture and escalates safety concerns through the appropriate systems.
- Understands the concept of “high reliability” organisations and the relevance to improving outcomes in healthcare.

## Understands the healthcare systems in the four nations of the UK

### Descriptors

- Understands the NHS constitution and its founding principles.
- Understand how healthcare systems are currently funded and commissioned and know the key organisational structures.
- Understand the role of government and relevant agencies and public bodies.
- Appreciate the role of third sector organisations within health and social care.
- Demonstrates an awareness of budget and resource management.
Evidence to inform decision

- CbD
- Mini-CEX
- Reflections
- TO2
- PSQ
- MFSRH Part 2
- OSATS
- DOC

Mapping to GPCs

Domain 2: Professional skills
- Practical skills
- Communication and interpersonal skills dealing with complexity and uncertainty

Domain 3: Professional knowledge
- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement
- Patient safety
- Quality improvement
CiP 4: The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects. (Ref only – Data - CSRH 2017 Module 13)

Key Skills

**Works effectively within the digital environment**

<table>
<thead>
<tr>
<th>Descriptors</th>
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</table>
| • Understands the principles of data governance and the legislation around data protection.  
• Demonstrates proactive and responsible interaction with digital platforms.  
• Effectively signpost patients and health professionals to patient support websites and networks.  
• Works with patients to interpret information in the public domain.  
• Demonstrates ability to interact appropriately with public concerns and campaigns. |

**Understands quality improvement (safety, experience and efficacy)**

<table>
<thead>
<tr>
<th>Descriptors</th>
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</table>
| • Understands the difference between quality improvement and research.  
• Understands quality improvement methodology.  
• Understands the concept of big data and national clinical audit.  
• Appreciates the importance of stakeholders in quality improvement work and encourages the involvement of service users. |
Undertakes and evaluates the impact of Quality Improvement interventions

**Descriptors**

- Is actively involved in quality improvement initiatives.
- Shares learning effectively.
- Evaluates quality improvement projects and how these can work at local, regional and national level.

**Evidence to inform decision**

- Reflections
- TO2
- MFSRH Part 2

**Mapping to GPCs**

<table>
<thead>
<tr>
<th>Domain 1: Professional values and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2: Professional skills</td>
</tr>
<tr>
<td>- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)</td>
</tr>
<tr>
<td>Domain 3: Professional knowledge</td>
</tr>
<tr>
<td>- Professional requirements</td>
</tr>
<tr>
<td>- National legislative requirements</td>
</tr>
<tr>
<td>Domain 5: Capabilities in leadership and team working</td>
</tr>
<tr>
<td>Domain 6: Patient safety and quality improvement</td>
</tr>
<tr>
<td>- Patient Safety</td>
</tr>
<tr>
<td>- Quality improvement</td>
</tr>
</tbody>
</table>
Key Skills

Demonstrates research skills

**Descriptors**

- Understands principles of healthcare research and different methodologies.
- Understands the principles of ethics and governance within research, follows guidelines on ethical conduct and consent for research.
- Understands the use of informatics, statistical analysis and emerging research areas.
- Performs literature searches, interrogates evidence and communicates this to colleagues and patients.
- Has the ability to translate research into practice.

Demonstrates critical thinking

**Descriptors**

- Critically evaluates arguments and evidence.
- Can interpret and communicate research evidence in a meaningful, unbiased way to support informed decision making.

Innovates

**Descriptors**

- Open to innovative ideas and the views of service users.
- Shows initiative by identifying problems and creating solutions.
- Supports change by working to achieve consensus.
- Understands the value of learning from failure in innovation.
Evidence to inform decision

- Reflections
- TO2
- MFSRH Part 2
- DOC

Mapping to GPCs

Domain 1: Professional values and behaviours
Domain 2: Professional skills
  - practical skills
  - communication and interpersonal skills
  - dealing with complexity and uncertainty
Domain 3: Professional knowledge
  - professional requirements
  - national legislative requirements
  - the health services and healthcare systems in four countries
Domain 5: Capabilities in leadership and team working
Domain 6: Patient safety and quality improvement
  - Patient safety
  - Quality improvement
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship
### Key Skills

**Application of and adherence to legal principles and professional requirements**

<table>
<thead>
<tr>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>• Follows GMC guidance on professionalism and confidentiality.</td>
</tr>
<tr>
<td>• Understands the legislative and regulatory framework within which healthcare is provided in the four nations of the UK.</td>
</tr>
<tr>
<td>• Understands the human rights principles and legal issues surrounding informed consent and respectful care – including key legal rulings.</td>
</tr>
</tbody>
</table>

### Aware of ethical principles

<table>
<thead>
<tr>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>• Follows GMC guidance on professionalism and confidentiality.</td>
</tr>
<tr>
<td>• Understands the legislative and regulatory framework within which healthcare is provided in the four nations of the UK.</td>
</tr>
<tr>
<td>• Understands the human rights principles and legal issues surrounding informed consent and respectful care – including key legal rulings.</td>
</tr>
</tbody>
</table>

**Evidence to inform decision**

- CbD
- Mini-CEX
- Reflections
- TO2
- MFSRH Part 2 and Part 3
## Domain 1: Professional values and behaviours

## Domain 2: Professional skills
- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

## Domain 3: Professional knowledge
- professional requirements
- national legislative requirements
- the health services and healthcare systems in four countries

## Domain 7: Capabilities in safeguarding vulnerable groups
4.3 Developing the SRH Consultant – Non-clinical Specialty Capabilities in Practice (CiPs)

**Professional Identity 2: Systems Leader and Champion – DESIGN**

**CiP 7:** The doctor is able to manage and lead a multi-professional team delivering a Sexual & Reproductive Health Service. *(Ref only – Leader SRH – CSRH 2017 Module 12)*

**Key Skills**

Demonstrates commitment to provision of a service which is continually monitored and responsive to both positive and negative events *(CSRH Module 12, ii Clinical Governance pg. 128)*

<table>
<thead>
<tr>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>Promotes excellence</td>
</tr>
<tr>
<td>Develop competency frameworks for different staff groups e.g. specialty doctor in SRH, health care worker in SRH</td>
</tr>
<tr>
<td>Provides leadership and direction to support others to achieve their competencies</td>
</tr>
<tr>
<td>Participates proactively in adverse event reporting, identifies patterns and necessity for change</td>
</tr>
<tr>
<td>Responds to a complaint appropriately, in line with existing NHS policies and procedures</td>
</tr>
<tr>
<td>Sensitively debriefs with another staff member, using constructive feedback where appropriate</td>
</tr>
<tr>
<td>Designs, delivers and manages a complete cycle of regular audits at each stage of training, including patient satisfaction audits using validated measures (e.g. PROMS)</td>
</tr>
<tr>
<td>Set up a supportive and positive environment to encourage reporting of adverse events</td>
</tr>
<tr>
<td>Participates in review of progress in meeting local/national performance indicators.</td>
</tr>
<tr>
<td>Utilises audit outcomes to affect change</td>
</tr>
<tr>
<td>Utilise local/national performance indicators to affect change</td>
</tr>
</tbody>
</table>
Recruits, manages and develops the members of various professional groups that make up multidisciplinary staff (CSRH Module 12I Staff Governance pg. 127)

Descriptors

- Demonstrates performance management
- Understands and applies the key principles of leadership and management
- Understands and applies the key principles of competency frameworks as a performance management and development tool
- Participate in regular appraisals (of self and other staff members), keeping appropriate records
- Compose an effective job description for a new position
- Demonstrates an understanding and commitment to the importance of equity within the recruitment and selection process
- Participates in an interview/selection panel
- Demonstrates a willingness to support all staff to continue developing
- Demonstrates an understanding of staff wellbeing, sickness and absence management policy and how this is applied for both the employer and the employee
- Ability to provide a reference for another member of staff or other professional

Manages and sustains financial resources effectively (CSRH Module 12, iii Financial Governance pg129)

Descriptors

- Attracts funding
- Open and accountable
- Demonstrates an understanding of service budget reports
- Designs and implements plans for attracting funding from a range of sources
- Develops and submits a business case
- Demonstrates the principle of financial transparency, openness and accountability
- Applies the principles of working with integrity, and with an honest and trustworthy manner
- Manages changes in funding resources, while ensuring maintenance of service quality and sustainability
• Sensitively communicates the need to review resource allocation to staff
• Demonstrate understanding of the importance of ensuring efficient use of resource, maximising benefits
• Manages pharmacy budgets effectively
• Describes purchasing processes

Continuously drives quality improvement and resulting service development (CSRH Module 12, d Service Development pg. 130)

Descriptors

Critically reviews an aspect of service provision and provides recommendations for service redesign
Demonstrate an ability to think analytically
• Leads and responds to a service user consultation on potential service change and on all aspects of service delivery
• Demonstrate support for working within a changing and evolving work environment
• monitors the effects and outcomes of service developments
Encourage innovation, supporting a climate of ongoing service improvement

Evidence to inform decisions

• TO2
• PSQ
• DOC
• Reflections
• Case Based Discussion (CBD) non-clinical setting/ structure of CBD

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills
• practical skills
• communication and interpersonal skills
• dealing with complexity and uncertainty
• Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge
• professional requirements
• national legislative requirements
• the health services and healthcare systems in four countries

Domain 4: Capabilities in health promotion and prevention

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement
• Patient safety
• Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

CiP 8: Working in partnership with all other relevant organisations, the doctor is able to: a) champion the SRH needs of people from all groups within society and contribute to the vision for the future direction of healthcare and, b) plan and deliver a Sexual & Reproductive Health Service within which the principles of Public Health are embedded. (Ref only Partnership and Public Health CSRH Module 9 and 12)

Key Skills

Considers the impact of the broader social and cultural determinants of health when planning and delivering SRH care.

Descriptors

• Understands the impact of social, cultural, economic and environmental factors on the physical and mental health of the population.
•Aware of the impact of globalisation on SRH and how the increasing movement of people impacts upon health care and services.
Participates in setting the direction of future SRH care at local, regional and national level (CSRH Module 12, e Strategy pg. 131)

<table>
<thead>
<tr>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>• Contributes to a local sexual and Reproductive Health strategy</td>
</tr>
<tr>
<td>• Demonstrates involvement in influencing wider context/political drivers for better SRH</td>
</tr>
<tr>
<td>• Works effectively with the media.</td>
</tr>
<tr>
<td>• Communicates/presents professionally in written, spoken and visual formats and digital/social-media platforms</td>
</tr>
<tr>
<td>• Demonstrates ability to present information in appropriate format for range of audiences</td>
</tr>
</tbody>
</table>

Formulates and articulates problems so they can be addressed using public health intelligence (CSRH Module 9, Learning Outcome 5 or section a)? pg. 101)

<table>
<thead>
<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>• Collates, reviews and utilises available sources of data to demonstrate a population health need.</td>
</tr>
<tr>
<td>• Demonstrates ability to perform a needs assessment.</td>
</tr>
<tr>
<td>• Analyse population data to demonstrate trends, draw comparisons and identify inequalities in sexual &amp; reproductive health</td>
</tr>
<tr>
<td>• Demonstrates awareness with and understanding of population level data relevant to sexual and reproductive health</td>
</tr>
</tbody>
</table>
Evidence to inform decision

- Health Needs Assessment (HNA) project
- Oral or poster presentation
- Reflections
- Risk assessments
- Business Plan
- Attendance at Sexual Health Network Meetings
- MFSRH part 2

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty

Domain 3: Professional knowledge

- professional requirements
- national legislative requirements
- the health services and healthcare systems in four countries

Domain 4: Capabilities in health promotion and prevention

Domain 5: Capabilities in leadership and team working

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship
4.4 Developing the SRH Consultant – Clinical Specialty Capabilities in Practice (CiPs)

**Professional Identity 3: Clinical Expert – DELIVER**

CiP 9: The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course. *(Ref only SRH Life Course – CSRH 2017 Modules 2,3,4,5,6,7,14,15)*

Key Skills

Manages fertility control (CSRH Module 2)

<table>
<thead>
<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>• D1 - Performs a focused history, appropriate examination and requests appropriate investigations.</td>
</tr>
<tr>
<td>• D2 - Provides information and counselling about all reversible and non-reversible contraceptive options.</td>
</tr>
<tr>
<td>• D3 - Provides all reversible methods of contraception that are available in the UK at the time.</td>
</tr>
<tr>
<td>• D4 - Provides expert contraceptive care to people with social and/or clinical complexity.</td>
</tr>
<tr>
<td>• D5 - Provides all forms of reversible post pregnancy contraception.</td>
</tr>
<tr>
<td>• D6 - Formulates a management plan taking into account individual circumstances and preferences.</td>
</tr>
<tr>
<td>• D7 - Appreciates the importance of psychological factors in fertility control.</td>
</tr>
<tr>
<td>• D8 - Provides expert advice and management and acts as senior decision maker with regard to contraception in collaboration with other specialists.</td>
</tr>
<tr>
<td>• D9 - Manages complications secondary to all methods of contraception including contraceptive failure.</td>
</tr>
<tr>
<td>• D9 - Is able to remove all reversible methods of contraception, including where this involves complex procedures.</td>
</tr>
<tr>
<td>• D10 - Manages complex removals including where imaging required and working with other specialists when necessary.</td>
</tr>
</tbody>
</table>
Manages pregnancy planning and preconception care (CSRH Module 5)

<table>
<thead>
<tr>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>- Performs focused history, appropriate examination and requests appropriate investigations.</td>
</tr>
<tr>
<td>- Provides information and counselling about fertility throughout the life course.</td>
</tr>
<tr>
<td>- Provides information and counselling about pregnancy spacing and optimising maternal and fetal health prior to conception.</td>
</tr>
<tr>
<td>- Understands the importance of preconception care.</td>
</tr>
<tr>
<td>- Recognises the effect of chronic maternal disease on pregnancy and vice versa, provides information and refers for more specialised support when needed.</td>
</tr>
<tr>
<td>- Formulates a management plan taking into account individual circumstances and preferences.</td>
</tr>
<tr>
<td>- Recognises limitations and refers care to senior colleagues or other specialties when appropriate.</td>
</tr>
<tr>
<td>- Ensures appropriate follow up.</td>
</tr>
<tr>
<td>- Demonstrates awareness of the quality of patient experience.</td>
</tr>
</tbody>
</table>
Manages early pregnancy, unplanned pregnancy and abortion care (CSRH Module 5 and Module 3)

**Descriptors**

- Demonstrates a non-directive and non-judgemental approach towards pregnancy and abortion care and appreciates the social and cultural factors and the impact of stigma on this area of work
- Performs focused history, appropriate examination and requests appropriate investigations.
- Formulates a differential diagnosis.
- Discusses diagnosis and management plans in a sensitive manner. Formulates an individualised management plan taking into account individual circumstances, preferences and the urgency required.
- Works with the individual and other professionals to ensure a network of care and appropriate follow up (such as Sexual Assault Referral Centres, Domestic Abuse services etc).
- Demonstrates the ability to manage women with early pregnancy and its complications; including management of Pregnancy of Uncertain Viability (PUV), Pregnancy of Unknown Location (PUL) and miscarriage, hyperemesis, abortion and (medical) management of ectopic pregnancy **excluding surgical management of ectopic and second trimester surgical abortion.**
- Ensures appropriate clinical follow up.
- Understands the legislation and regulations specific to abortion care across the 4 nations and demonstrates the skills to establish and lead an early pregnancy care service.
- Manages issues relating to “conscientious objection” to abortion and other personal belief from co-workers and colleagues and
- Recognises own belief and impact on practice
- Provides all forms of abortion within context of personal belief
- Able to provide safe abortion within your own beliefs
- able to run an abortion service
Manages abnormal vaginal bleeding (CSRH Module 4)

Descriptors

- Performs focused history, appropriate examination and requests appropriate investigations.
- Formulates a differential diagnosis.
- Discusses diagnosis in a sensitive manner.
- Formulates an individualised management plan taking into account individual circumstances, preferences and the urgency required.
- Recognises limitations and escalates care to senior colleagues or other specialties when appropriate.
- Can provide non-surgical treatment.
- Can counsel about surgical treatment options.
- Ensures appropriate follow up.
- Demonstrates awareness of the quality of patient experience.

Manages pelvic pain (CSRH Module 4)

Descriptors

- Performs focused history, appropriate examination and requests appropriate investigations.
- Formulates a differential diagnosis.
- Discusses diagnosis in a sensitive manner.
- Formulates an individualised management plan taking into account individual circumstances, preferences and the urgency required.
- Recognises limitations and escalates care to senior colleagues or other specialties when appropriate.
- Can provide non-surgical treatment.
- Can counsel about surgical treatment options.
- Ensures appropriate follow up.
- Demonstrates awareness of the quality of patient experience.
### Manages urogynaecological symptoms (CSRH Module 4)

<table>
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<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>- Performs focused history, appropriate examination and requests appropriate investigations.</td>
</tr>
<tr>
<td>- Formulates a differential diagnosis.</td>
</tr>
<tr>
<td>- Discusses diagnosis in a sensitive manner.</td>
</tr>
<tr>
<td>- Can counsel about surgical and non-surgical treatment options taking into account individual circumstances and preferences.</td>
</tr>
<tr>
<td>- Ensures appropriate ongoing care.</td>
</tr>
<tr>
<td>- Demonstrates awareness of the quality of patient experience.</td>
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### Manages screening relevant to SRH

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<th>Descriptors</th>
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<tbody>
<tr>
<td>- Performs cervical screening in accordance with national guidelines.</td>
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<tr>
<td>- Demonstrates ability to counsel about screening results and onward referral.</td>
</tr>
</tbody>
</table>
### Manages adolescent sexual and reproductive health (CSRH Module 4)

**Descriptors**

- Performs a consultation appropriate to a teenager recognising the particular difficulties and vulnerabilities that may be faced by this age group.
- Supports young people to understand the importance of sexual wellbeing.
- Is able to assess the understanding of the young person of consent and safe sex.
- Discusses lifestyle choices (including risk and self-empowerment) in an appropriate manner and provides health promotion within the consultation.
- Formulates an individualised management plan taking into account individual circumstances and preferences and wider determinants of good sexual and reproductive health.
- Works with the individual and other professionals to ensure a network of care and appropriate follow up.
- Assesses safeguarding needs, reports appropriately and contributes to the local multidisciplinary processes.
- Demonstrates awareness of the quality of patient experience.

### Manages premenstrual syndrome (CSRH Module 7)

**Descriptors**

- Performs focused history, appropriate examination and requests appropriate investigations, including charting of symptoms
- Formulates an individualised management plan taking into account individual circumstances and preferences, including hormonal and non-hormonal treatment, lifestyle measures and complementary therapies, including psychological therapy
- Discuss the role of surgery in the management of severe PMS.
- Ensures appropriate follow up.
- Appreciates the impact that PMS may have on other aspects of wellbeing.
## Manages menopause and postmenopausal care (CSRH Module 7)

### Descriptors

- Performs focused history, appropriate examination and requests appropriate investigations, including use of questionnaires, psychological evaluation and sexual wellbeing discussion
- Formulates an individualised management plan taking into account individual circumstances and preferences, including lifestyle measures, complementary therapies and psychological input
- Can explain the risks and benefits of HRT and prescribe safely, including in premature ovarian failure
- Can manage menopausal symptoms in women with coexisting physical and/or mental health conditions, including those with history or genetic risk of cancer
- Provides expert advice and management and acts as senior decision maker with regard to menopause and HRT in collaboration with other specialists.
- Ensures appropriate follow up.
- Appreciates the impact that the menopause may have on other aspects of wellbeing.

## Manages transgender health problems

### Descriptors

- Understands the spectrum of gender variance (to include binary and non-binary gender identities) and the possible processes of transition, including social, medical and surgical pathways undertaken by trans people.
- Recognises how gender dysphoria and surgical intervention can impact on sexual wellbeing and sexuality.
- Understands the options for fertility preservation and pregnancy for transgender people.
- Describe and recognises the genital variance where reconstructive surgery has taken place.
- Identifies and assesses complications of medical and surgical interventions in trans people and refers to specialists where appropriate.
### Manages reproductive mental health (SRH for people with diagnosed and undiagnosed mental health conditions) (CSRH Module 15)

<table>
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<tbody>
<tr>
<td>• Demonstrates understanding of how mental health issues can affect reproductive health and how services need to collaborate to optimise support for vulnerable people</td>
</tr>
<tr>
<td>• Demonstrates understanding of how reproductive health issues can significantly impact on the mental health of a person and their partner.</td>
</tr>
<tr>
<td>• Is able to manage reproductive and sexual health presentations in people who have diagnosed or undiagnosed mental health conditions.</td>
</tr>
<tr>
<td>• Is able to assess suicide risk and refer appropriately</td>
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</table>

### Manages sexual wellbeing (CSRH Module 15)

<table>
<thead>
<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>• Understands the physical and psychological influences on sexual pleasure and function.</td>
</tr>
<tr>
<td>• Demonstrates awareness of overt and covert presentation of sexual problems and is able to raise sexual issues within a relevant consultation.</td>
</tr>
<tr>
<td>• To be able to explore further the problem with the patient and do a genital examination with a psychosomatic component. Request appropriate investigation.</td>
</tr>
<tr>
<td>• Demonstrates awareness of the doctor/patient interactions that can occur within a consultation and be able to utilise these insights for the benefit of the patient</td>
</tr>
<tr>
<td>• Is able to provide immediate management of psychosexual care</td>
</tr>
<tr>
<td>• Develops a formulation and discusses management options according to/available through local pathways.</td>
</tr>
</tbody>
</table>
## Manages sexual violence (Module 14 Sexual Assault)

### Descriptors

- Demonstrates appropriate response to overt and covert presentation of non-consensual sex.
- Takes an appropriate initial account from a person disclosing sexual assault to allow referral to the most appropriate service.
- Understands the principles of forensic evidence preservation and applies them to clinical practice.
- Understands and is able to comply with “Chain of Evidence” protocols.
- Able to discuss options for reporting to the police.
- Understands the requirements for performing a clinical examination, only where appropriate.
- Documents the clinical history and the patient’s account of events.
- Assesses physical and psychological health needs of individual and discusses options and provides care in a timely manner - emergency contraception, vaccination, sexual health test and PEP.
- Understanding local safeguarding pathways where sexual violence is part of the presentation.
- Works with the individual and other professionals to ensure a network of care and appropriate follow up.
- Provides expert advice and management and acts as senior decision maker with regard to contraception in collaboration with other specialists.

### Evidence to inform decision

- DFSRH
- MFSRH parts 1 2
- LoC IUT and SDI
- Mini-CEX
- CbD
- OSATS
- PSQ
- TO2
- Reflections
- Clinical skills courses
- DOC
Mapping to GPCs

**Domain 1: Professional values and behaviours**

**Domain 2: Professional skills**
- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty
- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

**Domain 3: Professional knowledge**
- professional requirements
- national legislative requirements
- the health services and healthcare systems in four countries

**Domain 4: Capabilities in health promotion and prevention**

**Domain 5: Capabilities in leadership and team working**

**Domain 6: Patient safety and quality improvement**
- Patient safety
- Quality improvement

**Domain 7: Capabilities in safeguarding vulnerable groups**

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**CiP 10: The doctor is competent to diagnose and provide immediate management of genital tract and sexually transmitted infections in people of all sexes and genders and to use various prevention strategies.** *(Ref only – STI – CSRH 2017 Module 8)*

**Key Skills**

**Manages genital tract infection (CSRH Mod 8)**

<table>
<thead>
<tr>
<th>Descriptors</th>
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<tbody>
<tr>
<td>Recognises the spectrum of clinical presentations of genital tract infections and their differential diagnoses.</td>
</tr>
<tr>
<td>Takes an appropriate sexual history including STI risk assessment.</td>
</tr>
<tr>
<td>Performs clinical examination, takes appropriate specimens and arranges appropriate investigations.</td>
</tr>
<tr>
<td>Interprets test results and explains the diagnosis and management</td>
</tr>
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</table>
clearly to the patient.
- Prescribes drugs according to local care pathways and clinical guidance and completes all necessary documentation.
- Discusses and arranges ongoing care through local networks and pathways, recognising own limitations and working effectively with colleagues in other departments and specialties.
- Recognises and demonstrates an understanding of the psychological aspects of having an STI.
- Demonstrates appropriate level of clinical decision making in day to day clinical practice.

Manages recurrent or persistent genital tract infections and conditions (CSRH Module 8)

**Descriptors**

- Takes an appropriate history including STI risk assessment.
- Performs appropriate clinical examination and investigations.
- Interprets the results and explains the diagnosis and management clearly to the patient.
- Is able to prescribe and explain the common management options including the indications for suppressive therapy.
- Arranges partner notification where appropriate and refers to other specialties where indicated.

Applies prevention and vaccination strategies (CSRH Module 8)

**Descriptors**

- Discusses with patients the risk factors for sexual- and blood-borne virus infections.
- Advises vaccination where appropriate.
- Explains vaccination regimes including potential side effects.
Evidence to inform decision

- DFSRH
- MFSRH parts 1 2
- LoC IUT and SDI
- Mini-CEX
- CbD
- OSATS
- PSQ
- TO2
- Reflections
- DOC

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty
- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge

- professional requirements
- national legislative requirements
- the health services and healthcare systems in four countries

Domain 4: Capabilities in health promotion and prevention

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups
4.5 Developing the doctor and SRH Consultant – Shared Generic and Non-clinical Specialty Capabilities in Practice (CiPs)

**Professional Identity 4: Educator/Trainer – TRAIN**

CiP 11: 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.  
(Ref only – Facilitate teaching of learners – CSRH 2017 Module 10)

Key Skills

**Delivers effective teaching**

<table>
<thead>
<tr>
<th>Descriptors</th>
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</table>
| • Demonstrates understanding of learning theories relevant to medical education.  
• Plans and delivers effective teaching/training strategies and activities.  
• Promotes a supportive learning environment (and ensures patient safety in teaching/training).  
• Demonstrates techniques for giving feedback and can provide it in a timely and constructive manner.  
• Evaluates and reflects on the effectiveness of their teaching/training activities. |

**Facilitates interprofessional learning**

<table>
<thead>
<tr>
<th>Descriptors</th>
</tr>
</thead>
</table>
| • Understands the value of learning with, from and about other healthcare professionals.  
• Participates in interprofessional learning.  
• Demonstrates the ability to deliver multiprofessional teaching. |
Supervises and appraises

Descriptors

- Contributes towards staff development and training, including supervision, appraisal and workplace assessment.
- Act as named Clinical Supervisor, Educational Supervisor and Faculty Registered Trainer.
- Understands the skills required to become an Educational Supervisor
- Understands GMC recognition of trainer status
- Understands GMC revalidation and the underlying medical appraisal process and could act as an appraiser.

Develops people

Descriptors

- Acts as a supportive colleague and “critical friend”.
- Encourages career development in others.
- Understands concepts of formal, mentoring and coaching.
- Demonstrates an awareness of the characteristics of a colleague in difficulty.
- Supports and guides a colleague in difficulty using the processes which exist within the NHS.

Evidence to inform decision

- TO2
- Reflections
- Non clinical Case Based Discussions (CBD)
Domain 1: Professional values and behaviours

Domain 2: Professional skills
- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement
- Patient safety
- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

CiP 12: The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.
(Ref only – Manage educational programmes – CSRH Module 10)

Key Skills

Understands educational programmes within SH/SRH

<table>
<thead>
<tr>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates an understanding of the requirements and outcomes of educational programmes within SH/SRH.</td>
</tr>
<tr>
<td>Maintains awareness of innovation and developments in medical education and educational techniques</td>
</tr>
</tbody>
</table>

Demonstrates ability in planning, delivery and evaluation of training programmes

<table>
<thead>
<tr>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate the ability to plan, structure and facilitate an educational session / intervention/ event/ or training programme, including aims, objectives, learning resources to be used and evaluation methods</td>
</tr>
<tr>
<td>Ability to teach/train different health professionals effectively</td>
</tr>
</tbody>
</table>
Evidence to inform decision

- FRT status
- TO2
- Reflection
  - Programmes organised
  - Teaching sessions delivered
  - Assessment of training needs
  - On educational governance
  - Quality improvement of the educational programme
  - Reflections on own personal learning
- Mentoring other trainers

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills
- communication and interpersonal skills
- dealing with complexity and uncertainty

Domain 3: Professional knowledge
- professional requirements
- national legislative requirements
- the health services and healthcare systems in four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Patient safety and quality improvement
- Patient safety
- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship
4.6 Practical Procedures

There are a number of procedural skills in which a trainee must become proficient to the level expected by the end of training. Trainees must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting for help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Trainees will be able to record their procedures in the updated ePortfolio.

Trainees should ideally receive training in procedural skills in a simulated setting before performing these procedures clinically, but this is not mandatory. Assessment of procedural skills will be made using the OSATS tool.

When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (OSATS) of that procedure, unless they or their Educational Supervisor think that this is required (in line with standard professional conduct).

<table>
<thead>
<tr>
<th>CSRH Practical Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion of intrauterine contraception (IUC)</td>
</tr>
<tr>
<td>Complex Removal of intrauterine contraception (IUC)</td>
</tr>
<tr>
<td>Routine Insertion of contraceptive Implant</td>
</tr>
<tr>
<td>Routine Removal of contraceptive Implant</td>
</tr>
<tr>
<td>Complex Removal of contraceptive implant</td>
</tr>
<tr>
<td>Surgical Management of 1st trimester Miscarriage and 1st trimester surgical Abortion</td>
</tr>
<tr>
<td>Ultrasound (pregnancy)</td>
</tr>
<tr>
<td>Ultrasound (gynaecology)</td>
</tr>
<tr>
<td>Ultrasound (contraception)</td>
</tr>
<tr>
<td>Biopsy of Genital Skin</td>
</tr>
<tr>
<td>Endometrial biopsy</td>
</tr>
<tr>
<td>Hysteroscopy</td>
</tr>
<tr>
<td>Fitting and teaching patient the use of diaphragm/cap</td>
</tr>
<tr>
<td>Bimanual examination</td>
</tr>
<tr>
<td>Speculum Examination</td>
</tr>
<tr>
<td>Cervical Cytology</td>
</tr>
<tr>
<td>Proctoscopy</td>
</tr>
</tbody>
</table>
5. Learning and Teaching

5.1 The training programme
The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE) and Local Education Offices (LETBs), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A Training Programme Director will be responsible for coordinating the CSRH training programme in each trust. The local organisation and delivery of training is overseen by a school of O&G.

Progression through the programme will be determined by the annual review of curriculum progression (ARCP) process (section 6.7) and the training requirements for each indicative year of training are summarised in the CSRH ARCP decision aid. The successful completion of each stage of training will be dependent on achieving the expected level in all CiPs and procedural skills. The programme of assessment will be used to monitor and determine progress through the programme. Training will normally take place in a range of settings.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided.

Each phase of training is summarised below (section 5.2), as well as section 2.4.

5.2. The training environment

Phase 1 (Indicative 3 years)
Phase 1 Training occurs from ST1 to ST3. During this phase, trainees need to achieve basic competencies in SRH, maternity and STI care. They will divide their time between each field of care in order to do so. This is the time when trainees will start to gain experience in CSRH but built on a solid foundation of experience from hospital obstetrics and gynaecology.

Phase 2 (Indicative 2 years)
Phase 2 Training occurs from ST4 to ST5. During Phase 2, CSRH trainees will continue to develop their SRH, maternity care and STI competencies and will have attachments to Public Health and SARC (Sexual Assault Referral Centres) and gain further experience in Psychosexual Medicine.
Phase 3 (Indicative 1 year)

Phase 3 Training occurs in ST6. During this phase, in addition to completing all clinical and non-clinical competencies, including systems management and leadership, the trainee prepares to transition to a consultant role.

5.3 Breadth of learning and teaching

Learning and teaching requirements for the individual Capability in Practice (CiP) areas are also summarised below:

Patient centred care (CiP 1,2,3)

Regular clinical work in community walk-in clinics provide a ripe learning opportunity for understanding how to provide high quality, safe and empathetic patient centred care, as well as communicating effectively as part of a multi-disciplinary team. Trainees have the opportunity to develop basic skills in sexual, obstetric and gynaecological history-taking early on in their training through clinical placements, DFSRH clinical experience and assessment and access to STIF courses. Trainees also have access to support through local and regional courses.

Data and research (CiP 4 and 5)

Understanding how to manage data and digital information appropriately and design and implement quality improvement projects is supported through attachments at quality and audit departments. Close links with audit departments fosters an environment where trainees are encouraged to engage with research to promote innovation. Trainees will also be supported in their learning through access to library facilities and e-journals and attendance at various training courses on Research Methods, governance, literature search and questionnaire design. Regular audit meetings ensure that trainees have the opportunity to participate in audit meetings and discussions.

Legal and ethics (CiP 6)

Learning and teaching in legal and ethics is supported through monthly service educational meetings. Trainees also have the opportunity for various on the job learning where they can attend safeguarding and ethics committees and learn from the formal legal and ethics process. Trainees also have the opportunity to solidify their knowledge through attendance at mandatory training on record keeping, and consent for example.

Leadership, management and governance (CiP 7)

Working within a sexual health directorate, trainees can be involved in all aspects of leadership, management and governance. Trainees can undertake management training
courses, and leadership training courses to support the development of competencies. Trainees can develop their competencies further through attendance at monthly lead clinicians meeting and taking on a defined change management project. This learning and teaching is further solidified through shadowing the senior management team of the senior directorate.

Public Health (CiP 8)

Public health attachments are a useful method for partnership working and championing SRH needs of people from all groups within society. It is also useful to build a foundation in planning and delivering an SRH service according to the principles of public health. There is ample opportunity to undertake needs assessments, retrieve and analyse population data, develop the ability to understand policy and strategy development, and working in partnership, have access to health improvement programmes and undertake media work at an appropriate level.

SRH Life Course - Contraception (CiP 9, KS1)

Trainees are expected to manage fertility control. This learning is supported through regular clinical work in community walk-in clinics, which cover both basic and more complex contraceptive skills (e.g. letters of competence in IUDs/Implants).

SRH Life Course - Gynaecology And Pregnancy Planning (CiP 9, KS 2,3,4,5,6,7)

The area of gynaecology and pregnancy planning covers a wide range of key skills including, preconception care, early pregnancy, unplanned pregnancy and abortion care, abnormal vaginal bleeding, pelvic pain, urogynaecological symptoms and screening relevant to SRH. Trainees are required to attend early medical abortion clinics and attachments to observe surgical methods. Trainees will also undertake attachments at obstetrics and gynaecology units and undertake community scanning. Trainees have further opportunity to build and develop their capability through a range of training, including, counselling skills, clinical training, trainees also undertake clinical observations and participate in self-directed learning and work-based tutorials.

SRH Life Course - Adolescent Sexual and Reproductive Health (CiP 9, KS 8)

Learning and teaching in adolescent sexual and reproductive health is supported through attachments at obstetrics and gynaecology units. Trainees are also required to complete local and regional training courses on paediatric gynaecological problems and disorders of puberty.
SRH Life Course - Menopause and PMS (CiP 9, KS 9, 10)

All trainees are required to develop and build on their capabilities in managing premenstrual syndromes, menopause and postmenopausal care. This area of practice is supported through learning via attachments at obstetrics and gynaecology units as well as community gynaecology services. Trainees attending clinics will have the opportunity to gain experience in carrying out a full history and lifestyle assessment, examination and investigations where indicated. They will be able to gain experience in providing advice and guidance on management and counseling regarding hormone replacement therapy in the menopause and the role of hormonal and non-hormonal therapies in PMS. Observations and discussions, as well as interactive tutorials and personal study also aids learning and development in this area.

SRH Life Course - Transgender Health Problems (CiP 9, KS11)

Managing transgender health problems is supported through learning undertaken through specialist clinics, including local and regional training.

SRH Life Course - Mental Health and Well Being (CiP 9, KS 12, 13)

Trainees would have access to training in clinical services which provides them with a firm grounding on how to manage provision to improve patient sexual well-being and SRH provision for people with diagnosed and undiagnosed mental health conditions. Trainees participate in reflective Case Based Discussions (CBD), group and individual supervision sessions and approved demonstrations and case presentations.

SRH Life Course - Sexual Assault/Sexual Violence (CiP 9, KS14)

Trainees undertake theoretical training; they also must undertake observation work through attachments in local SARCs (Sexual Assault Referral Centre) observing sexual assault services and forensic medical examinations (FMEs). Trainees also develop their capability in this area through attending local and regional training courses, and by completing child protection training courses, and undertaking training by professional bodies.

STI (CiP 10)

For this area of training, trainees are required to attend specialist clinics, where they can build and develop their key skills in diagnosing and providing immediate management of genital tract and sexually transmitted infections and using appropriate prevention strategies. Training is further supported through relevant courses, local and regional training and through local protocols and care pathways.
**Educator/Trainer (CiP 11,12)**

Trainees will have access to learning and development opportunities to support them manage educational programmes and to build capabilities in facilitating learning, providing teaching, training, mentorship and assessment to a wide variety of learners from various professions.

Trainees will undertake shadowing opportunities through shadowing teaching and training event organisers, as well as hands on participation in the planning and execution of training events. Trainees will have access to peer support, and are encouraged to engage in self-directed learning, as well as work-based learning where they will have the opportunity to provide educational supervision of a training programme.

**5.4 Mandatory and optional training**

The table provides guidance to TPDs and other key stakeholder 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.
5.4 Learning and teaching methods

The CSRH specialty curriculum is delivered through a range of learning and teaching methods to enhance leaning. This will incorporate a variety of strategies including, formal, informal, on the job experiential learning, self-directed learning, peer learning, external study courses and reflective learning practices.

Workplace based experiential learning

Experiential learning, learning by doing, provides a powerful tool for learning and development. Trainees engage in experiential learning though a variety of ways, including:

- Regular clinical work in community walk-in clinics
- Clinical placements/attachments in SRH, GU, O&G, Public Health, and local SARCs (Sexual Assault Referral Centre)
- Undertaking research and quality improvement projects is supported through attachments at quality and audit departments
- Meetings
- Case presentations
- Safeguarding and ethics committee meetings
- Change management projects
Peer learning and Community of Practice (CoP)

There are many opportunities for trainees to learn with their peers and develop personally and professionally within SRH. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions.

Shadowing

Shadowing provides an informal learning opportunity for trainees and there are a range of options for trainees to engage with this method on the programme including:

- Shadowing senior staff/other team leaders in leadership skills
- Shadowing health improvement specialist in Public Health
- Shadowing of teaching and training event organisers.

Postgraduate teaching (formal)

The content of formal postgraduate teaching sessions and access to other more formal learning opportunities are determined locally and will be based on the curriculum. There are many opportunities throughout the year for formal teaching locally and at regional, and national meetings.

Independent Self-directed learning

Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- reading, including web-based material such as e-Learning for Healthcare (e-LfH)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement and research projects
- reading journals
- achieving personal learning goals beyond the curriculum
External study courses (formal)

Making time for formal courses is encouraged, subject to local conditions of service

Simulation training
Simulation training is a useful technique for learning, providing trainees with immersive experiences that evoke or replicate clinical scenarios.

Procedural competency training, using simulation aimed at achieving technical competence for CSRH practical procedures should be provided as early as possible in ST1. Scenario-based immersive simulation training should be undertaken at all stages of training, with human factors incorporated into the scenarios.

Academic Training
The four nations have different arrangements for academic training and doctors in training should consult the LETB or deanery for further guidance.

6. Programme of assessment
6.1 The purpose of the programme of assessment

The purpose of the programme of assessment is to:

- Assess trainees’ actual performance in the workplace.
- Encourage the development of the trainee as an adult responsible for their own learning.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of Good Medical Practice (GMP).
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes of career direction.
6.2 Programme of assessment

Our programme of assessment refers to the integrated framework of exams, assessments in the workplace and judgements made about a trainee during their approved programme of training. The purpose of the programme of assessment is to clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points, and to demonstrate satisfactory completion of training as required by the curriculum.

Detailed guidance will be drafted to assist trainers and trainees.

The programme of assessment comprises the use of several different types of assessment. These include formative supervised learning events (SLEs), MFSRH Examinations, as well as summative assessments of learning and performance (workplace based assessments). A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments, including those conducted in the workplace, are linked to the relevant learning outcomes stated in the CSRH Curriculum.

The programme of assessment emphasises the importance of professional judgment in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curriculum. It also focuses on the learner as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made according to a learner’s self-assessment. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for trainees. Assessment tools, which are well established in CSRH training, will be both formative and summative and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.

Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning, reflect and engage in formative feedback. Those assessment tools which are not identified individually as summative will contribute to summative judgements about a trainee’s progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component to all formative supervised learning events and summative workplace-based assessments. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently – and as soon as possible after any event to maximise benefit for the trainee. Feedback should be of high quality and should include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

6.3 Assessment of CiPs

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

**Throughout the training year**

Throughout the training year, Clinical and Educational Supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance. This feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing at that stage of training. Evidence to support the global rating for the CiP will be derived from workplace-based assessments and other evidence, e.g. TO2. These assessments will include global assessment and anchor statements.

**Global assessment anchor statements**

- Not meeting expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training

**End of the training year**

Towards the end of the training year, trainees will assess their own progression for each CiP and record this in their ePortfolio, signposting to the evidence that supports their rating. The Educational Supervisor (ES) will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee’s self-assessment and record their global judgement of the trainee’s performance in the Educational Supervisor Report (ESR), with commentary. Figure 3 shows how the trainee’s self-assessment and the evidence feed into the global judgement by the Educational Supervisor.

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 clinical specialty CiPs. This is because of the need to allow the Educational Supervisor to make an entrustment decision about the ability of trainees to take on the particular responsibilities or tasks, and the level of supervision that they require for a particular CiP.

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

The trainee will make a self-assessment to consider whether they meet expectations for the stage of training, highlighting the evidence in the ePortfolio. The Educational Supervisor will indicate whether the trainee is meeting expectations or not using an anchor statement, as in the template below. Trainees 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 guidance.
Global judgement to be used for generic and non-clinical specialty CiP

Trainee self-assessment
FOR EACH CiP

Statement of whether performance is considered by trainee to be:

- Not meeting expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training

Link to key skills evidence on ePortfolio.

Educational Supervisors assessment
I agree with the trainee’s self-assessment of this CiP.
I do not agree with the trainee’s self-assessment for the following reasons:

Educational Supervisors global judgement for all generic and non-clinical specialty CiPs
Based on the trainee’s self-assessment and the evidence provided, I therefore consider that the trainee’s performance is:

- Not meeting expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training

Clinical specialty CiPs

The trainee will make a self-assessment to consider whether they meet expectations for the year of training, using the five supervision levels listed in Table 3 and highlighting the evidence in the ePortfolio. The Educational Supervisor will indicate whether the trainee is meeting expectations or not by assigning one of the five supervision levels, as in the template below. Trainees will need to meet expectations for the year of training as a minimum to be judged satisfactory to progress. The expectations for each year of training for clinical specialty CiPs will be specified in the guidance.

Table 3 shows the five supervision levels that are based on an entrustability scale which is a behaviourally anchored ordinal scale based on progression to competence and reflects judgments that have clinical meaning for assessors.
Table 3 – Levels of supervision

<table>
<thead>
<tr>
<th>Level</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>

Global judgement to be used for clinical specialty CiP

**Trainee self-assessment**

FOR EACH CiP

Statement of what level of supervision is required.

Link to evidence on the ePortfolio.

**Educational Supervisors assessment**

I agree with the trainee’s self-assessment and have added my comments to each CiP.

I do not agree with the trainee’s self-assessment for the following reasons:

**Educational Supervisors global judgement of the clinical CiPs**

I consider that the trainee’s performance overall meets the clinical entrustability scale of 1-5 (specify) and that the trainee is:
- Not meeting expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training
6.5 Critical progression points

There will be two key progression points during CSRH training – the waypoints. The outline grid below sets out the expected level of supervision and entrustment for the clinical specialty CiPs and the critical progression points for the whole of CSRH training.

The first critical progression point will be from ST3 to ST4 as the trainee will normally be developing their SRH, maternity care and STI competencies at a higher level of practice. Building their competencies in Public Health and SARC (Sexual Assault Referral Centres) and gaining further experience in Psychosexual Medicine. It is therefore essential that educational and clinical supervisors are confident that the trainee has the ability to perform in this role. Trainees will be required to complete Part 1 MFSRH by the end of year 3 of training (ST3).

The second critical progression point will be at the end of ST5 when the trainee must pass the Part 2 MFSRH, as well as be signed off for the relevant generic and specialty outcomes and practical procedures. A satisfactory ARCP outcome will be required for entry to phase 3 training (ST6).

There will be a final critical progression point at the end of training. Doctors in training will be required to reach level 5 in all clinical specialty key skills by the completion of training. They will need to meet the appropriate level expectation for the key progression point between ST3 and ST5 and at completion of ST6.

The annual ES Report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels of achievement for the CiPs and acquired the procedural competence required for each year of training as specified in the Matrix and, where relevant, the critical progression points. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training [see section 6.6].
Table 4 – Outline grid of progress expected for all CiPs

**Level descriptors for CiPs**
- Level 1 - Entrusted to observe
- Level 2 - Entrusted to act under direct supervision
- Level 3 - Entrusted to act under indirect supervision
- Level 4 - Entrusted to act independently with support
- Level 5 - Entrusted to act independently

<table>
<thead>
<tr>
<th>Capabilities in Practice (CiP)</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST1</td>
<td>ST2</td>
<td>ST3</td>
</tr>
<tr>
<td>1 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>
<td>L1</td>
<td>L2</td>
<td>L3</td>
</tr>
<tr>
<td>2 The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
</tr>
<tr>
<td>3 The doctor is able to work successfully within health services at organisational and systems levels.</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
</tr>
<tr>
<td>4 The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
</tr>
<tr>
<td></td>
<td>The doctor is able to engage with research to promote innovation.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
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<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td>6</td>
<td>The doctor is able to apply all legal and ethical frameworks appropriate to clinical practice.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td>7</td>
<td>The doctor is able to manage and lead a multi-professional team delivering a Sexual &amp; Reproductive Health Service.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td>8</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 and contribute to the vision for the future direction of healthcare and plan and deliver a Sexual &amp; Reproductive Health Service within which the principles of Public Health are embedded.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td>9</td>
<td>The doctor is competent to assess and manage people presenting for reproductive healthcare throughout their life course.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td>10</td>
<td>The doctor is competent to diagnose and provide immediate management of genital tract and sexually transmitted infections in people of all sexes and genders and to use various prevention strategies.</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>L1</td>
<td>L2</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>12</td>
<td>The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professional in a wide variety of settings.</td>
<td>L1</td>
<td>L2</td>
</tr>
</tbody>
</table>
### Table 5 – Outline grid of progress expected for CSRH Practical procedures

**Note:** Level 4 and Level 5 are mandatory progression guidelines

<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><strong>Contraception</strong></td>
<td><strong>Insertion of intrauterine contraception (IUC)</strong></td>
<td>L1/L3</td>
<td>L3</td>
<td>L3</td>
<td>L4</td>
<td>L4</td>
<td>L5</td>
<td></td>
</tr>
<tr>
<td><strong>Contraception</strong></td>
<td><strong>Complex Removal of intrauterine contraception (IUC)</strong></td>
<td>L3</td>
<td>L3</td>
<td>L3</td>
<td>L3</td>
<td>L4</td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td><strong>Contraception</strong></td>
<td><strong>Routine Insertion of contraceptive Implant</strong></td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contraception</strong></td>
<td><strong>Routine Removal of contraceptive Implant</strong></td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contraception</strong></td>
<td><strong>Complex Removal of deep contraceptive implant</strong></td>
<td>L1/L2</td>
<td>L3</td>
<td>L3</td>
<td>L4</td>
<td></td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td>Pregnancy and abortion care (Uterine Evacuation)</td>
<td><strong>Surgical Management of Miscarriage and Abortion</strong></td>
<td>L1</td>
<td>L2</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td>Pregnancy and abortion care, Gynaecology</td>
<td><strong>ultrasound pregnancy</strong></td>
<td>L1</td>
<td>L2</td>
<td></td>
<td>L4</td>
<td></td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td>Pregnancy and abortion care, Gynaecology</td>
<td><strong>ultrasound gynaecology</strong></td>
<td>L1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>L5</td>
</tr>
<tr>
<td>Gynaecology (Ultrasound)</td>
<td>ultrasound contraception</td>
<td></td>
<td></td>
<td>L3</td>
<td>L5</td>
<td></td>
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</tr>
<tr>
<td>Gynaecology</td>
<td>Biopsy of Genital Skin</td>
<td></td>
<td></td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Endometrial biopsy</td>
<td>L2</td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Hysteroscopy</td>
<td></td>
<td></td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urogynaecology</td>
<td>Insertion and removal of vaginal pessary Ring (and or diaphragm)</td>
<td>L3</td>
<td>L3</td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urogynaecology</td>
<td>Insertion and removal of vaginal pessary SHELF (and or diaphragm)</td>
<td>L1</td>
<td>L2</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Bimanual examination</td>
<td>L3/L4</td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Speculum Examination</td>
<td>L3/L4</td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Cervical Screening (Cytology)</td>
<td>L3/L4</td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Proctoscopy</td>
<td></td>
<td></td>
<td>L4</td>
<td>L4</td>
<td>L5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Ablation of genital lesions/warts</td>
<td></td>
<td>L4</td>
<td></td>
<td>L5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Examination Skills</td>
<td>Microscopy</td>
<td>L2</td>
<td>L3</td>
<td>L4</td>
<td>L5</td>
<td></td>
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</tr>
</tbody>
</table>
6.6 evidence of progress

Summative Assessment
- MFSRH Part 1: Single Best Answer (SBA);
- Evidence Based Commentary (EBC),
- MFSRH Part 2: Extended Matching Questions (EMQ), Critical Reading Questions (CRQ), Objective Structured Clinical Examination (OSCE)
- Objective Structured Assessment of Technical Skills (OSATS)

Formative Assessment
- Case-Based Discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS - formative
- Team Observation (TO1), TO2 and Self-observation (SO)

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.

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

Multi-source Feedback - /Patient Feedback

Patient feedback is based on the principles of good medical practice, as defined by the General Medical Council (GMC), and is a requirement for revalidation [add link]. We are currently piloting patient feedback forms for CSRH training.

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.
6.7 Annual Review of Competency Progression (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors, or formative assessments demonstrating progress over time.

Decisions on progression fundamentally rely on the professional judgement of the Educational Supervisor based on the global judgement produced for each CiP. Table 4 sets out the level of expected performance for each of the CiPs. Table 5 of practical procedures sets out the minimum level of performance expected at the end of each stage of training. The FSRH has produced the Matrix of Progression, revised annually and shown in Table 6. It is essentially an ARCP decision aid which sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression point.

Periodic (at least annual) reviews should be used to collate and systematically examine evidence about a doctor’s performance and progress in a holistic way and make decisions about their progression in training. The ARCP process supports the collation and integration of evidence to make decisions about the achievement of expected outcomes. The ARCP process is described in the Gold Guide. LETBs/deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee’s ePortfolio. As a precursor to ARCPs, the FSRH strongly recommends that trainees have an informal ePortfolio review either with their Educational Supervisor or arranged by the local school of O&G. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.
6.8 Assessments mapped to CiPs

Table 6 – Matrix of Progression
## CSRH 2020 (Community Sexual and Reproductive Health) Matrix of Progression

<table>
<thead>
<tr>
<th></th>
<th>Phase 1</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 2</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 3</th>
<th>CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST1</td>
<td>ST2</td>
<td>ST3</td>
<td>ST4</td>
<td>ST5</td>
<td>ST6</td>
</tr>
</tbody>
</table>

### Formative workplace-based assessments

These are encouraged as a method to provide evidence for CiPs. The aim is for quality over quantity. Useful WBAs will challenge, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for developmental feedback.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Phase 1</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 2</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 3</th>
<th>CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GdD</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>DOC</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Mini-CEX</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reflections/ Reflective Practice</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Formative OSATS [not mandatory but encouraged, recommended minimum]</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Summative workplace-based assessments

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Phase 1</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 2</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 3</th>
<th>CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summative OSATS</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>TO2</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>360 plus feedback [with external colleague]</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</table>

### Other evidence required for ARCP (to be specified in syllabus/assessment guidance for each CIP)

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Phase 1</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 2</th>
<th>CRITICAL PROGRESSION</th>
<th>Phase 3</th>
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<tr>
<td>MFSRH Examinations</td>
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<td>MFSRH Part 1</td>
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<td>EBC</td>
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<td>Optional</td>
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<tr>
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<td>Essential</td>
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<td>Educational Supervisor's Report</td>
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<td>Supervisor's Report</td>
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<tr>
<td>Trainee Feedback</td>
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<tr>
<td>GMC National Training Survey</td>
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<td>Training Evaluation Form (TEF)</td>
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<td>✓</td>
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<td>✓</td>
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<tr>
<td>Blueprint mapped to CiPs</td>
<td>CiD</td>
<td>CiD (non-clinical)</td>
<td>TOT (Teaching Observation Tool)</td>
<td>DOC</td>
<td>Mini-CEX</td>
<td>Formative OSATS</td>
</tr>
<tr>
<td>--------------------------</td>
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<tr>
<td>Developing the CSH Consultant – Generic CiPs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Patient-centred care (dox and patient)</td>
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<tr>
<td>2. Patient-centred care (clinical team)</td>
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<td>3. Patient-centred care (conceptual level)</td>
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<td>4. Data</td>
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<td>5. Research</td>
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<td>Developing the CSH Consultant – Specialty Specific CiPs</td>
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<td>8. Partnership and Public Health</td>
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<td>9. Life course</td>
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<td>10. STI</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Developing the doctor and the CSH Consultant – Shared Specialty Specific and Generic CiPs</td>
<td></td>
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<tr>
<td>11. Facilitate teaching of learners</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Manage educational programmes</td>
<td>X</td>
<td></td>
<td></td>
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</tbody>
</table>
6.9 Appraisals

Appraisals are a continuous process, which underpins all key phases of training. In line with the Gold Guide standards, as a minimum, the educational section of appraisal should take place at the beginning, middle and end of each phase of training, and should be documented in the learner portfolio. However, educational review can occur more frequently, and this should be the case where a previous assessment outcome has identified inadequate progress or where there are specific educational objectives that require enhanced supervision.

**Induction appraisal**

The trainee and Educational Supervisor should have an appraisal meeting at the beginning of each training year to review the trainee’s progress, agree learning objectives for the training year ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. The induction appraisal also provides the basis for establishing and signing the educational agreement between the trainee and supervisor, which should be recorded in the e-portfolio.

**Mid-point Review**

A mid-point review meeting between trainee and educational supervisor is also encouraged. This meeting will help to address any concerns highlighted from the ARCP, and also to review any development areas. During this meeting, trainees can review their PDP with their supervisor, linking back to evidence in their portfolio.

7. Quality Management

The organisation and quality management of the CSRH Specialty Training Programme is the responsibility of Postgraduate Deans, who are accountable to HEE, the Welsh Ministers, NES (which is accountable to the Scottish Government), and in Northern Ireland to the board of NIMDTA (which is accountable to DoH).

There may be more than one training centre within a particular LETB area, managed by the Training Programme Director for that area, who will be accountable to the Deanery Head of School (or equivalent). Within each training centre there is a clinical supervisor/educational supervisor who supports the delivery of the training and curriculum within that training centre.

The FSRH also has responsibility for coordination, monitoring and quality management of the curriculum at a national and regional level, which is delivered and centrally coordinated via the Specialty Advisory Committee (SAC).
8. Equality and Diversity
The Faculty of Sexual and Reproductive Healthcare (FSRH) will adhere to the legislative requirements and principles of the Equality Act 2010.

9. Glossary

**Glossary – CSRH 2020 Curriculum**

| **Assessment** | Assessment is defined as all activity aimed at judging a learner’s attainment of curriculum outcomes, whether for summative purposes (determining progress or completion) or formative purposes (giving feedback). An examination is an example of an individual assessment test. |
| **Assessor**   | An assessor provides an assessment and is responsible for interpreting the learner’s performance in that assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the area that is being assessed. It includes examiners as a specific type of assessor. |
| **Examiner**   | An examiner is a category of assessor working within the context of a formal, summative exam. |
| **Learning outcomes** | Learning outcomes are statements that set out those essential aspects of learning that must be achieved. |
An outcome can be defined as a level of performance or behaviour that a trainee is expected to achieve as part of their development according to their stage of training within their specialty curriculum. This can include an area of professional practice that may be trusted to a learner to execute unsupervised, once he or she has demonstrated the required competence.

| Capabilities in Practice (CiPs) | CiPs are high level statements setting out what a doctor should be able to do at the end of training. CiPs are aligned with the Generic Professional Capabilities (GPCs), and they describe the professional tasks or work within the scope of the CSRH Curriculum. CiPs are based on the format of Entrustable Professional activities (EPAs) a method of using the professional judgement of appropriately trained, expert assessors as a key aspect of the validity of assessment and a defensible way of forming global judgements of professional performance. CiPs are further divided into Generic (developing the doctor professional) and Specialty (developing the CSRH Consultant) CiPs. |
Each CiP has a set of Key Skills and Descriptors associated with that activity or task.

| Generic Capabilities in Practice | Generic CiPs cover the universal requirements of all specialties as described in the GPC framework. Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off will indicate that there are no concerns before the trainee can progress to the next part of the assessment of clinical capabilities. |
| Specialty Specific Capabilities in Practice (Clinical) | Specialty Specific CiPs describe the clinical tasks or activities which are essential to the practice of Community Sexual and Reproductive Health (CSRH). The clinical CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the doctor in training’s performance meets or exceeds the minimum expected level of performance expected for completion of this stage of CSRH training, as defined in the curriculum. The outline grid of levels in the CSRH curriculum will indicate the level expected for each CiP in each year of training. |
| Specialty Specific Capabilities in Practice (Non-clinical) | The non-clinical specialty CiPs describe the key skills which are essential for a CCT holder in CSRH. Satisfactory sign off will require Educational Supervisors to make a global assessment indicating whether the trainee has |
made satisfactory progress for the defined stage of training. If this is satisfactory for the stage of training, the trainee can progress. More detail on assessment will be provided in the programme of assessment section of the curriculum.

| Practical Procedures | Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician in order to accomplish a specific and well characterised technical task, or medical procedure.  
A procedure is a manual intervention that aims to produce a specific outcome during the course of patient care; it may be investigational, diagnostic, and/or therapeutic. |

| Key Skills | Each CiP is supported by the key skills expected to be demonstrated by a CCT holder. Each key skill has a set of descriptors associated with that activity or task.  
Additionally, the key skills repeatedly refer to the need to demonstrate professional behaviour with regard to individuals and their families, colleagues and others.  
Key Skills are mandatory to achieve the Capabilities in Practice (CiPs) and must be evidenced clearly in e-portfolio |

<p>| Knowledge | Knowledge expected to be demonstrated by a CCT holder. |</p>
<table>
<thead>
<tr>
<th>Attitude</th>
<th>Attitude expected to be demonstrated by a CCT holder.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptors</strong></td>
<td>Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated by cSRH Doctors. Descriptors may be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for their year of training. They also provide guidance for trainees and trainers for an entrustment decision/global assessment to be made. The descriptors are not a comprehensive list and there may be more examples that would provide equally valid evidence of performance.</td>
</tr>
<tr>
<td><strong>Assessment Strategy</strong></td>
<td>The overarching approach to assessments (including examinations) and how assessment fits within the wider curriculum.</td>
</tr>
<tr>
<td><strong>Generic Professional Capabilities Framework</strong></td>
<td>The GMC has developed the <a href="#">Generic professional capabilities framework</a> with the Academy of Medical Royal Colleges (AoMRC) to describe the fundamental, career-long, generic capabilities required of every doctor. This describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language.</td>
</tr>
<tr>
<td><strong>Entrustable Professional activities (EPAs)</strong></td>
<td>Entrustable Professional activities (EPAs) are an area of professional practice to be entrusted to a trainee once sufficient competence has been reached.</td>
</tr>
<tr>
<td><strong>Excellence by Design</strong></td>
<td>The GMC’s <em>Excellence by Design</em> define the standards for the development and design of postgraduate medical curricula. They require curricula to describe generic, shared and specialty-specific outcomes, to support doctors in understanding what is expected of them.</td>
</tr>
<tr>
<td><strong>Curriculum Oversight Group (COG)</strong></td>
<td>The GMC has set up the Curriculum Oversight Group (COG), who have responsibility for endorsing the first stage of curriculum development, which is the approval of the curriculum Purpose Statement and High Level Outcomes. The COG is made up of members of the UK Medical Education Reference Group. This has representation from organisations responsible for UK medical workforce planning and education, such as Health Education England, NHS Scotland, Wales Deanery, the Northern Ireland Medical and Dental Training Agency and the Departments of Health. The group will inform the GMC if the curriculum purpose statement and high level outcomes have the full support of the four countries of the UK and align with strategic workforce needs, including consideration and incorporation of relevant principles from the Shape of Training review.</td>
</tr>
<tr>
<td><strong>Curriculum Advisory Group (CAG)</strong></td>
<td>The Curriculum Advisory Group (CAG) is run by the GMC. This is made up of medical educationalists, including consultant, lay and trainee representatives, and psychometricians. This group is involved in approving the endorsing the second and final stage of curriculum submission.</td>
</tr>
<tr>
<td>Critical Progression Point</td>
<td>A point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice or experiences significant changes in the level of supervision or trust. Satisfactory completion of training is a critical progression point.</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Competence                | **Competence** is the demonstration of trainee’s ability to perform expected professional tasks in accordance with agreed standards.  
A competency is a set of behaviours or attributes that trainees must show to the standard required to function safely and effectively. |
| Capability                | **Capability** is about having the potential to become competent and, beyond this, to continue to develop towards higher levels of expertise, creativity and wisdom. To be a capable SRH Consultant, trainees must recognise what level of competence is needed in any given situation and apply this successfully. This requires the trainee to have an awareness of the limits of their competence, the ability to extend these limits when required, and the flexibility to adapt to unfamiliar professional environments. |
| Phase | The learner journey for a CSRH trainee is divided into specific “phases” which represent the level of training achieved by the trainee.  

These phases correspond to the year of training. For example:  
- Phase 1 corresponds to ST 1-3  
- Phase 2 corresponds to ST 4-5  
- Phase 3 corresponds to ST 6 |
| Syllabus: Knowledge Guide | These provide further requirements and guidance on how to demonstrate satisfactory achievement of the Capabilities in Practice. They are flexible, allowing trainees to apply the curriculum to the context in which they are working. The emphasis is on quality rather than quantity of evidence.  

The syllabus explores curriculum and assessment requirements in more detail |
| Programme of Assessment | This specifies the range of assessment instruments to be used by trainees to develop and demonstrate their knowledge and skills throughout their time in training. |