

Guidelines for Trainees Commencing the Clinical Experience and Assessment Stage of the FSRH Diploma (DFSRH)

Introduction:

These guidelines provide information on what to expect when attending the clinical experience and assessment stage of the FSRH Diploma (DFSRH).

Training standards:

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

Terminology & abbreviations: General Training Terminology

Contents

1. Before you attend the clinical experience and assessments	2
2. Finding a Primary Trainer	2
3. Initial Formative Assessment.....	2
4. Access to e-portfolio	2
5. Consultation feedback forms	3
6. Consent.....	3
7. Clinical Experience	3
8. Assessment of Clinical Practice (ACP) and Reflection and Discussion of Clinical Practice (RDCP) tools	4
9. Recognition of assessors.....	6
10. Final summative assessment and evaluation.....	6
11. Probity	7
12. Change of primary trainer	7
13. Intellectual Property Rights.....	7

1. Before you attend the clinical experience and assessments

You must have completed the following before commencing clinical assessments:

1. Passed the eKA: the maximum time period between a pass in the eKA and completion of the DFSRH is 3 years. (For those who have completed the Course of 5 prior to 1 April 2015 there is no requirement to have completed the eKA. In this case, you will be required to demonstrate completion of the e-SRH.)
2. Completed the entry 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.

The entry requirements and C5 assessment forms must have been completed in your FSRH Diploma e-portfolio.

2. Finding a Primary Trainer

You would generally approach your local General Training Programme Director (GTPD); a list of these is available on the FSRH website. The GTPD will put you in touch with a Faculty Registered Trainer who will be your primary trainer.

There may be some administrative arrangements that need to be made prior to attending clinics. These vary and may include CRB checks, creation of honorary contracts, checking hepatitis status etc. Doctors must have both registration and a licence to practise with the UK GMC and nurses to be on the UK NMC register (excluding RN Level 2).

3. Initial Formative Assessment

You will meet with your primary trainer (or in some circumstances have a phone discussion) at the start of the clinical experience and assessments to identify your learning needs and plan a programme to meet those needs.

You can agree on assessors who would be acceptable to your primary trainer, and arrange for their details and signatures to be entered in the e-portfolio. Assessors may be approved by the primary trainer at any stage in training.

A maximum of 2 outstanding assessments from the C5 may be reassessed during the clinical experience by arrangement with the primary trainer. You will need to advise your primary trainer accordingly and invite him/her into your FSRH e-portfolio so that the relevant C5 re-assessment forms can be completed. (Please note these re-assessment forms are different to the form completed by the C5 convenor)

4. Access to e-portfolio

The primary trainer would normally arrange to view your e-portfolio prior to or at the initial assessment. Where this is not possible due to lack of internet connection, the primary trainer may request that you bring printed copies of the documents showing:

- An eKA 'pass' or evidence of completion of e-SRH if attended course of 5 prior to 1 April 2014
- Completion of entry requirements to C5
- Completion of at least 7 of the C5 assessments.

The clinical assessment forms (ACPs and RDCPs – See Section 8, below) should be completed within 2 weeks of the assessment taking place. You will need to invite your primary trainer into your e-portfolio for direct assess, or the form may be 'ticketed' to the assessor (see the e-portfolio User Guide for further details).

5. Consultation feedback forms

You will be asked to provide a minimum of 6 consultation feedback forms from SRH consultations that you have led. A consultation feedback form can be printed by clicking [here](#). The arrangements for collecting these will be agreed with the primary trainer at the initial assessment. It is recommended that at least some of the consultations used for ACPs and RDCPs should include feedback from the women and men that you see. It is important that they 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 you. 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.

6. Consent

People 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. Clinical Experience

It is your responsibility to undertake the planned clinical experience. You may take advantage of any other learning opportunities you may have to complement your training programme, for example:

- 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 consultations or instances that have stimulated reflection. These may remain private to you or may be shared for discussion with trainers.
- Review of the literature, relevant guidelines, referral back to sessions in the e-SRH.
- Space to record a log of consultations is available on the e-portfolio to inform reflection and discussion.

- The e-portfolio includes a record of practical procedures you have performed. Some of these may be carried forward for LoC IUT and SDI and these should be signed where appropriate.

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

You should be aware that any consultation during your clinical experience could be used for assessment. 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. You must reach the standard of independent practice in each section except where marked “not relevant”.

The **ACP** tool is for directly observing you in a consultation with a service user. In an ACP you must demonstrate independent satisfactory practice across the whole consultation. You must show that you can take an appropriate history without reliance on templates or checklists as prompts.

A **maximum** of two ACPs may be based on live-feed video-links.

For guidance on ethical issues around recordings of consultations, see www.gmc-uk.org, Guidance on Good Practice section. Under the List on Ethical Guidance is a section ‘making and using visual and audio recordings of patients’ – http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp.

The **RDCP** tool is for assessment based on discussion of a consultation chosen by you which the assessor has not directly observed. The original clinical records may or may not be available to the assessor, who should be an FRT (or a nurse holding the PGA Med Ed (SRH) or a clinician who has attended the PGA Med Ed (SRH) course and is preparing their teaching portfolio). This is a discussion of a real consultation that the trainee has undertaken, and is not a role play or hypothetical scenario.

The RDCP may be based on a consultation in your usual place of work. The assessor will discuss the case with you to ensure the consultation was satisfactory. You may have routinely used computerised templates for history taking in the RDCP case but your assessor will need to be sure you are also capable of taking an independent history as required by the FSRH Diploma.

Range of forms for completion

- At least 2 ACPs must be signed by an 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 with 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 from and assessment of a woman with bleeding problems whilst using an 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 for future practice.

An acceptable assessment is one where you are 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 you were 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 summative assessment to demonstrate independent practice. In an RDCP assessment, if the history relied on templates, the assessor will judge whether you are also able to take a satisfactory history independently.

If you have 1 or 2 outstanding assessments from the C5 you will need to have at least one assessment in each of these subject areas. This must be completed by an FRT and is in addition to the other assessments.

Nurses who are taking the DFRH 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.

9. Recognition of assessors (See definition of assessor).

There may be someone who supervises you in another capacity, for example in general practice or in GUM, who you feel would be in a good position to complete some of your assessments. Any assessor should be agreed with your primary trainer before an assessment is made.

All assessors, whether FRTs or not, will be required to sign the statement on the trainers and assessors form to say that they have read the 'Guidelines for assessors of the clinical experience and assessment stage of the DFRH.

10. Final summative assessment and evaluation

A final assessment will take place with the primary trainer.

This will include a final review of consultation feedback forms and discussion of any outstanding issues not covered during previous assessments. Where there is concern about your suitability to hold the FSRH Diploma as a result of the consultation feedback forms, the primary trainer would be expected to make appropriate investigations and review your learning needs before recommending you for the DFRSH.

The primary trainer will ensure all requirements for the FSRH Diploma have been completed and entered on to your e-portfolio. Where internet access is not available, you should bring a print out of the summary of current progress form.

You will be required to provide feedback on the clinical experience and assessments to the Faculty of Sexual and Reproductive Healthcare.

The Faculty's General Training Committee takes your evaluations seriously and is committed to following up appropriately on any of your suggestions or comments. For this reason, your FSRH Diploma will not be awarded until you have completed the Clinical Experience and Assessment Evaluation form.

Your local trainer or training programme may also request a separate written feedback form relating to more local training issues.

The primary trainer will complete the final assessment form, and you can then apply for the FSRH Diploma with the appropriate fee.

11. Probity

Trainees are reminded that failure to be honest or making false declarations are considered breaches of probity and could result in referral to the GMC or NMC.

12. 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. You will need to give the new primary trainer access to your e-portfolio. The new primary trainer should then complete another initial assessment form to demonstrate that she/he has taken over the role.

13. Intellectual Property Rights

All intellectual property rights for any FSRH qualification including documents, materials and content belonging to and produced by the FSRH should not be used for purposes other than FSRH training. Should you wish to use any of the IPR for purposes other than FSRH training you must seek the FSRH's approval in writing with your request via our [copyright request form](#). We aim to respond to submissions of this nature within one working week.