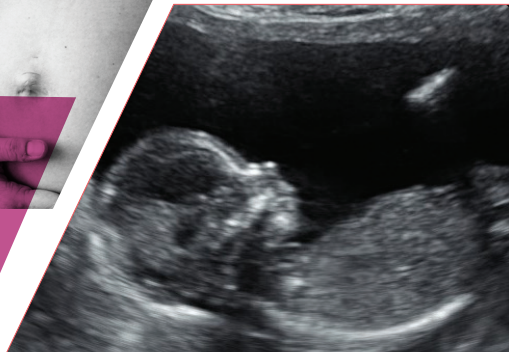


**NHS Post Graduate
Deanery** for Kent,
Surrey and Sussex



HeKSS O&G ST1 HANDBOOK

Welcome Message

A large, solid orange graphic that starts as a horizontal bar on the left and then angles downwards to the right, forming a large 'L' or 'Z' shape that occupies the middle and right portions of the slide.

As trainee representatives, we would like to welcome you to the jungle of O&G training! At least 7 years of blood, meconium and any other bodily fluid imaginable lie ahead of you.

We might be biased, but we can confidently say that our job is one of the most rewarding and satisfying. On a daily basis, you are given the privilege to witness and help with the start of a brand-new life. You are going to significantly improve the life of so many women and their families.

It's a long and occasionally bumpy road, but with the help and support of your colleagues and supervisors, it will be worthwhile!

As trainee reps, we work hand in hand with the deanery to make sure you get the training you deserve. We really hope you will constantly communicate with us and let us know about any of your issues and concerns.

Good luck to you all!,
*Tara, Ash, Michelle, Ibi, Iranthi, Gina, Anna,
Samirah & Charlotte*



Miss Melanie Tipples, **Head of School**

Welcome to the Kent, Surrey and Sussex (KSS) speciality school of Obstetrics and Gynaecology. Congratulations on securing your National Training number to train in this school which established itself as independent in 2011 having previously provided training in collaboration with South London.

The school provides high quality comprehensive training in Obstetrics & Gynaecology within Kent, Surrey and Sussex as well as having access to training posts in south London. All aspects of the curriculum are covered by our trusts and there is plenty of opportunity to complete advanced training modules and access sub-speciality posts.

The School is dedicated to developing you to be our future Obstetric & Gynaecology consultant body and has integrated leadership and communication into your training from the outset. We believe in involving our trainees in the ongoing development of the school and our trainees committee is key in providing feedback and supporting change within the school.

The school provides a programme of regional training days to complement local teaching within each of the trusts. We have a dedicated Training Programme Director who works to develop this programme to ensure it covers all areas of the curriculum and new topics are regularly introduced. The trainee reps are available on these days for you to share your training experiences with and suggest future topics.

The School appreciates that lots of trainees wish to work less than full time and are supportive of tailoring a training programme to suit your needs and ensure you have a work life balance. The College Tutors and Training Programme Directors are responsive to requests to provide support if things are not going to plan and can signpost you to extensive resources to ensure you can continue to train even when life is at its most challenging. If, however you need to step out of programme for a period of time we can facilitate this as we fully understand that our trainees may need to take a break on occasion.

The officers of the School, Lead Providers and Speciality Leads, together with The College Tutors within the trusts are all dedicated to making sure you have a positive experience training within Kent, Surrey and Sussex.

We hope the next seven years training in KSS will be fulfilling exciting and ultimately rewarding as you achieve your ambitions.

Miss Melanie Tipples
Head of School



Miss Zoe Woodward, **TPD for ST1-2s**

As one of the Training Programme Directors (TPD), I want to welcome you to the training programme in Kent, Surrey and Sussex. We will aim to provide you with the skills and knowledge to successfully navigate through the programme. The hospitals within our Deanery are diverse and each has their own unique selling point.

Please do not hesitate to make contact with a member of the team if you have any queries about the programme or need to discuss your training at any stage.

We will also endeavour to support you through this often stressful transition from junior doctor to middle grade to consultant.

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KSS School of Obstetrics & Gynaecology: An Overview



1

General Medical Council (GMC)
Regulatory Role

2

Royal College of Obstetricians and Gynaecologists (RCOG)
Set Curriculum

3

Health Education England
Quality management

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KSS School of O&G
Training

5

Head Of School Training Programme Directors College Tutors
Educational Supervisors

HEE are responsible for recruitment and management.

Our administrator is Terry Field. You should always initiate contact with HEE via the support portal (explanation of how to use the portal in the Synapse section below). Another HEE Officer you will be in contact with is Ann Muchuchu. They endeavour to provide you with a response within 24 working hours.

HEKSS School of O&G

- Are responsible for training and the delivery of the Royal College of Obstetrics and Gynaecologists (RCOG) curriculum leading to successful attainment of Certificate of Completion of Training (CCT)
- Ensure a full range of training opportunities within the respective hospitals and through regional training days
- Strive for a high level of clinical and educational supervision
- Are responsible for trainee revalidation

Name	Role
Miss Melanie Tipples	Head of School(HoS)
Miss Zoe Woodward	TPD for ST1-2 E-portfolio Champion
Miss Padma Vankayalapati	TPD for ST3-5
Miss Catherine Wykes	TPD for ST6-7 Advanced Training Specialty Module (ATSM) Director
Miss Rebecca Malick	TPD for Regional Training Days & Return to training
Miss Ruth Mason	KSS Workforce behaviour champion

Trusts within KSS



Kent	
1	• Dartford and Gravesham NHS Trust
2	• Medway NHS Foundation Trust
3	• Maidstone and Tunbridge Wells NHS Trust
4	• East Kent Hospitals University NHS Foundation Trust

Surrey	
1	• Ashford and St Peter's Hospitals NHS Trust
2	• Frimley Health NHS Foundation Trust
3	• Royal Surrey County Hospital NHS Trust
4	• Surrey and Sussex Healthcare NHS Trust

Sussex	
1	• Brighton and Sussex University Hospitals NHS Trust
2	• East Sussex Healthcare NHS Trust
3	• Queen Victoria Hospital NHS Trust
4	• Western Sussex Hospitals NHS Foundation Trust

Kent

- Maidstone
- Tunbridge Wells
- Medway Maritime
- Darent Valley
- William Harvey
- Queen Elizabeth Queen Mother
- Kent and Canterbury

Surrey

- Ashford and St Peter's
- Frimley Park
- Royal Surrey County
- East Surrey

Sussex

- Princess Royal
- St Richard's
- Worthing
- Eastbourne
- Royal Sussex County
- Conquest

London *(you may get the opportunity to spend one year in the following)*

- St Thomas'
- St George's
- King's College
- Woolwich
- Kingston

College Tutors & Educational Supervisors

Your College Tutor (CT) is responsible for

- Assigning trainees to their Educational Supervisor (ES)
- Organizing local teaching
- Ensuring trainees are exposed to a number of clinical opportunities to ensure the RCOG curriculum competencies are met
- Identifying any trainees who require further support and escalating to the deanery as necessary

List of College Tutors

Ashford and St Peter's	V Minas	vminas@nhs.net
BSUH – Brighton	Sonali Kaushik	sonali.kaushik@bsuh.nhs.uk
Princess Royal	Vuivun Wong	vuivun.wong@bsuh.nhs.uk
East Sussex Healthcare	Nicky Roberts	nicole.roberts1@nhs.net
Darent Valley	Elias Kovoov	elias.kovoov@nhs.net
William Harvey Hospital	Jyothi Subramanya	jyothi.subramanya@nhs.net
Queen Elizabeth Queen Mother	Zoe Woodward	zwoodward@nhs.net
Frimley Park	Helen Walker	helen.waker210@nhs.net
Maidstone & Turnbridge Wells	<i>Dib Datta</i>	ddatta@nhs.net
Medway	Padma Vankayalapati	padmavankayalapati@nhs.net
Royal Surrey County Hospital	Annette Reid	annettereid@nhs.net
East Surrey	Hina Gandhi	hina.gandhi1@nhs.net
St. Richard's (Chichester) & Worthing	<i>Surajit Das</i>	surajit.das@wsht.nhs.uk

Your Educational Supervisor (ES) is responsible for

- Monitoring your personal and professional development as a trainee
- Giving you regular feedback during ES meetings which must be recorded on your E-portfolio
- Providing career advice as well as advice as how to best maximize learning opportunities within the trust
- Offer support when needed and escalate to CT as necessary

Mentorship

You will also be given the opportunity to assign yourself to a mentor who is usually a higher-level O&G trainee. Think of it as having an older sibling looking out for you and giving you practical tips along the way. They are also great people to raise any insecurities or worries you might have to. They most likely had the same issues not too long ago.

Here is some information and advice from trainees who have worked at the different KSS Trusts. You will be assigned to a particular trust which can include more than one hospital.

Princess Royal Hospital and Brighton County Hospital (Brighton and Sussex University Hospitals NHS)

Princess Royal Hospital (PRH), Haywards Heath, is the perfect place to see everyday general O&G. The complex stuff tends to go up the road to the friendly cousin, Brighton County Hospital. This leaves us with the perfect ST1 staples of elective c-sections, instrumental deliveries and general gynae surgery (along with whatever else comes in through the door).

Make the most of the slightly slower pace of life PRH has on offer.

There are plenty of basic caesarean sections and lots of opportunities to learn vacuum-assisted or forcep deliveries. You will have time to perfect the art of the perineal repair and also get good exposure to all your common labour triage presenta-

tions and obstetric emergencies.

All varieties of clinics are on offer, you are not expected to see patients alone until you are ready and do not have your own patient lists, so clinics as an SHO are very relaxed and good learning opportunities.

You do not always get to go to clinic as much as you might like but when you do go they are useful. Highlight the ones you are keen on attending and make sure you go as the opportunity to attend will be relatively limited.

PRH does not do emergency gynae surgery which is a shame, however, there is lots of elective gynae procedures on offer and plenty of opportunities to assist in theatre. You will definitely see a good mix of general gynae surgery.

The consultants at PRH are lovely, really friendly and approachable and always happy to teach. The rota has dramatically improved and the consultants are all working hard to make improvements to things like teaching. It really is a friendly place.

As a final tip, PRH is a great place to study for MRCOG part 1. Nights tend to be a little less intense and there is opportunity to take adequate study leave.

It is a supportive and friendly place to start your O&G career.

William Harvey Hospital (East Kent Hospital University NHS foundation)

William Harvey Hospital (WHH) is a friendly District General Hospital (DGH) with approximately 4,000 deliveries annually. It has a tertiary level Neonatal Intensive Care Unit (NICU), so takes babies from 24 weeks via in-utero transfers from other hospitals. There are 8 SHOs and 8 registrars, of which 3 are training SHOs and 5 training registrars. Consultants are very approachable and keen to teach practical skills. It is a team-based unit so your allocated on-call day, and weekly commitments will vary considerably depending on which consultant you are under. Teams are in place for the whole year so if you have a particular subspecialty interest it

may be worth emailing ahead to be put with an appropriate consultant.

In terms of the rota: it is a 1 in 8 rota for all registrar levels, there is only one SHO covering O&G and one registrar covering O&G at any given time (day or night). There is a 9 week rolling rota for on calls. This includes 1 x weekday nights, 1 x weekend nights, 1 x weekend long days and 4 other long days during the week. Zero days are within the rota so you get five zero days per 9 week cycle, these days can be changed if discussed with the rota coordinator.

Weekly rota commitments come out on the Friday afternoon before the subsequent week. There is some flexibility over choosing which clinics/theatres you would like to attend and requests are taken into account, however all training SHOs also have to cover ward duties from time to time.

Overall it is a very friendly place to work, consultants and midwives are great and very approachable.

Royal Surrey County Hospital NHS Foundation (Guilford)

Royal Surrey County Hospital (RSCH) is a small sized DGH with about 3,200 deliveries per year. There are usually two ST1's, two ST2's, one ST3 and various SpR grades. They have recently moved from a team-based system, so if you are looking to work under a particular consultant then this is no longer possible.

The unit is not too busy at any one time. On nights there is one SpR and one SHO. On weekends there is one SpR and one SHO so sometimes it can get a little busy managing labour ward and the gynae ward round but it is do-able! On the weekends consultant presence can be varied.

A lovely little unit to work at. The midwives are friendly, plus excellent scanning training is provided.

Medway Maritime Hospital (Medway NHS Foundation)

Overall quite a busy unit with 5,000 deliveries per year.

Rota: There is a rolling junior rota consisting of 11 SHOs and 2 F1s.

Normal day: will have 2 assignments per day e.g. morning clinic and afternoon theatre. The rota is very varied and there is a good range of exposure including antenatal clinic (ANC) and gynaecology outpatient department/ gynae clinics (GOPD), day case and main theatre, maternity triage, elective c-sections and on calls. There are elective c-section lists every morning and trainees will be assigned to these lists where possible.

Early pregnancy unit/fetal medicine unit (EPU/FMU): Medway has a great Fetal Medicine Unit and trainees will have 2 scanning weeks allocated as study leave - one for fetal medicine and one for EPU scanning. You can also scan when on call if there is a registrar/consultant on call who is able to supervise.

Day on call:

1 labour ward (LW) SHO, 1 LW registrar, 1 gynae SHO and 1 Gynae registrar

Consultant on call: one consultant from 13:00 to 08:30 and a separate consultant each morning for LW and Gynae. Most on calls will be on labour ward as a trainee, however you can request to do more gynae if you feel that you want more exposure.

Weekend (days):

1 LW SHO and 1 LW registrar

1 gynae SHO and 1 gynae registrar

Consultant on call at weekends (24 hours)

Nights:

1 SHO and 2 registrars (1 for LW and 1 for gynae)

Long days:

1 LW SHO and 1 LW registrar

1 gynae SHO and 1 gynae registrar

Overall everyone is really supportive and there are lots of training opportunities. A great hospital for ST1!

East Surrey Hospital (Surrey and Sussex Healthcare NHS)

East Surrey Hospital is a medium-sized DGH with 4,500-5,000 births per year. Staffing-wise there are 2 x FY2, 5 x GP trainees, 1 x ST1, 1 x ST2 and a mix of SpR levels (4 posts in total). There are also permanent staff grade registrars and SHOs. Monday to Friday 8-5pm there is an SpR covering acute gynae, the gynae ward and antenatal day unit and another SpR covering the labour ward and obstetrics. From 5pm until 8am Monday to Friday and over the entire weekend there is only 1 SpR covering the entire department. There is a consultant in the hospital from 8am to approximately 10pm Monday to Friday and 9am-5pm (ish) over the weekends.

There is a 10 week rolling rota, during which you work one set of week-day nights (Monday to Thursday) and one set of weekend nights (Friday to Sunday). There is also a weekend on-call for gynae 8am-5pm and obstetrics 8am-8pm. Annual leave can be a bit challenging – only 2 SHOs are allowed off at any one time (with 10

SHOs in the department all looking to book leave) and every week you will do at least one long day on-call which will require swapping in order to take leave.

The labour ward consists of 8 delivery rooms, a 2-bed high-dependency unit (HDU) on labour ward and a 3-bed birthing unit. It can be extremely busy at times! There are lots of opportunities for caesareans, instrumentals and suturing. Midwives are lovely and this is a really lovely unit to work in.

There is a gynae ward and an EPU/GAU unit staffed from 8am to 8pm Monday to Friday by a nurse and acute gynae/early pregnancy scanning appointments available Monday to Friday 9am-4pm. The nurses who run EPU/GAU and who work on the gynae ward are also very experienced and approachable and overall the unit runs very well, but can get very busy at times, especially with added pressure from A&E!

This is a lovely hospital to work in. The consultants and registrars are

very keen to teach and to supervise and are approachable and helpful. The midwives are friendly and supportive and everyone helps out during stressful times. Enjoy!

Tunbridge Well Hospital (Maidstone and Tunbridge Wells NHS)

Tunbridge Well Hospital (TWH) is a very friendly and welcoming hospital. The midwives and doctors generally get on well and when you do your best to help them out they will in return look after you and make cups of tea on those long days and nights!

The hospital environment is nice with pleasant wards and single rooms for all patients.

Consultants are generally supportive and willing to teach. Organised, more didactic, teaching has improved over the last year. We have peer led teaching some Friday mornings and senior led teaching every Friday afternoon. Not everyone can attend each week but they try to allocate you in turn on the rota. HR are a bit disorganised so you will need to keep an eye on payslips and admin especially if LTFT.

ST1 trainees will get to do a section list at least once a week. We have a double list on Wednesdays so if you want more practice you can ask the rota coordinator to allocate you where possible.

There are plenty of opportunities to attend gynae theatre and assist although you will need to be proactive and request to be taught/supervised to do procedures such as hysteroscopy and laparoscopy.

Smear training is available and you can go to colposcopy clinic. You will get to attend gynae and antenatal clinics and will be able to see patients solo with support from a registrar and/or consultant. In maternity triage and when on call in A&E you will also be left to be independent but with senior support available. You can call on them when needed.

The nights are very busy as you will carry both gynae and obs SHO bleeps. There are two registrars on at night, so if one is tied up in theatre/ labour ward then the second should be available. On call days are easier. The rota is otherwise relatively easy going in terms of

intensity and night shift frequency. As a result, you may not get that much time on labour ward to do perineal repairs and instrumental deliveries so you will need to ask registrars and midwives to call you when there are opportunities.

You will get to spend a week in Gynae-Oncology every three months or so. This is a quiet block so good chance to do audits and catch up on study, but you can head to theatre sessions that interest you. Overall a really enjoyable place to work.

St Richard's Hospital and Worthing Hospital (Western Sussex Hospitals)

St Richard's Hospital is a medium-sized DGH with an annual birth rate of just over 2,500, situated in Chichester and is a part of Western Sussex NHS Foundation Trust. There are usually 1 x ST1, 2 x MTI SHOs, 2 x FY2s, 1 x GPST and 2 x trust grade SHOs. SHOs rotate on an 8 week rolling rota: **EPAC week** – SHO in EPAC with senior support from on call team, **labour ward week** – covering labour ward, the ante- and postnatal

ward and day assessment unit, **clinic week** – attending AN, gynae and specialist clinics to suit your curriculum needs which ends with a **weekend of nights** Fri/Sat/Sun, **week off** - compensatory rest, **gynae week** – gynae SHO on call plus 3 days on call Fri/Sat/Sun, **education/clinic week** – should be in clinic as a supernumerary doctor for education or can spend time on educational/training needs, **flexi theatre week** – covers rota gaps but likely have time to go to theatre and **block of nights** Mon-Thurs.

This unit is not too busy and has plenty of training, educational and research opportunities (including scanning). The consultants currently provide 60 hours of Labour Ward presence. On nights and weekends, there is one registrar and one SHO on site except on Wednesday nights (resident on call consultant instead of registrar) and hence it can be little busy but is manageable.

To start as an ST1, it is a very good unit with a bunch of excellent consultants and lovely midwives.

Ashford and St Peters Hospital (Ashford & St. Peter's Hospitals NHS Foundation)

Ashford and St. Peter's Hospital (ASPH) is based mainly at St Peter's Hospital, which is a DGH with approximately 4,000 deliveries per year. The SpRs are allocated to a consultant and it remains a team based system. It is a level 3 NICU unit and often accepts transfers <28 weeks, from many other units which means it can become quite busy. The other site is Ashford Hospital and this mainly involves day case gynae procedures with good lists for trainees.

On a weekday the SHOs which consists of 2 trainees (ST1 and ST2), GP trainees and FY2s are spread across the Early Pregnancy Unit, Postnatal Ward, Labour ward, gynae on call, and assisting in theatre or attending clinics.

Most weeks involve at least one on-call shift; gynae is 5-8 and LW 5-9. Night cover is one SpR and one SHO. Weekends 2 SHOs (1 from 9am-9.30pm, 1 from 8am-6pm) and 1 SpR. Gynae weekends can become very busy as in addition

to gynae ward patients and A&E, you are also covering the antenatal/postnatal pts. It is an 11 week rolling rota involving 1 x gynae weekend, 1 x LW weekend and 1 x weekend nights, and 1 x week nights (Mon – Thurs).

Darent Valley Hospital (Dartford and Gravesham NHS Trust)

It's safe to say you will have a great year at Darent Valley Hospital (DVH) as there are very few negatives to working in this unit.

As an ST1, you are paired with just one other newbie ST1 and one ST2 on the SHO rota so the training opportunities are plenty. The maternity department sees over 5000 births per year which makes it large by DGH standards. The labour ward therefore has plenty of opportunities to get involved. There is no doubt that if you take the opportunities handed to you, you will be doing caesareans to basic or intermediate level, assisted deliveries (kiwi and forceps) and perineal repairs in hoards. There are no shortage of emergencies to put your Prompt

training to use. There are numerous highly experienced and friendly staff grades who have tonnes of experience you will not have to compete to get sign offs.

In terms of a gynae point of view DVH is unusual as the SHOs can quite often find themselves the first assistant to a consultant. Your presence there is welcomed and encouraged rather than a necessity for solely the anteversion of a uterus. You will have the opportunity to do diagnostic laparoscopies and hysteroscopies, surgical management of miscarriages (SMMs) and potentially more should you show yourself as keen and engaged. As always this depends on you.

You will also learn a lot from clinics where you work your way down the clinic list just as the SpR does. You will be expected and encouraged to run your plans past a senior, so this is always educational.

The Early Pregnancy Unit at DVH definitely also needs a shout out as it really is one of the best. Here, the nurses are trained in scanning

and therefore know every aspect of early pregnancy issues. During the course of the year they can teach you how to scan. You will get to know them well. They are lovely and this makes them very approachable when it comes to teaching scanning. You will either be listed to help in EPU or through your optional scanning study leave week.

With regards to study leave and rota, you shouldn't struggle to get leave as the department tends to be very accommodating. The rota is also very manageable with approximately 9-10 SHOs. Should you need to revise for an exam you definitely could. It'll be about balancing revision and maintaining an adequate amount of hands' on experience, given the quantity of opportunities here!

Receiving organised teaching can sometimes be challenging and has in the past depended on the trainees delivering it. However, audit and teaching are delivered on a protected day once a month so the time is certainly there. The consultants are also very

proactive with audit and research projects so you will have no difficulty in this department.

Truly, with friendly consultants, staff grades, midwives and EPU nurses there are no shortage of hands on learning opportunities when on the shop floor. You will have a great year!

Queen Elizabeth The Queen Mother Hospital (East Kent Hospitals University NHS Foundation

Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate is the perfect place to start off your training in O&G. This little district general by the sea will provide you with a wide range of clinical experience at a slightly slower pace. Though it has one of the smaller labour wards in the deanery, with about 2,500 deliveries a year, you will still get lots of opportunity to learn those practical basics like perineal repairs, caesarean sections and instrumental deliveries with plenty of senior supervision. Your on-calls will provide you with the perfect opportunity to get to grips with common obstetric presentations via day care and triage as well as getting involved

in all the action on labour ward. Everything at QEQM is close together so you can easily run from the postnatal ward to help manage a PPH on labour ward! By the end of the year you'll be confident at basic caesarean sections due to the regular elective caesarean section lists which always have a consultant assigned to guide you through.

There are plenty of clinics to get involved in and you are encouraged to take an active role and see patients once you feel confident with a consultant always available for advice. For gynae operating, at QEQM, you will be spoilt for choice. There are regular gynae lists ranging from general gynae to urogynae and the really complex but interesting gynae oncology cases. You'll get plenty of experience in assisting as well as hands on experience at things like SMMS, hysteroscopies and diagnostic laparoscopies. The quieter pace here makes it ideal for studying for exams and taking part in audit projects. We don't have any allocated time for scanning but it's easy enough to take some leave for it as well as any courses you would want to attend. The trust also

runs courses such as ALSO and CTG interpretation that are free to attend. Last but not least the staff at QEQM are welcoming and friendly as is the town. It might be a little further out but there is a great community here that makes it worth the while.

Conquest Hospital (East Sussex Healthcare NHS)

Conquest is a small, friendly hospital which has approximately 3,000 deliveries per year. There are 6 trainees - 3 SpRs and 3 SHOs, with another 5 non-training SpRs and 5 GP trainees. The consultants are all very approachable and happy to get you involved. There are 4 elective c-section lists per week, so generally each SHO gets one per week allowing plenty of opportunities for training. Instrumentals are harder to come by, particularly as a lot of the SHOs' role is seeing emergency gynae and obstetric patients on the gynae ward and day assessment unit (DAU), respectively. The gynae ward is small, with only 8 beds, but often sees 80-100 ward attenders per week, so this will keep you very busy. Similarly, DAU (obstetrics) is also often very busy. There

are also opportunities to assist in gynae theatres and attend antenatal and gynae clinics, however attendance at clinic in particular is dependent on staffing levels.

The trust is split across two sites and there is a much smaller O&G department in Eastbourne DGH. This has elective gynae theatre and a midwifery-led delivery unit, as well as both obstetric and gynae outpatient clinics.

You will spend the majority of your time at Conquest (Hasting's site) as this is where all the acute O&G is based. EDGH has part-time emergency cover by the registrars, but a lot of patients will be sent to Conquest site. You might go to EDGH one day every 2-3 weeks, unless you request to be there more often, in which case you may be able to go about one day a week.

Frimley Park Hospital (NHS Frimley Health Foundation)

Frimley Park is one of the best hospitals when it comes to Obstetric's experience. As it has 5,500 deliveries annually, a two-tier system which means that you have both a registrar and a consultant to walk you through instrumental deliveries and other bits and bobs on the labour ward. What makes this unit particularly amazing for ST1/2 is the rota! Trainees are on a separate rota to GP trainees so that our training needs can be met. This results in lots of clinic time, theatre presence and being supernumerary on labour ward as well as doing elective caesarean sections. The learning opportunities are ample and it is incredibly well supported. Clinic-wise you can attend infertility, urogynae, endometriosis and general gynaecology clinic=. Gynae operating is slightly limited but the unit does offer robotic surgery which is amazing to witness and sometimes participate in! Being a busy unit there is always something going on and consultants are very enthusiastic to teach and get you involved.

Training and Progression

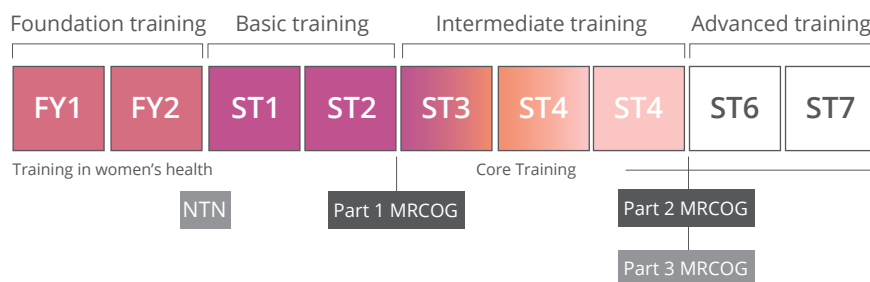
O&G Training is a 7-year run through programme starting from ST1 and finishing at ST7. Once all competencies as per RCOG matrix have been achieved and exams passed, you will be able to attain your certificate of completion of trianing (CCT) and will be appointed to the specialist register of the GMC. This will make you eligible to apply for a consultant post.

The content and structure of the training programmes is determined by the Royal College of Obstetricians and Gynaecologists and approved by the GMC.

Health Education England (HEE) will issue a national training number which is unique to you and will remain with you throughout the duration of your training. It is also mandatory to

subscribe to the Trainees' Register on the RCOG website. Annual renewal of trainee subscription fees is mandatory until you've passed the Part 3 MRCOG, at which point you'll be eligible for the full membership benefits. Should you have any concerns with receiving your login or password please contact the RCOG E-Portfolio support team: eportfolio@rcog.org.uk

Speciality training and education programme



Part 1 MRCOG to be completed in ST1 or ST2. Required for progression to ST3.

Part 2 MRCOG to be completed in ST3, ST4 or ST5. Required for progression to ST6.

Part 3 MRCOG to be completed in ST3, ST4 or ST5, and after Part 2 MRCOG. Required for progression to ST6

ATSMs

Subspeciality

The RCOG Training Matrix for ST1 & ST2

	ST1	ST2
Curriculum progression	CiP progress appropriate to ST1 as per the CiP guide and matrix of entrustability levels.	CiP progress appropriate to ST2 as per the CiP guide and matrix of entrustability levels.
Examinations		MRCOG Part 1
At least 3 summative OSATS (unless otherwise specified) confirming competence by more than one assessor (can be achieved prior to the specified year)	Cervical smear [1 OSAT]	Caesarean section (basic) Non-rotational assisted vaginal delivery Perineal repair Surgical management of miscarriage Endometrial biopsy [1 OSAT] Insertion of IUS or IUCD [1 OSAT]
Formative OSATS	Optional but encouraged	Optional but encouraged
Mini-CEX	✓	✓
CBD	✓	✓
Reflective practice	✓	✓
NOTSS	✓	✓
TEF	Each training year	Each training year
TO2	2	2
Recommended courses	<ul style="list-style-type: none"> • Basic Practical Skills in Obstetrics and Gynaecology • CTG training (usually eLearning package) and other local mandatory training • Obstetric simulation course (e.g. PROMPT/ other) 	<ul style="list-style-type: none"> • Basic ultrasound • 3rd degree tear course • Specific courses required as per curriculum to be able to complete basic competencies • Resilience course e.g. STEP-UP

Starting from October you will be rotating every 12 months through various hospitals within the KSS region and will also be given the opportunity to work in London teaching hospitals from ST3 onwards.

You will be exposed to a full complement of O&G practice including labour ward management, caesarean sections, antenatal and gynae clinic, theatres, antenatal day care assessment unit and early pregnancy unit. Most hospitals also provide sub-specialised services including maternal and fetal medicine, colposcopy, urogynaecology, subfertility and gynae-oncology.

Your TPD is responsible for assigning you to the different hospitals and you will be notified via Synapse at least 12 weeks before the start of a new rotation to give sufficient time for pre-employment checks and issuing of new contracts. The allocation process will be based on a combination of criteria including your preferences, educational needs, and personal circumstances and you will be asked to fill in a preference sheet around May.

There are roughly 15 hospitals to rank and you can be allocated to any one of them however it is likely that you will be given one of your top six choices. If you have specific circumstances which you wish to be considered, it is worth sharing these with your ES/CT or TPD in writing when you submit your preference sheet. The TPDs work hard to meet all the trainees' expectations, but they also need to distribute trainees evenly between the units to ensure the rotas are filled and that trainees can access all educational opportunities available.

Absence from work

Any absence from work which includes sick, compassionate or parental leave but excludes study and annual leave, needs to be documented on your E-portfolio and declared at your ARCP on your Form R. Your ES also needs to be informed. If you are absent for longer than 14 days in a training year in certain circumstances your CCT date will be adjusted.

If needed, it is the responsibility of the trainee to inform Occupational Health of any health concerns and pass on any information to future trusts. More information can be found here:

https://www.copmed.org.uk/images/docs/gold_guide_7th_edition/The_Gold_Guide_7th_Edition_January_2018.pdf.

Regional Training Days

Besides the hands on training and local departmental teaching within your local units, Health Education Kent, Surrey and Sussex (HEKSS) also provides further training to cover aspects of the RCOG curriculum which are not easily delivered in your hospital. The content of the Regional Training Days (RTD) programme is partly determined by what obligatory courses are expected every year according to the matrix.

Around 8 RTDs for ST1-2 and 10 RTDs for ST3-7 are organised throughout the year and trainees will need to evidence attendance of at least 4 of them. Trainees are

expected to discuss which RTDs are most useful for them at their stage of training with their ES during the induction meeting and book study leave in a timely fashion. A log of all RTDs should be kept by the trainee along with an attendance record and uploaded on to the E-portfolio. You can confirm attendance at RTDs through Synapse where you will find the appropriate booking link.

Miss Rebecca Mallick is our TPD for Regional training days; you can contact her if you have any queries about RTDs or any ideas for topics.

Training Resources

Below is a list of used and approved training resources that you may find helpful throughout your training!

1. RCOG

- www.rcog.org.uk
- This is the college website and provides up to date information on exams, latest news affecting practice and the Green Top Guidelines.

2. StratOG

- <https://stratog.rcog.org.uk>
- This is an invaluable resource containing tutorials for all aspects of the curriculum. It is free to all RCOG trainees.
- There is also the option to purchase question banks for membership exams – these can prove to be very useful!

3. Fetal Medicine Foundation

- <https://fetalmedicine.org>
- The foundation set up by Professor Kypros Nikolaides. This website contains free resources to aid ultrasound training and foetal medicine. You can also upload evidence (ensuring patient confidentiality) of your own ultrasound training for accreditation.

4. WebSurg

- www.websurg.com
- This site has free access to a lot of gynae operations with running commentary – worth a watch!

5. Facebook community

- <https://www.facebook.com/groups/211654116153657>
- This is a closed Facebook group for all KSS O&G trainees. Please be aware though that anything you write online can potentially be accessed and you should always ensure your online presence is professional even if you think you are in a private closed forum.

Ultrasound Training

Ultrasound training is included in the RCOG curriculum

Basic Modules
(2x)
ST1-3

Intermediate
Modules
(3x)
ST4-5

ATSM EPAU/
Acute Gynae/
Fetal Medicine
ST6-7

We have two dedicated Ultrasound leads, **Prof Ranjit Akolekar** and **Miss Sridevi Sankaran** who are fully committed to improving our ultrasound training. To meet the competencies expected, you should seek any opportunity to scan whilst at work and fill in the relevant OSATs or keep a personal logbook. Our list of RTDs includes basic ultrasound and early pregnancy and gynae courses which run once or twice a year.

We are also encouraged to take one week of study leave, ideally split between obstetric and early pregnancy scanning (if facilities allow within your respective units). Below is a list of local USS coordinators who can help you organise your USS training.

Hospital	Local USS coordinator 8–12 weeks	Local USS coordinator Basic 2nd trimester
Ashford & St. Peter's Hospitals NHS Trust	Izuwah-Njoku	Miss McDonnell
Royal Sussex County Hospital Brighton	Tasneem Singhal	David Utting
Princess Royal Hospital Haywards Health	Tasneem Singhal	David Utting
Dartford and Gravesham Hospital	Zoe Woodward	Graham Ross
The William Harvey Hospital	Abhijeet Shah	Sarah Chissell
Conquest Hospital Hastings (East Sussex hospitals NHS Trust)	Nicky Roberts	Nicky Roberts
Frimley Park Hospital	Sridevi Sankaran	Kim Morgan
Turnbridge Wells Hospital	Sarah Flint	Sarah Flint
Medway Maritime Hospital	Melissa Islam	Ranjit Akoleker
Royal Surrey County Hospital	Chimwemwe Kalumbi	Renata Hutt
East Surrey Hospital	Karen Jermy	Hina Gandhi & Sharmilla Sirvajan
Worthing Hospital	Lavanja Buddha	Ruth Mason
St Richard's Hospital	Melanie Tipples	Attila Vecsei


Progression

Interim review

As part of the Annual Review of Competence Progression (ARCP) process, you will be asked to attend an Interim review (IR) in June in person. The aim of this review is to ensure you are on track and achieving the competencies and filling in the E-portfolio as expected. The evidence you upload on your E-Portfolio will be looked at before and during the IR. If needed, an action plan will be made and recommendations to help you meet any outstanding requirements. This helps to ensure a satisfactory outcome at ARCP in September. Aim to complete most of your competencies and complete your training year requirements by then.

If the face-to-face IR is satisfactory and required paperwork is received by HEKSS you will not usually be required to attend the ARCP process in September. The IR is also an opportunity for you to raise any concerns that you may have about your training.

You will be asked to fill in the IR form which must be completed and co-signed by your ES prior to the review. The IR form changes according to the year of training. Below is an example of the ST1 IR form

School of Obstetrics & Gynaecology (ST1) Interim Review Kent/Surrey/Sussex		 Health Education Kent Surrey and Sussex	
Trainee Name		Specialty	O&G
Grade	ST1	Trainee DRN/NTN	
Trust Hospital		Period covered	
Panel Chair Name		CT/ES Panel Member Name	
Educational Supervisor to complete "Achieved by IR" column before Interim Review			
E-Portfolio documents expected by time of ARCP		Achieved by IR	Comments / Date to submit or complete competence by
Educational Supervisor's Structured Report Educational supervisor to complete online at end of placement before ARCP (This is not a requirement for Interim Review)			
Work based assessment record: 8 MiniCEX 8 CBDs 8 reflective practice			
Curriculum Progression Progress with signing off Basic competencies			
Examination Part 1 MRCOG(required prior to progression to ST3)			
Formative OSATS showing evidence of training since last ARCP Fetal Blood Sampling (Strat – OG module is accepted) Manual Removal of Placenta Uncomplicated caesarean section Non-rotational assisted vaginal delivery (ventouse) Non-rotational assisted vaginal delivery (forceps) Surgical management of miscarriage			
3 Summative OSATS confirming competence by more than one assessor including one by a consultant (Can be achieved prior to the specified year) Perineal Repair Opening & Closing the Abdomen (at LSCS)			
Regional Teaching Attendance at 4 Regional Teaching Days			
Simulation Training 1 formative OAST – basic laparoscopy			
Obligatory Courses Basic Practical Skills in obstetrics and gynaecology CTG training (usually e-learning package) Attendance at an obstetric simulation course (PROMPT / ALSO or other)			
Team Observation forms* Two TO2's per year (approx. at 4 & 8 months)			

Clinical governance (Patient safety/audit/risk management/quality improvement) 1 completed and presented project Evidence of attendance at local risk management meetings		
Teaching experience Documented evidence of teaching (e.g. to medical students/ foundation trainees/GPSTRs)		
Presentations/publications Departmental Presentation		
Clinical Leadership Complete at least 1 WPBA in leadership/ LEADER tool		
TEF completed on eportfolio		
<u>Educational Supervisor's comments on progress</u>		
<div> <div>Name of ES:</div> <div>Date completed:</div> </div>		
<u>IR Panel Notes (e.g. Requirements before ARCP, Career advice, trainee progress and points of discussion):</u>		
ARCP attendance required	Yes	No
Signed by TPD Chair of Panel:	Date:	
Signed by Trainee:	Date	

Please note: A signed copy of this document can be given to the Trainee.

* Two TO2's per year (at 4 & 8 months). Each TO2 to have a minimum of 10 TO1 forms. To include:

Current supervising consultant(s) & at least 3 consultants. Senior members of nursing and midwifery staff in different

Annual Review of Competence Progression

ARCP is a formal process that reviews the work achieved throughout the year, assesses the trainee's progress and ensures progression to the next stage of training. This occurs in September and you will only be required to attend if your IR was unsatisfactory.

ARCP requirements to ensure successful progression include:

1. Up to date E-portfolio. You will need to complete a Supervisor's report together with your ES which will give a summary and show evidence of competencies, assessments, audits, teaching, training and courses attended, feedback questionnaires and any presentations or publications as required by RCOG matrix
2. Signed IR Form from IR Review
3. Form R

As you progress throughout the years, additional documents will be required at ARCP.

Summary of the different outcomes from ARCP:

Satisfactory Progress	
1	Achieving progress and competencies at the expected rate
Unsatisfactory or Insufficient Evidence	
2	Development of specific competencies required – additional training time not required
3	Inadequate progress by the trainee – additional training time required
4	Released from training programme with or without the specified competencies
5	Incomplete evidence presented – additional training time may be required

Revalidation and Form R

The purpose of revalidation is to ensure that licensed doctors are up to date and fit to practise. The GMC is the regulating body and the main driver for revalidation. For us trainees, The HEKSS deanery is the designated body responsible for our revalidation and the revalidation process occurs in line with ARCP. Our responsible officer (RO) is Prof Graeme Dewhurst, the HEKSS Postgraduate Dean. If you change deanery, leave training or once you complete training you must nominate a new RO according to your new designated body.

You will be required to electronically complete a Form R (which no longer has a part A) on Synapse and download a PDF copy onto your E-portfolio.

Form R (Part B)

Self-declaration for the Revalidation of Doctors in Training

IMPORTANT:

If this form has been pre-populated by your Deanery/HEE local team, please check all details, cross out errors and write on amendments. ***By electronically signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.***

It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/HEE local team remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Failure to appropriately complete a Form R Part B when requested may result in an Outcome 5 at ARCP (Gold Guide V6, 7.74).

The R form – should include the following:

1. Sick leave - all days including absence for parenting
2. Locum work - all and for each trust
3. Additional dates e.g. media activity, CQC inspectors, medical non-O&G work, etc.
4. All complaints
5. Details about involvement in serious investigation(s) (SI)

For more information about your training please use the following links:

1. <https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>
2. <https://www.rcog.org.uk/en/careers-training/>
3. <http://www.ksseducation.hee.nhs.uk/specialty/obs-gynae/progression/>

For information about MRCOG exams including revision courses to attend:
<https://www.rcog.org.uk/en/careers-training/mrcog-exams/information-about-rcog-exams/>

E-portfolio and Synapse

E-portfolio

Your E-portfolio is the way that your progress is gauged against the curriculum requirements. There has recently been a new RCOG curriculum rolled out. The upside is that it's much more trainee and competency focused. The downside, however, is that not all our colleagues will be familiar with its use. The curriculum has essentially remained the same, but the way we are being assessed has changed. There are useful resources including an e-learning module available on the RCOG website, so be sure to complete that as soon as possible.

The bulk of a trainee's year will be to collect evidence to show they have completed their required capabilities in practice (CiP) for the year.

CiPs – The curriculum is split up into 14 CiPs. These are the 14 domains in which trainees must develop capabilities throughout training. Some are clinical (e.g. non-emergency obstetrics), while many are non-clinical (e.g. designing and implementing quality improvement projects).

Key skills – Each CiP is split up into multiple key skills. Key skills are single episodes or tasks. For example, the non-emergency obstetrics is split up into managing pre-existing medical conditions, fetal concerns, medical conditions arising in pregnancy, and so on. Trainees can use evidence and link them to key skills to evidence learning.

Descriptors – Each key skill has a written descriptor of what a trainee at each training grade should be able to competently perform (e.g. ST1s may be reviewing CTGs while a more senior trainee may be interpreting ultrasound dopplers of a baby with fetal growth restriction).

A trainee will need to collect evidence and use it to evidence their progress against their key skills. Forms of evidence include: Mini-CEXs – Mini clinical examinations are observed episodes of diagnosing, examining, investigating, or managing patients led by the trainee in which a supervisor gives feedback.

CBDs – Case-based discussions are discussions around a clinical scenario that trainees have with trainers in which feedback is given and learning points are developed.

Reflective practices – Reflections are a structured way of analysing clinical situations in which a trainee can develop a learning plan. These can be situations of insight, conflict, learning, or new experience. Trainees are encouraged to discuss these situations with trainers but do not have to get reflections countersigned by a supervisor unlike CBDs and Mini-CEXs.

RTD certificates – Trainees should attend RTDs throughout the year and upload their attendance certificates to their e-portfolio. These can be used as evidence for key skills.

Other types of evidence – Audit presentations, teaching presentations and feedback, course certificates, research posters, publications, and presentations at departmental meetings are all useful items to use for evidence; particularly for the non-clinical CiPs.

When a trainee feels that they have linked enough evidence to key skills to complete their yearly requirements for a CiP, they can complete a CiP self-assessment and ask their supervisor to countersign it. A trainee will have to get all of their CiPs signed off each year to pass their ARCP.

Other important aspects of the curriculum/e-portfolio:

TO1s and TO2s – A trainee is required to send out **Team Observation 1** forms to colleagues to

anonymously collect feedback about their performance. Before forms can be sent out, a trainee will have to self-assess their own performance. After 10 responses are collected, a trainee's educational supervisorES can release the collated responses by completing a **Team Observation 2** form to be viewed by a trainee. A trainee is asked to engage in this process twice a year.

OSATS – Objective structured assessments of technical skills are forms sent out by a trainee to request an assessment for a clinical procedure. Formative OSATS can be used to document learning experiences and to gain feedback while summative OSATS are used for formal assessment of competency. Different procedures are required to be assessed based on training grade (e.g. perineal

ST1s must be signed off for perineal repair while ST5s have to be signed off for rotational deliveries). To show competency, a trainee needs to complete three summative OSATS confirming competency for a procedure – one of them needing to be completed by a consultant.

Creating and uploading evidence is easy – log into your portfolio and use the big green plus, '+', button to select the relevant area. If there is a form, make sure to complete it as much as possible before sending it to a supervisor, they can edit anything you've written and add their own feedback.

- **Other items:**
 - o Proof of leadership: fill out a LEADER form with a consultant around a leadership opportunity during the year. You can find them on the KSS deanery website.
 - o NOTTS tool for labour ward and gynae: shows proof of non-technical skills, for example, leading a ward round on labour ward.

Pro-tips:

- Ensure you send out a lot of TO1 requests. The more you have, the better it looks for your review panel. TO1s are one of the most important parts of your portfolio.
- Upload any relevant evidence anything that makes you look good into your personal library: posters, publications, audits, protocol reviews, operative

logbooks, thank you cards (patient names blanked out: be aware of information governance issues whatever you are doing).

- Spread out your tickets! It is important for the review panel that you do not have all your forms bunched together in the last month before ARCP.

Synapse

Synapse is a website that HEKSS use alongside the London deaneries as a central site and hub for numerous resources. It has a few important uses:

- Notifications about rotations
- Booking RTDs
- A portal in which you can ask questions to HEKSS as well as "Frequently Asked Questions"
- Download important documents such as Form R
- Be notified of events and courses

- Platform of communication. You can join many different forums and start discussions with colleagues.

Health Education Training (HET) will provide you with log in details and it is up to you to update your personal details including details of your current placement and e-mail address on which you will receive daily, weekly or monthly updates (according to your preference).

Synapse isn't a perfect system, but it does work as long as you don't get lost in the maze of links. Here's a few tips on how to use it!

Booking RTDs:

1. Log onto synapse at www.synapse.nhs.uk

2. On the left under "My Synapse" click on "London and KSS Specialty Schools of Obstetrics and Gynaecology"

3. On the menu on the right, there is KSS O&G Training Days

4. From there you can choose which RTD you want to attend and book using the "Book Now" function. If you're unable to attend a RTD, there is a function to remove your registration for the training day.

Asking questions of HEKSS:

1. The portal is a website where you can address questions to the deanery. To get there, either:

a. Go to <https://lasepgmdesupport.hee.nhs.uk/support/home> (Unfortunately, the site doesn't work very well on mobile devices). It only works on Google Chrome until further notice.

b. Go to the London and KSS Specialty Schools of Obstetrics and Gynaecology page where a link to the same website exists.

2. On the website, you can select: "from the London/KSS deanery" and then select "Trainee".

3. Select trainee FAQs and on the next page, use the link named "What if none of the FAQs answer my question?"

4. On the bottom of that page, there is a link that says, "If none of the FAQs have answered your question, please submit an enquiry to the team by clicking here"

PRO TIP: just bookmark this link in your computer's browser to access it without jumping through all the hoops: https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?-form_7=true

1. Once you've submitted a form (congratulations for finding it first!), you will receive an e-mail receipt of your enquiry and usually they're pretty quick at getting back to you.

Form R:

1. Form R is very easy to find! Log onto synapse and select the "Form R" link under "My Synapse" in the top right

2. Fill in the internet form, tick all the relevant boxes, and you should be able to download a completed version that you can upload to your E-portfolio.

Career Planning

Study Leave

In April 2018, HEE implemented a new system for study leave following discussions between NHS Employers, HEE and the BMA. Essentially, there is no longer a fixed amount of money assigned to each trainee.

There is now a mandatory list of courses for which funding will always be approved. If the course is not mandatory, then funding can be approved on a discretionary basis by the HoS. The actual process of claiming money remains the same as before in each Trust. Remember to complete your local trust mandatory training otherwise funding will not be granted!!

Ideally you should have an idea of the courses you would like to attend at the beginning of your academic year so you

can discuss these with your ES and seek any approval, include them in your personal development plan on your E-portfolio and book study leave in advance with your rota coordinators.

Any other course should be discussed at your induction meeting and will need to be agreed by the ES and rota organiser before funding approval is sought from the HoS. If funding is not approved, the trainee can still book study leave to attend but will not be reimbursed for any expenses.

N.B.: Trainees can only claim funding for travel expenses when attending courses covered by our study leave budget. Any travel expenses to attend IR, ARCP or RTDs will not be refunded by the deanery.

Study leave requests are allocated in 3 categories:

1. Mandatory courses can be approved by ES and signed off at Trust level via Director of Medical Education (DME). These courses will appear on the HELASE study leave lists and will be marked as mandatory.
2. Optional courses can be approved by ES and signed off at Trust level via DME. These courses will appear on the HELASE study leave lists and will be marked as optional.
3. Aspirational courses will not appear on the HELASE study leave lists. Trainees must first write to the relevant TPD/Head of School to request approval to attend any course not on the HELASE lists. Approval is given in writing from HELASE and trainees can apply in Trust via local process.

Relocation Expenses

The Reimbursement of Removal or Rotational Travel Expenses policy aims to aid junior doctors that are required to relocate or commute due to the rotational nature of their training programme. The idea is to offer some financial support and not to fully cover your costs. https://heeoe.hee.nhs.uk/policy_reimbursement_removal

As of 1st April 2018, the employing NHS Trust will administer and fund the relocation and associated expenses, such as excess travel costs, for all junior doctors in the KSS training programme. If you have any further queries speak go the Medical staffing department at your trust.

Less than full time (LTFT)

At any point during your specialty training you may want to apply for Less than Full Time training. The intention of LTFT training

is to support trainees where full-time training is no longer feasible for them for a variety of reasons including childcarrying responsibilities. LTFT training allows trainees to train part time but over a longer time period to ensure equivalent training opportunities are available to them. If you are interested in LTFT training you should liaise with your College Tutor as early as possible so a timetable can be agreed that satisfies your training needs.

The School is extremely supportive of LTFT training and the LTFT representative role is to represent those working less than full time. If you have any questions about LTFT training including how to apply, rostering issues or any general queries-no question is too small, they've all been asked before! Please contact me at astienen-durand@doctors.org.uk.

For more information on LTFT training follow this link: <https://www.lpmde.ac.uk/training-programme/training-matters/less-than-full-time-training/less-than-full-time-training>

Out of Programme

As a more senior trainee you may choose to take time Out of Programme (OOP), whilst retaining your National Training Number (NTN) for the following reasons:

1. Time out of programme for approved clinical training in a post that generally contributes towards your CCT (Out of Programme Training – OOPT)
2. Time out of programme for clinical experience that is outside of the curriculum in a post that will not count towards your CCT (Out of Programme Experience – OOPE)
3. Time out of programme for research, of which time may count towards your CCT with prospective approval from GMC

(Out Of Programme Research – OOPR).

4. Time out of programme for personal reasons e.g. illness, family caring that will not count towards your CCT (Out of Programme Career Break – OOPC).

The OOP rules and application process...

- One to two years is typically the maximum time allowed out of programme although the maximum for OOPR can be up to three years
- Your OOP should coincide with the April or October start dates and OOPs are generally not allowed in the final year of training
- You must submit your application at least 6 months before the intended start date and have discussed it with your ES and TPD prior to this.
- As part of your application you'll need to provide at least an OOP application form, application checklist and a job description (OOPR and OOPT

require some extra documentation) which will all be reviewed at the OOP panel where the final decision is made.

The OOP panel-what's viewed favourably?

These are a few factors that the TPDs on the OOP panel view favourably when they are making their decision regarding an application:

- Seniority; you will only have one opportunity to come out of programme so they want to make sure your OOP is going to enhance your training in the area you choose to specialise in which will become more apparent with increasing seniority
- Completion of MR-COG
- An up to date E-portfolio including reflective practice
- Lots of supporting information about the post so they can assess whether it is actually going to be beneficial for you and your training and not only a well presented

service provision post
Check out the KSS website for further details:

- <http://ksseducation.hee.nhs.uk/specialty/obs-gynae/training-programme/out-of-programme/>
- https://secure.synapse.nhs.uk/pages/group_1516/d247c751661fa4f-c5a79ce9a4df4fd68

Return to Work

If you have to take time out of training for whatever reason (sick leave, parental leave, OOPR/OOPT/OOPR etc.), returning back can be daunting and at KSS we aim to make the transition back as smooth and as stress free as possible. There are lots of resources and funding available and all our trainees have access to this. The TPD for return to training is Rebecca Mallick and she is happy to be contacted with any questions regarding the process and will also meet face to face with all those returning back to work. There is also

a Return to work/ OOP representative and they're happy to receive any queries you might have – roi.odonde@doctors.org.uk (Ibi Odonde).

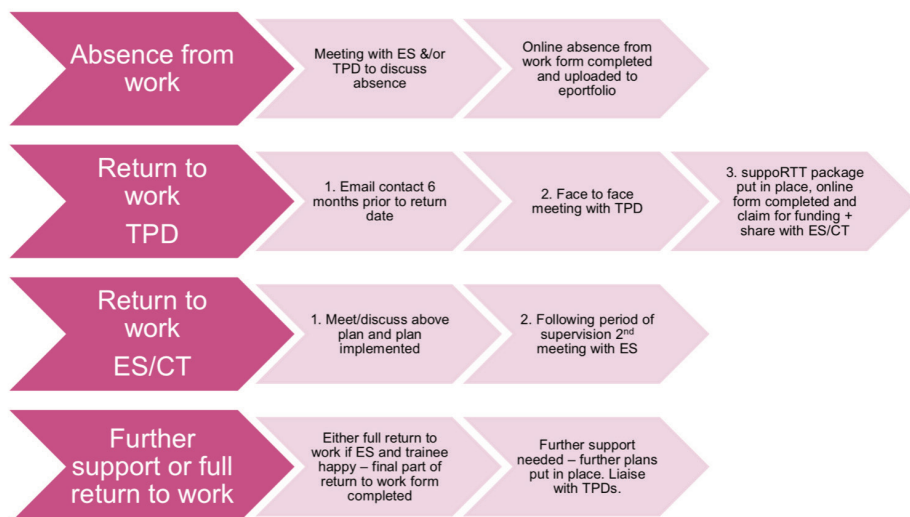
You would need to fill in a Return to Practice form available on the RCOG website with your ES and upload it on your E-portfolio. <https://www.rcog.org.uk/en/careers-training/resources--support-for-trainees/training-guidelines/returning-to-training/>

What is suppoRTT?

This is a national funded HEE programme to support trainees to safely and confidently return to work after a period of time off (more than three months) There is a London/KSS specific support team who aim to provide a bespoke individualised package to support those returning to practice including access to funding for courses, mentoring, coaching and supervised shifts at work.

Below is a summary of the pathway which needs to be followed when planning absence and subsequent return to work.

Summary of pathway



Trainee Representatives and Feedback

Levels of Trainee Representatives

Trust Local Faculty Group (LFG)

- Represent trainees within trust department
- Selection process organised locally
- Meetings three times a year
- Education within the unit is discussed between the CT, ES and the LFG representatives

Specialty Training Committee (STC)

- Representatives for groups of trusts within KSS
- Meetings three times a year
- Application process

RCOG Trainee Committee

- Representative from each region
- Trainee with NTN and minimum of

two years left of training at time of election

- Application process

The Role of the HEKSS Representative

- Collate feedback from and liaise with HEKSS trainees.
- Help shape and improve quality of training. Present at STC meetings with the school faculty and CTs. Plus offer feedback on proposed developments impacting on training
- Two-way flow of information and 'bridging the gap'
- Ensuring trainees are well informed. A quarterly newsletter is sent out to

all trainees.

- Available to offer advice and answer questions

How to feedback

- Annual TEF form on E-portfolio
- Annual GMC Survey
- Face to face feedback at RTD
- 'Feedback Surgery'
- HEKKS O&G Trainee Facebook group
- Direct contact with any of the trainee reps by e-mail or Facebook

Meet your representatives

Names	Roles
Charlotte Wyeth Charlottewyeth22@gmail.com	ST1/Social media coordinator (facebook) <ul style="list-style-type: none"> • Maidstone and Tunbridge Wells NHS (Tunbridge Wells Hospital) • East Kent Hospitals University NHS Foundation (Queen Elizabeth The Queen Mother Hospital & William Harvey Hospital)
Ashwin (Ash) Kalra ashwinkalra@gmail.com	ST2/e-portfolio/curriculum Champion <ul style="list-style-type: none"> • Brighton and Sussex University Hospitals NHS (Royal Sussex County Hospital & Princess Royal Hospital) • East Sussex Healthcare NHS (Conquest & Eastbourne District General Hospital)
Tara Giacchino Tara.giacchino@gmail.com	ST3/USS Trainee rep <ul style="list-style-type: none"> • Dartford and Gravesham NHS (Darent Valley Hospital) • Medway NHS Foundation (Medway Maritime Hospital)
Michelle Jie jiemichelle@hotmail.com	ST4 <ul style="list-style-type: none"> • Ashford & St. Peter's Hospitals NHS Foundation • NHS Frimley Health Foundation • Royal Surrey County Hospital NHS Foundation
Rahel (Ibi) Odonde roi.odonde@doctors.org.uk	ST5/OOP/SuppoRTT - Interim chair of the STC reps <ul style="list-style-type: none"> • St. George's University Hospitals NHS Foundation • Guy's and St. Thomas' NHS Foundation (Guy's and St. Thomas' Hospitals)

Gina Michel Gina.michel@doctors.org.uk	ST6/7 – maternity leave
Anna Stienen-Durand astienen-durand@doctors.org.uk	LTFT/ Workplace Behaviour ST6-ST7 • Western Sussex Hospitals (St. Richard's Hospital & Worthing Hospital) • Surrey and Sussex Healthcare NHS (East Surrey Hospital)
Iranthi Meththananda iranthim@gmail.com	Chair of the STC reps - maternity leave
Samirah Toure Samirah.toure@doctors.org.uk	RCOG Trainee Rep

RCOG Trainee Rep

amirah's role is to represent the KSS trainees at the level of the RCOG, where wider issues in training such as attrition, curriculum changes and e-portfolio are discussed in more detail. Samirah is also a further point of contact for advice for SAS doctors, MTI's and trainees alike.

Workplace Behaviour Champion

Miss Ruth Mason is the KSS Workplace behaviour champion and is responsible for tackling any issues related to bullying and undermining. She can be contacted via email on ruth.mason1@msht.nhs.uk.

Contacts and useful websites

Miss Melanie Tipples	Head of School	melanie.Tipples@wsht.nhs.uk
Miss Zoe Woodward	TPD for ST1-2 Core Training Programme Director	zwoodward@nhs.net
Miss Padma Vankayalapati	TPD for ST3-5	padmavankayalapati@nhs.net
Miss Catherine Wykes	TPD for ST6-7. ATSM Director	Catherine.wykes@nhs.net
Miss Rebecca Malick	TPD for Regional Training Days & re- turn to Work	r.mallick@nhs.net
Miss Ruth Mason	HEKSS Workforce be- haviour champion	ruth.mason1@wsht.nhs.uk

Royal College of Obstetricians and Gynaecologists		http://www.rcog.org.uk/
NHS E-portfolio		https://www.nhseportfolios.org
RCOG Eportfolio team		eportfolio@rcog.org.uk
Synapse		https://secure.synapse.nhs.uk
HEKSS O&G Website		http://www.ksseducation.hee.nhs.uk/specialty/obs-gynae/
Health Education Training		https://www.lpmde.ac.uk/
Gold Guide for speciality training		https://www.copmed.org.uk/publications/the-gold-

Helpful starter tips

- Introduce yourself to the team especially to your consultants, other trainees, midwives, nurses, MCAs and theatre staff.
- Attend all induction meetings and do all the trust mandatory training.
- Arrange your induction meeting with your ES in the first two weeks of working and prepare a Personal Development Plan and sign your education agreement.
- Have a look at the RTDs and plan study leave especially for the part 1 MRCOG and discuss this with your ES.
- Familiarise yourself with the e-portfolio and synapse.
- Identify a higher trainee or SAS doctor who can be your mentor.
- Soon enough your feet will soon become drenched in liquor and blood daily. Always carry a spare pair of socks in your bag and invest in a good pair of crocks (without holes!)
- Whenever you have a couple of minutes to spare- EAT. Things change rapidly on LW which may leave you foodless for hours!
- Never make tea or coffee for just yourself on LW
- Keep a personal logbook of procedures you've done from Day 1

Acknowledgments

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ST1 Handbook
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