Guidelines for Primary Trainers for the FSRH Diploma (DFSRH or NDFSRH)

**Introduction:** These guidelines provide supporting notes to primary trainers for doctors and nurses who wish to achieve the diploma of the FSRH.

**Training standards:**
The training provided should meet the standards contained in the FSRH CEU guidance, FSRH service standards and BASHH clinical guidelines.

**Primary trainer:** This is the Faculty Registered Trainer responsible for overseeing the clinical training of a trainee within the context of a General Training Programme. The primary trainer for DFSRH or NDFSRH will carry out the initial formative and final summative assessments for the clinical experience and assessment for the DFSRH or NDFSRH, and a minimum of 1 ACP for this trainee.

**Terminology & abbreviations:** see [General Training Terminology](#)

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1. **Requirements before starting the clinical experience and assessments for DFSRH or NDFSRH**

Before commencing clinical assessments trainees must have:

1. Passed the eKA: the maximum time period between a pass in the eKA and completion of the DFSRH or NDFSRH is 3 years.

2. Completed the pre course requirements. (GMC/NMC registration, Consultation skills, gynaecological examination and resuscitation and anaphylaxis training)

3. Successfully completed at least 7 of the 9 the Course of 5 (C5) assessments.

2. **Initial Formative Assessment**

You should meet the trainee at the start of the clinical experience and assessments to:

- Check that the entry requirements have been met
- Identify any outstanding Course of 5 assessments
- Identify the trainee’s learning needs. You may wish to ask the trainee to complete a personal development plan (under the reflection tab on the e-portfolio) in preparation for this.
- Agree a programme to meet those needs.
- Agree on appropriate assessors, although further assessors may be agreed at any stage of the training.
- Advise the trainee to start collecting consultation feedback forms

3. **Recognition of assessors**

See definition of assessor

An assessor is someone who is actively working in the field in which they are making assessments, and should be familiar with FSRH and other relevant national guidelines related to this. They should be aware of the level of expertise required for a trainee to be deemed competent for the DFSRH or NDFSRH.

As primary trainer, you are responsible for ensuring that any non-FRT who makes assessments has the necessary training and experience to do so. Primary trainers will be accountable to the FSRH for their decision to delegate any assessments to non-FRTs.

All assessors, whether FRTs or not, will be required to sign the statement on the assessment forms in the trainee’s e-portfolio to say that they have read the ‘Guidelines for assessors of the clinical experience and assessment stage of the DFSRH or NDFSRH’, available on the FSRH website.

4. **Access to the trainee’s e-portfolio**

You will need to ask the trainee to invite you to be able to access their e-portfolio (they can do this via the profile tab on their e-portfolio).

You would normally arrange to view the relevant sections of the trainee’s e-portfolio prior to or at the primary assessment. Where this is not possible you may request that the trainee brings printed copies of the following documents:

- eKA pass
- completion of entry requirements to C 5 (consultation skills etc)
- completion of at least 7 of the C 5 assessments.
All assessments will be recorded in the trainee’s e-portfolio. If it is not possible to record this at the time of the assessment, you should record your report on a paper print out of the assessment form, and complete the electronic form at your earliest opportunity but not later than 2 weeks after the assessment.

A trainee can invite any assessor who is an FRT to access their e-portfolio (NB for the purposes of the e-portfolio they may be shown to have more than 1 primary trainer since unfortunately the e-portfolio calls all assessors primary trainers).

An assessor who is not an FRT will not be able to gain access to the trainee’s e-portfolio; the trainee should arrange to send them an email with a link to the relevant assessment within 48 hours of the assessment so that the form can be completed at the earliest opportunity but not later than 2 weeks after the assessment. This is referred to as a ‘ticket’ on the e-portfolio.

5. **Clinical Experience**

It is the trainee’s responsibility to undertake the planned clinical experience. Learning may be achieved through a variety of methods, including:

- Observation of consultations in different clinic settings with a mix of health professionals.
- Tutorials to discuss clinical topics, journal articles, case reviews.
- Reflective learning: there is a section in the e-portfolio for recording specific cases or instances that have stimulated reflection. These may remain private to the trainee, or may be shared for discussion with trainers. This may form the basis of an RDCP.
- Review of the literature, relevant guidelines, referral back to sessions in the e-SRH.
- A log of consultations may be recorded in the e-portfolio to inform reflection and discussion.
- ACPs and RDCPs where the trainee cannot be signed off for all the components, should be recorded as formative assessments to highlight areas where further learning is required.

6. **Patient consent**

Patients should be made aware when training is taking place, and be given the option of opting out of this with no detriment to their treatment. When there is an assessor present during a consultation they should be introduced and the purpose of their presence explained.

7. **Assessment of Clinical Practice (ACP) and Reflection and Discussion of Clinical Practice (RDCP) tools**

Trainees should be aware that any consultation during their clinical experience could be used for assessment. A trainer needs to tell the trainee at the start of a session: “any consultation could be assessed, using an assessment of clinical practice (ACP) form”. This makes assessment explicit.

These tools may be used for formative assessment to record progress and highlight areas for learning, or summatively, to demonstrate achievement of competence.

The forms are generic, and can be used for assessment in any topic area. The trainee must reach the standard of independent practice in each section except where marked “not relevant”.

The ACP tool is for direct observation of the trainee in a consultation with a service user. A satisfactory ACP demonstrates independent practice in a consultation. To show independent competence in history taking, the trainee must show that s/he can take an appropriate history without the use of templates or checklists as a prompt.

A maximum of two ACPs may be based on live-feed video-links.
For clear guidance on ethical issues around recordings of consultations, see [www.gmc-uk.org](http://www.gmc-uk.org), Guidance on Good Practice section. Under the List on Ethical Guidance is an excellent section ‘making and using visual and audio recordings of patients’ - [http://www.qmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp](http://www.qmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp).

The **RDCP** tool is for assessment by an FRT (or a clinician who has attended the PGA Med Ed (SRH) course and is preparing their teaching portfolio), based on discussion of a specific consultation chosen by the trainee and undertaken without the assessor being present. The original clinical records may or may not be available to the assessor. This is a discussion of a real consultation that the trainee has undertaken, and is not a role play or hypothetical scenario. The RDCP assessment involves careful discussion to convince the assessor that a satisfactory consultation took place. It is worth noting that the consultation may have taken place in a centre where templates are routinely used for history taking. In the context of a satisfactory RDCP assessment, the assessor will want to judge whether the trainee is also capable of taking an independent history as required by the Diploma.

- At least 2 ACPs must be signed by a FRT of which at least one must be by the primary trainer.
- All other ACPs can be completed by an appropriately qualified health professional who the primary trainer considers to have the training and experience to undertake formative and summative assessments in the topic area(s) being assessed.

At least one assessment is needed for each of the 7 topic areas below.

At least 4 of these should be ACPs. These must be in the following topic areas:

- One ACP in topic 1
- One ACP for topic 3
- One ACP for topic 6 or 7
- One ACP in one of the other topic areas

The remaining assessments may be ACP or RDCP.

**Seven topic areas:**
1. An effective contraception choices consultation
2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring
3. Assessing and advising a woman wishing to use an intrauterine method or subdermal implant, prior to insertion
4. Responding to a request for emergency contraception
5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method
6. Taking an appropriate sexual history and risk assessment for STI and pregnancy and performing the appropriate tests for an asymptomatic woman or man requesting sexual health screening
7. Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain.

The [checklists](#) - available on the e-portfolio and on the FSRH website - for each of the 7 topic areas are expected standards to assist the assessor and to provide a framework for feedback to the trainee for future practice. They do not need to be signed, but an assessor should know the content of the checklist for each topic which they assess.
An acceptable assessment is one where the trainee is assessed as competent at the level of independent practice in each section (with the exception of those marked * if not relevant).

‘With prompting’ implies that the trainee was able to demonstrate this with some prompting from the trainer. This indicates an intermediate competency level, between novice and competent. The assessment should be included in the e-portfolio as a record of progress, and will be repeated with further consultations until competency has been achieved in all sections in a single consultation (with the exception of those marked * if not relevant). Reliance on templates or checklists to take an appropriate history implies a need for prompting. This is not acceptable in an ACP to demonstrate a suitable standard of independent practice. On the other hand, RDCP consultations often occur in the trainee’s current workplace where history taking templates may be routinely used. This is acceptable for an RDCP but the assessor will look for evidence that the trainee also knows how to take a satisfactory history independently.

Nurses who are taking the NDFSRH who are not competent to perform bimanual pelvic examination:
In order to complete an assessment a clinician should manage the patient within the limits of their professional ability. If a nurse is able to recognise that a bimanual pelvic examination is indicated, but is not competent to perform this and makes an appropriate, timely referral, this should not preclude the nurse from successfully completing the assessment if all other aspects are passed. This would be similar to the position of a clinician who might deem an ultrasound scan or other further examination necessary but refers the patient on to another professional for this.

Doctors would be expected to perform a bimanual examination as part of the management of the patient if this was indicated.

8. Feedback

This is an essential part of the assessment process. If there is insufficient time immediately after the consultation, then this needs to be arranged within a suitable period, normally within 24 hours of the consultation for an ACP. Feedback should be constructive and specific. There is space on the assessment forms to highlight areas of good performance, and trainees should be encouraged to strive for excellence. There is also a section to look at opportunities for improvement. Assessors may suggest further learning objectives (such as revisiting relevant modules of the e-SRH, attendance at certain clinics etc), and encourage the use of reflective practice, for which there is provision within the e-portfolio.

9. Serious concerns about a trainee’s fitness to practice

Where there are concerns about a trainee’s progress they should be addressed during the training rather than wait until the final assessment. The use of ACPs and RDCPs as formative as well as summative assessments allows assessors to record concerns and also suggestions for improvement. Where basic consultation skills are an issue it may be appropriate to refer the trainee back to their educational supervisor or whoever signed their pre entry requirement form.

You must protect patients from risk of harm posed by a trainee’s conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a trainee may not be fit to practise, you must take appropriate steps without delay. You must discuss this immediately with the appropriate person from your employing authority. If an assessor brings such issues to your attention, you must ensure that the appropriate steps have been taken to notify the employing authority. This may include liaison with the trainee’s educational supervisor.
10. Consultation feedback forms

The trainee will be expected to provide a minimum of 6 consultation feedback forms from SRH consultations that they have conducted. A suggested consultation feedback form is available on the e-portfolio under the clinical assessment forms tab, but if you have a locally agreed form that is acceptable to you as primary trainer, and which gives similar feedback, then this may be used. You will agree the arrangements for collecting these at the initial assessment. It is recommended that at least some of the consultations used for ACP and RDCP assessments should include feedback from the patient. It is important that patients are given the opportunity to give feedback confidentially and forms should be returned to the clinic receptionist or other neutral person, rather than directly to the trainee. These may be reviewed at any stage during the clinical experience, and may be part of an RDCP or ACP.

The consultation feedback form on the e-portfolio is awaiting update, and refers to doctors only. A more appropriate alternative is available and can be printed off from the FSRH website - Consultation Feedback Form.

11. Outstanding Course of 5 assessments

A trainee who failed to be assessed as competent in 1 or 2 assessments in the C5 will need to pass further assessments in the subject areas that they have not passed. This must be completed by an FRT and is in addition to the other assessments. A pro-forma for the nine C5 re-assessment topics is available in the e-portfolio (under clinical experience forms). This will be in addition to the 7 ACP/RDCP assessments and may incur an extra fee, at your discretion.

12. Final Summative Assessment and evaluation

You will undertake the final summative assessment with the trainee. This is a final opportunity to offer feedback to the trainee. Trainees should be encouraged to strive for excellence, and where this has been achieved it should be recorded.

This assessment will include a final review of consultation feedback forms and discussion of any outstanding issues raised during previous assessments. Where there is concern about the trainee’s suitability to hold the DFSRH or NDFSRH as a result of the consultation feedback forms or any feedback from assessors, you will be expected to make appropriate investigations and review learning needs before recommending that the DFSRH or NDFSRH is awarded. It may be helpful to talk with others who have been involved in the training. The primary trainer will ensure all requirements for the DFSRH or NDFSRH have been completed and entered on to the trainee’s e-portfolio.

The primary trainer will complete the final assessment form, and the trainee can then apply for their DFSRH or NDFSRH to the FSRH with the appropriate fee. Trainees are also required to complete an online evaluation form about their Clinical Experience and Assessment – Clinical Evaluation Form. Please remind them to complete this evaluation which will go straight to the Faculty of Sexual and Reproductive Healthcare. Trainees will not be awarded their Diploma of FSRH until this evaluation form has been completed.

This feedback will not be routinely shared with local centres but any serious concerns presented in the feedback may be discussed with you by a member of the General Training Committee.

For local evaluation of Clinical Experience and Assessment, you may wish to use or adapt the example provided.
13. **Change of primary trainer**

Rarely a change of primary trainer has to be arranged (e.g. due to illness or change in location). When this happens the General Training Programme Director should allocate a new primary trainer. The trainee will need to give the new primary trainer access to their e-portfolio. The change of primary trainer should be recorded by the new primary trainer making a further brief primary assessment.

14. **Probity**

All clinicians, teachers and assessors are expected to work within their professional standards and guidelines. You are referred to