

KSS OBSTETRICS & GYNAECOLOGY ST1 HANDBOOK

-2024 EDITION-



Kent, Surrey, Sussex School of Obstetrics and Gynaecology
ST1 Handbook October 2024

WELCOME MESSAGES

As trainee representatives, we would like to welcome you to the wonderful Deanery of Kent, Surrey and Sussex for O&G training! At least 7 years of blood, meconium and any other bodily fluids imaginable lie ahead of you to create momentous memories and develop the core skills needed to complete training.

We might be biased, but we can confidently say that our job is one of the most rewarding and satisfying. Daily, we work together with patients and their families to support them through some of their most memorable and vulnerable stages in their lives. Be this helping managing puberty, supporting families to have babies or dealing with a wide range of gynaecological conditions from ovarian cysts, cancers, infertility, prolapse, menopause and much more.

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

As trainee reps, we work hand in hand with the deanery to make sure you get the training you need to excel in this speciality. Please keep in touch throughout your training so that we can support and maintain our high standards. When issues occur, we strive to problem solve them to ensure your continual progress through training.

Good luck to you all on the amazing adventure you are about to embark on!

Your Trainee Reps,

Tara, Abi, Miriam, Naomi, Laila, Charlotte, Natasha, Gill, Urme, Becky, Pavle, Ashwin, Benji, Ovia, Aya & Sina

MISS MELANIE TIPPLES, HEAD OF SCHOOL



Welcome to the Kent, Surrey and Sussex 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 Obstetrics & 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 (TPD) who works to develop this programme to ensure it covers all areas of the curriculum and new topics are regularly introduced. The trainee's 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 (CT) and TPDs 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 CTs 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 of training in KSS will be fulfilling, exciting and ultimately rewarding as you achieve your ambitions.

MISS SRI SANKARAN, TPD FOR ST1-2



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.

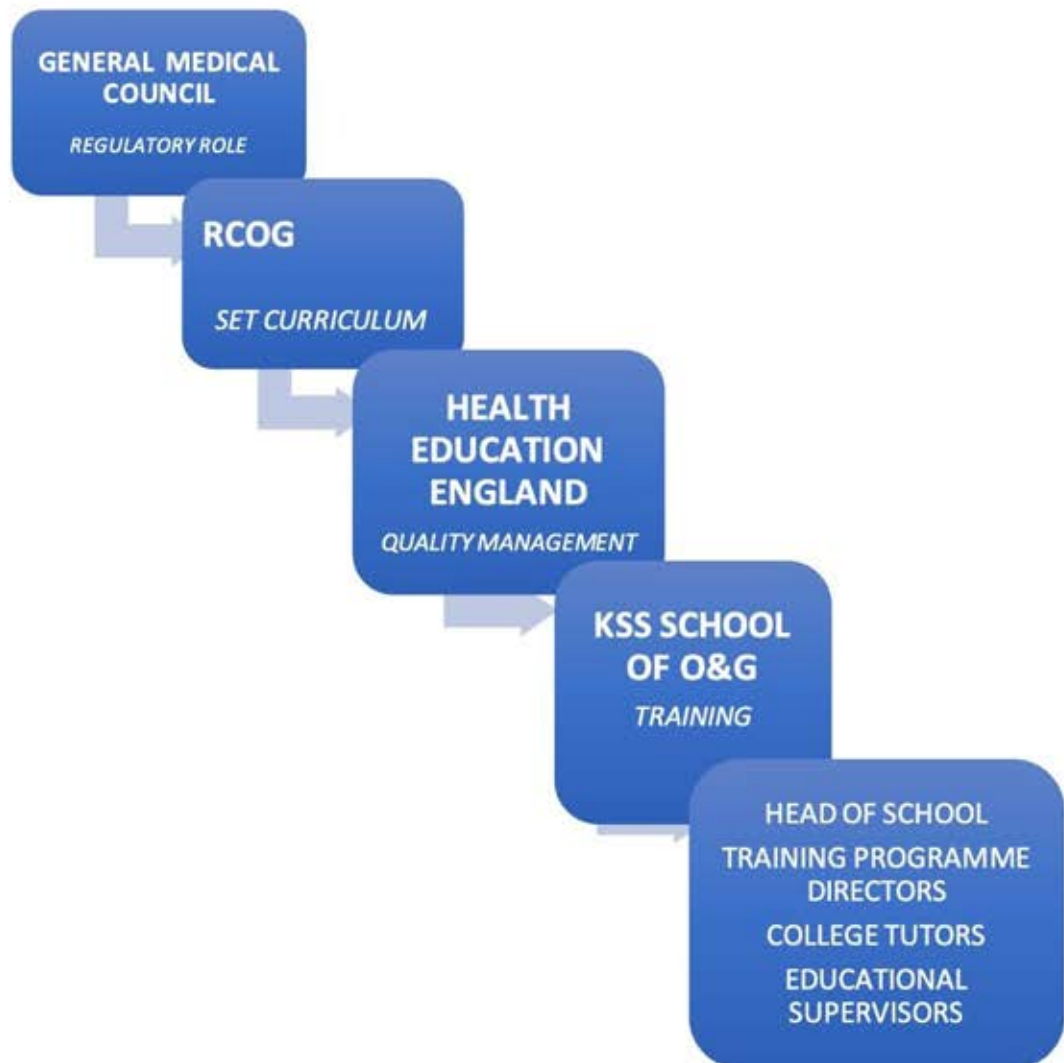
We will also endeavour to support you through this often-stressful transition from junior doctor to middle grade to consultant.

TABLE OF CONTENTS

1. *HEKSS School of Obstetrics and Gynaecology*
2. *Training Programme & Progression*
3. *E-portfolio & HEE Website*
4. *Career Planning*
5. *Trainee Representatives and Feedback*
6. *Helpful Starter Tips*
7. *Contacts & Useful Websites*

01

KSS SCHOOL OF OBSTETRICS & GYNAECOLOGY: AN OVERVIEW



NHSE (NHS England) Kent, Surrey and Sussex are supported by the London Healthcare Education Team [HET]. The team help with recruitment, workforce and training within the deanery.

Our administrators are Terry Field and Ieva Sheppard. If you have any queries for the team please send these via PGMDE support portal [PSP] - <https://lasepgmdesupport.hee.nhs.uk/support/home> .

01

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.

ROLE	NAME
HEAD OF SCHOOL (HOS)	MISS MELANIE TIPPLES
TPD FOR ST1-2E-PORTFOLIO CHAMPION	MISS SRIDEVI SANKARAN
TPD FOR ST3-5	MISS PADMA VANKAYALAPATI
TPD FOR ST6-7ADVANCED CURRICULUM DIRECTOR	MISS CATHERINE WYKES
TPD FOR REGIONAL TRAINING DAYS & RETURN TO TRAINING	MISS REBECCA MALLICK
KSS WORKPLACE BEHAVIOUR CHAMPION	MISS RUTH MASON

01

KSS DEANERY



Kent	Surrey	Sussex
1 - Dartford and Gravesham NHS Trust	1 - Ashford and St Peter's Hospitals NHS Trust	1 - Brighton and Sussex University Hospitals NHS Trust
2 - Medway NHS Foundation Trust	2 - Frimley Health NHS Foundation Trust	2 - East Sussex Healthcare NHS Trust
3 - Maidstone and Tunbridge Wells NHS Trust	3 - Royal Surrey County Hospital NHS Trust	3 - Queen Victoria Hospital NHS Trust
4 - East Kent Hospitals University NHS Foundation Trust	4 - Surrey and Sussex Healthcare NHS Trust	4 - Western Sussex Hospitals NHS Foundation Trust

KENT

MAIDSTONE & TUNBRIDGE WELLS
 MEDWAY MARITIME
 DARENT VALLEY
 WILLIAM HARVEY
 QUEEN ELIZABETH QUEEN MOTHER

SUSSEX

PRINCESS ROYAL & BRIGHTON COUNTY
 ST RICHARD'S
 WORTHING
 CONQUEST & EASTBOURNE
 ROYAL SUSSEX COUNTY

SURREY

ASHFORD AND ST PETER'S
 FRIMLEY PARK
 ROYAL SURREY COUNTY
 EAST SURREY

LONDON

YOU MAY GET THE OPPORTUNITY
 TO SPEND ONE YEAR IN THE FOLLOWING:
 ST THOMAS'
 ST GEORGE'S
 KING'S COLLEGE
 WOOLWICH
 KINGSTON

01

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.

ROLE	NAME
HEAD OF SCHOOL (HOS)	MISS MELANIE TIPPLES
TPD FOR ST1-2E-PORTFOLIO CHAMPION	MISS SRIDEVI SANKARAN
TPD FOR ST3-5	MISS PADMA VANKAYALAPATI
TPD FOR ST6-7ADVANCED CURRICULUM DIRECTOR	MISS CATHERINE WYKES
TPD FOR REGIONAL TRAINING DAYS & RETURN TO TRAINING	MISS REBECCA MALLICK
KSS WORKPLACE BEHAVIOUR CHAMPION	MISS RUTH MASON

01

COLLEGE TUTORS & EDUCATIONAL SUPERVISORS

Each trust has a designated college tutor. Your college tutor (CT) is responsible for:

- Assigning trainees to their Educational Supervisor (ES)
- Organising 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 Hospital	Karin Leslie	karin.leslie@nhs.net
Royal Sussex County Hospital	Sonali Kaushik	sonali.kaushik@nhs.net
Princess Royal Haywards Heath	Vuivun Wong	vuivun.wong@nhs.net
East Sussex Healthcare	Angeli Thallon	a.thallom@nhs.net
Darent Valley Hospital	Ammara Ghaffar	ammaraghaffar@nhs.net
William Harvey Hospital	Khairunnisa Syeda	k.syeda2@nhs.net
Queen Elizabeth Queen Mother	Louise Lea	Louise.lea@nhs.net
Frimley Park Hospital	Helen Walker	Helen.walker210@nhs.net
Maidstone & Tunbridge Wells	Sadia Muhammad	Sadia.muhammad@nhs.net
Medway Maritime Hospital	Joanna Clay	joannaclay@nhs.net
Royal Surrey County Hospital	Brendan Gallagher	brendan.gallagher@nhs.net
East Surrey Hospital	Ellie De la Hunt	eleanor.delahunt@nhs.net
St. Richard's (Chichester) & Worthing	Aaron Mcavoy- changing	Will be aaron.mcavoy@nhs.net

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

You should meet with your ES in the first 2 weeks of starting and then have regular meetings throughout the year – all should be documented on your e-portfolio.

MENTORSHIP

When you start in your trust it is useful to find a higher-level O&G trainee that you can gain valuable career advice from and then keep links with for support throughout your training. 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. They 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.

SUMMARY OF KSS HOSPITALS FIRST HAND FROM TRAINEES

UNIVERSITY HOSPITALS SUSSEX

Princess Royal Hospital, Royal Sussex County Hospital (Brighton), Worthing Hospital & St Richard's Hospital

Princess Royal Hospital (PRH) in Haywards Heath is the perfect place to see general O&G. The complex stuff tends to go up the road to the friendly cousin, the Royal Sussex 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 forceps deliveries. You will have time to perfect the art of the perineal repair and get good exposure to all your common labour triage presentations and obstetric emergencies. Gestations less than 34 weeks and BMI>40 are referred to the Royal Sussex County Hospital.

All varieties of clinics are on offer. Urogynaecology, benign gynaecology, maternal medicine, foetal medicine, colposcopy, gynae-oncology and ultrasound scanning. You are not expected to see patients alone until you are ready, and you don't have your own patient lists, so clinics as an SHO are very relaxed and good learning opportunities. You don't always get to go to clinic as much as you might like but when you do go, they are useful.

There are lots of regular elective gynae theatre lists on offer with plenty of opportunities to assist in theatre. You will see a good mix of general gynae surgery.

The consultants at PRH are lovely, friendly and approachable and always happy to make improvements and teach. 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 the opportunity to take adequate study leave.

Royal Sussex County Hospital in Brighton is a busier hospital. It has a tertiary centre for neonatal referrals so there are often pre-term deliveries. It is also a tertiary centre for gynae oncology. The team there is very busy and have FY1s as part of their rotation, and often separate ward rounds. The elective surgeries are performed at PRH. The consultants here are often a bit busier, but are often experts in their field, and teach at the Brighton University Medical School.

Worthing Hospital is based in Worthing. The annual delivery rate is just over 2000 per year. The department at Worthing shows a strong commitment to education and optimising training opportunities. It was voted the best obstetric training unit in the UK in 2017 and received an RCOG TEF award in both obstetrics and gynaecology in 2023.

There are excellent opportunities for trainees on nights, as on Monday, Tuesday and Wednesday nights, you work with the Resident on Call consultants. This allows a great chance to develop as a junior trainee with supportive feedback.

The SHO rota is usually managed by a SHO with SpR and consultant support. It has been developed to ensure that you get weekly training opportunities such as assisting in theatre lists, participating in clinics under consultant supervision, designated time for audit or attending perinatal and gynaecology risk meetings. The acuity supports time to prepare for part 1 MRCOG.

Worthing Hospital is a friendly working environment with a supportive and approachable consultant body and welcoming midwifery and nursing teams, all dedicated to providing an excellent training experience.

RSt Richard's Hospital [SRH] is a medium-sized DGH in Chichester. It has an annual birth rate of just over 2000 and benefits from an onsite birth unit. Usually, the SHOs rotate on an 8-week rolling rota with normally 2 ST1s allocated to SRH.

Main duties:

- EPAC SHO: Will soon be nurse led but at the minute, EPAC SHO reviews patients with senior support.
- Labour ward SHO: Covering labour ward, the ante- and postnatal ward and day assessment unit.
- Gynae SHO: Reviewing ward patients and patients attending A+ E. The gynae SHO accepts or declines A+E referrals- if uncertain, discuss with senior or ask A+E to review first if appropriate. Daily opportunities to shadow Gynae SpR performing surgical management of miscarriages.

On nights, the on call SHO attends the postnatal ward at 7am (if free) to see the postnatal patients. Historically, the ST1 will take on the role as the rota co-ordinator or have shared it with another colleague.

Multiple educational opportunities available on rota- theatres usually have 1 SHO allocated with daily clinics to attend.

It is not a very busy unit so good opportunity to undertake part 1 MRCOG and to develop your portfolio. All specialities are represented so can foster interest in multiple aspects of O+G. In the 2023 RCOG Training Evaluation Form (TEF), SRH was nominated in best Professional Development category and were considered for National Best Unit.

WILLIAM HARVEY HOSPITAL (East Kent Hospital University NHS Foundation Trust)

William Harvey Hospital (WHH) is a friendly District General Hospital (DGH) with approximately 4000 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 12 SHOs and 11 registrars, of which 3 SHOs 5 registrars are training in obstetrics and gynaecology. Consultants are very approachable and keen to teach practical skills.

In terms of the rota: Weekends are at a 1 in 2 – 1 in 3 frequency and there is only one SHO and one registrar covering O&G out of hours. There is a 9-week rolling rota for on calls. This includes 1x weekday nights, 1 x weekend nights, 1 x weekend long days and 5 other long days during the week. Zero days are within the rota so you get nine zero days per 9-week cycle which 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.

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

ROYAL SURREY COUNTY HOSPITAL NHS Foundation Trust (Guildford)

Royal Surrey County Hospital (RSCH) is a small sized DGH with about 2700, deliveries per year. There are usually two ST1's, two ST2's, one ST3 and various SpR grades. There are two SHO's for the daytime shift (one obs, one gynae) plus an additional SHO covering the elective section lists. This provides excellent exposure for ST1's and 2's to Caesarean Sections.

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 with an additional SHO covering gynaecology in the morning. The workload is manageable making it a good choice of unit while taking MRCOG exams.

There is tertiary level Gynaecology surgery with special focus on minimal access surgery. There is also the opportunity to train at the Minimal Access Training Unit [MATU] and utilise highly sophisticated laparoscopic trainers. It is a lovely little unit to work at, with a very supportive Clinical Tutor who is engaged with trainees. The midwives are very experienced and friendly. The maternity unit was deemed outstanding in the 2024 CQC assessment.

MEDWAY MARITIME HOSPITAL (Medway NHS Foundation)

Medway Maritime Hospital is a busy unit with 5000 deliveries per year. Tertiary level 3 NICU and regional Fetal Medicine Unit so lots of complex cases. Midwifery led unit attached.

Rota: There is a rolling junior rota consisting of 14 SHO slots (usually 3 trainee SHOs) and 2 F1s.

Normal day: will have 2 assignments per day e.g. morning clinic and afternoon theatre. The rota is well organised weeks in advance and very varied and there is a good range of exposure including obstetric or gynae on calls, antenatal clinic (ANC), gynae clinics (GOPD), day case theatre, main theatre, maternity triage, gynae assessment unit (GAU), antenatal/postnatal ward and elective c-sections. There are elective c-section lists every morning/afternoon and trainees will be assigned to these lists where possible. If you have specific interests, speak to rota coordinator and requests will try to be accommodated eg. Colposcopy, urogynae, FMU/EPAC scanning.

Day on call: Registrar takes all referrals. Labour ward on call (LW) 1 SHO & 1 registrar, Gynae on call - 1 SHO & 1 registrar. Consultant on call: 24 hours for LW - also covers gynae from 5pm-8:30am. Gynae Consultant of the Week from 08:30-17:00 Mon-Fri. Weekend and long days: 1 LW SHO and 1 LW registrar, 1 gynae SHO and 1 gynae registrar. Consultant on call 24 hours at weekends-covers Obs & Gynae. Nights: 1 SHO and 2 registrars (1 for LW and 1 for gynae).

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 district general hospital with 4500-5000 births per year. The college tutor for East Surrey Hospital is Ms De La Hunt.

ROTA: There is a 10-week rolling rota during which you work one set of weekday nights (Monday to Thursday) and one set of weekend nights (Friday to Sunday) 4 weeks apart. There is a weekend on-call for gynae 8am-5pm and obstetrics 8am-8.30pm within the 10 week rota. Only 2 SHOs are allowed on annual leave and 2 SHOs on study leave on any given day unless clinical activity and staffing allow more. Every week there is at least one long day which you will need to swap out of in order to take leave.

Starting in October East Surrey will be moving to a 2-registrar rota overnight.

GYNAECOLOGY: Monday to Friday 8-8.30pm there is an SHO and SpR covering the acute gynaecology on call with an additional SHO till 5pm covering EPU when staffing allows. Saturday and Sunday there is a registrar and SHO covering the acute gynaecology on call from 8-5pm.

There is a gynaecology ward and a combined early pregnancy and gynaecology assessment unit within it. It is staffed everyday by a nurse and there are acute gynae/early pregnancy scanning appointments available Monday-Saturday. The nurses who run EPU/GAU and who work on the gynaecology ward are also very experienced and approachable and overall the unit runs very well.

OBSTETRICS: There is one SpR and one SHO covering obstetrics Monday-Friday 8am-8.30pm. Over Saturday and Sunday the LD SPR and SHO cover obstetrics only till 5pm and cover both obstetrics and gynaecology from 5pm-8.30pm.

The labour ward consists of 8 delivery rooms, a 2-bed high-dependency unit (HDU) on labour ward and a 3-bed birthing unit. There are lots of opportunities for caesareans, instrumentals and suturing. The midwives are supportive and friendly and this is a great unit to work with.

TUNBRIDGE WELLS HOSPITAL (Maidstone and Tunbridge Wells NHS)

Averaging 6000 deliveries per year, Tunbridge Wells Hospital is the ideal place to learn obstetrics as you will get plenty of labour ward experience. Do make the most out of it and try to get your ST2 Obstetrics OSATS signed off here. 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 lunchtime teaching three days a week including CTG teaching, in addition to half-day biweekly teaching and monthly clinical governance meetings. Not everyone can attend each week/month, but they try to allocate you in turn on the rota. ST1 trainees will get to do a caesarean section list at least once a week. We have a double list on most days now 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. You will get to attend gynae and antenatal clinics and will be able to see patients solo in your own room with support from a registrar and/or consultant. You will be left to be independent in maternity triage and in A&E with senior support available whenever needed. The college tutor is very helpful so if you feel like you need to do more or less of something she is very receptive and will help with this.

The nights used to be very busy as SHOs carried both gynae and labour ward bleeps, but now there are 2 separate night SHOs for obstetrics and gynaecology, making nights very manageable. Obstetrics nights tend to be busier, so you might be asked to help in triage if you're gynae night on-call. The gynae night SHO is also expected to do some postnatal EDNs in the early morning to help with flow. There are also two registrars on at night, so if one is tied up in theatre/ labour ward, the second should be available. Since introducing a second night SHO, the rota has become more intense in terms of long day and night shift frequency. Monthly full admin days are also part of the rota.

You will get to spend a week in gynae oncology at Maidstone Hospital every three months or so. This is a quiet block so a good chance to do audits and catch up on study, but you can head to theatre sessions if that interests you. Overall, you can get lots out of working here so do if you are placed here!

ASHFORD AND ST PETER'S HOSPITAL NHS Foundation Trust

Ashford and St. Peter's Hospital (ASPH) – This placement is across 2 sites: acute site at St Peter's Hospital, and its elective operating at Ashford Hospital. It is a DGH with approximately 3200 deliveries per year. It has a level 3 NICU unit and accepts transfers <28 weeks, from many other units which means it can become quite busy, but you get excellent experience at managing preterm birth. It also specialises in managing tertiary level endometriosis care and exposure to robotic surgery.

On a weekday the SHOs consist 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. Night cover is one SpR and one SHO. On weekends there are 3 SHOs (1x LW: 0900-2130, 1xgynae: 0900-1900, 1xpostnatal [aka JBW]:0900-1700) and 1 SpR. It's an 11-week rolling rota involving 1 x gynae weekend, 1 x LW weekend and 1 x weekend nights, and 1 x weeknights (Monday to Thursday).

DARENT VALLEY HOSPITAL (Dartford and Gravesham NHS Trust)

It's safe to say you will have a great year at Darent Valley Hospital (DVH); the consultants are very experienced and approachable and there are very experienced staff grade seniors alongside trainee registrars. The rest of the MDT are as equally experienced, helpful and friendly.

There are usually two ST1 trainees, and one or two ST2's on the SHO rota. Main duties include gynae and labour ward oncalls (days 08:30- 21:00, nights 20:30 – 09:00). On gynae you cover acute gynae ward, patients and sometimes EPU. Labour ward covers labour ward, antenatal and sometimes postnatal as well as the occasional MAU/DAU cover. Nights you cover both obs & gynae with two registrars to support. You get to actively participate in gynae clinics and some obstetric clinics. There are also PLENTY of gynae operating lists.

The maternity department sees over 5000 births per year which makes it large by DGH standards and therefore labour ward has plenty of opportunities; you will be doing caesareans both electives and emergencies, assisted deliveries (kiwi and forceps) and perineal repairs.

For gynae training, DVH is unusual as the SHOs quite often find themselves the first assistant to a consultant. DVH is known for some of the best gynae operating opportunities in KSS so take every chance you can. You will have the opportunity to do diagnostic and operative laparoscopies and hysteroscopies. There is a dedicated surgical management of miscarriage (SMMs) list which you can lead on with senior support. If you show interest, you will get every opportunity to build a great base for a surgical career. The hospital has recently acquired a robot, and gynae are one of the first specialties to start using it.

You will also learn a lot from gynaecology clinics, working alongside the consultant and registrars. You will be expected and encouraged to run your plans past a senior, so you can use this as an educational opportunity to get those CBD/Mini-CEXs signed off. You can also get experience in outpatient hysteroscopy, mirena coils, smear test etc.

The Early Pregnancy Unit is one of the best. The nurses are trained in scanning and therefore know every aspect of early pregnancy issues, and will be able to help you with management plans, reviews...basically anything you need whilst there. During the course of the year they can also teach you how to scan if you are interested. Study leave weeks can be requested, or you will be allocated sessions on the rota.

With regards to study leave, you shouldn't struggle to get it as the department tends to be very accommodating for any educational need. The rota is also very manageable with approximately 9-10 SHOs, giving you plenty of time for exam revision if needed. Annual leave is requested on a first come first serve basis via a googlesheets, and the rota team are always really considerate if extra/emergency leave is needed.

Departmental teaching occurs once a month and is delivered on a protected day (very rare!) alongside audit – it is a mixture of face to face and online. You will be expected to attend if you are not on call/on leave. The consultants are also very proactive with audit and research projects, and there is a very engaging audit team so you will have no difficulty finding projects throughout the year.

It's a great place to start your O&G journey and many trainees want to return year after year.

QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL (East Kent Hospitals University NHS Foundation Trust)

Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate is the perfect place to start off your training in O&G. This little DGH 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 and caesarean sections with plenty of senior supervision. Instrumentals are slightly harder to come by. 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.

At QEQM you will be taking referrals from GPs and A&E as an SHO which will help you learn much quicker. Aside from A&E, 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.

Although exposure to antenatal and gynae clinics is limited, we have a lovely rota coordinator who will do her best to fit you into specific clinics you wish to attend. Due to limited rooms, you will most likely be sitting in with a reg or consultant, but you will still get to learn plenty!

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. It is very easy and recommended to get your ST2 gynaecology OSATS signed off at QEQM even as an ST1! 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's 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. In terms of teaching, there are many learning opportunities including weekly MDMs, monthly M&M meetings, bimonthly audit days, weekly afternoon teaching sessions joint with William Harvey, and more. 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 3000, deliveries per year. On the middle grade rota, there are 10 slots (3-4 trainees with another 5-6 non-training SpRs). On the junior rota, there are 5 GP trainees who rotate every 4 months, 3-4 ST1-2 trainees and 1-2 FY1-2. The consultants are all very approachable and happy to get you involved. There are 4 elective caesarean 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). The gynae ward is small, with only 6 beds and 1 side room, 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, a small DAU, as well as both obstetric and gynae outpatient clinics.

You will spend the majority of your time at Conquest (Hastings) 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. This will help to get sign offs in diagnostic hysteroscopies, smear clinics, pessary and 2 ww clinics.

FRIMLEY PARK HOSPITAL (Frimley Health NHS Foundation Trust)

Frimley Park is one of the best hospitals when it comes to obstetrics experience. One of our busier units with 5500 deliveries annually and a two-tier system means that you have both a registrar and a consultant to walk you through instrumentals, caesarean sections and stepping up to registrar on labour ward. The St1/2 trainees are on a separate rota to GPs/foundation doctors 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. Clinic-wise you can attend infertility, urogynaecology, endometriosis and general gynaecology clinics.

Gynae operating includes robotic surgery which is amazing to witness and sometimes participate in! Being a busy unit there is always something going on and the consultants are extremely supportive and enthusiastic to teach and get you involved.



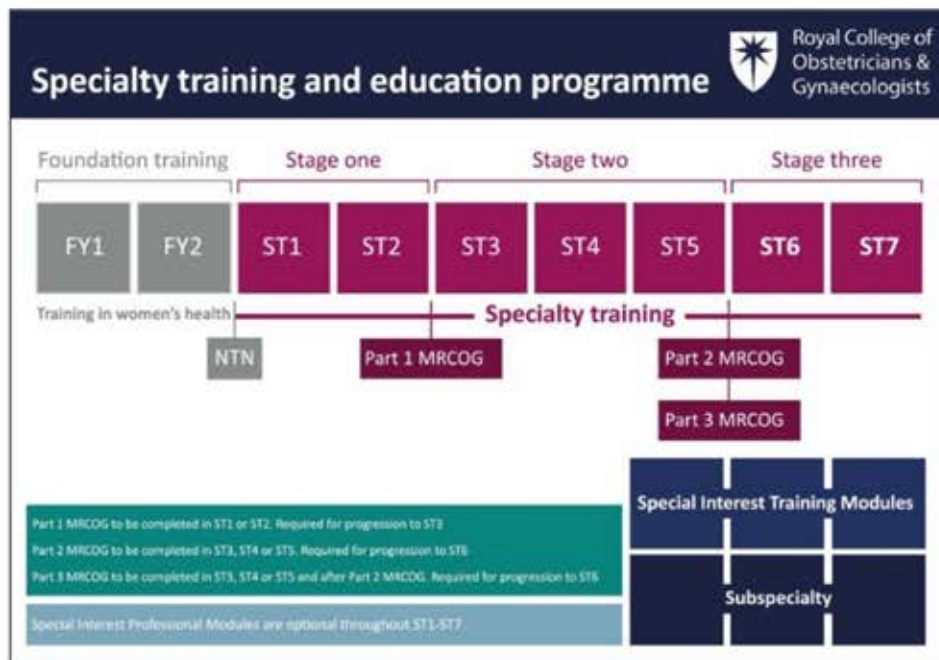
02

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 training (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.

A new O&G core curriculum was launched in August 2024 which was in response to the current O&G workforce needs [highlighted in the O&G Workforce Report 2022] in the years to come.



Special Interest Professional Modules [SIPMs]

New for 2024 – SIPMs help learners develop professional skills beyond the core curriculum. These modules can be taken at any training stage, but most start in ST3 after completing core curriculum skills. These are available as stand-alone modules for all O&G doctors. The 2024 SIPMS available are:

1. **Clinical Research**
2. **Leadership & Management**
3. **Medical Education**

02

CAREER PLANNING [SITMS]

From the start of your O&G career you need to be thinking and gaining skills that will enhance your ability to take special training modules to be able to apply for your choice of consultant job. Previously called ATSMs [advanced training speciality modules], in 2024 these were changed to Special Interest Training Modules [SITMs]. You can undertake your first SITM from ST5 onwards and need to complete 2 SITMs to be awarded CCT. Please see RCOG website for details of these.

There are also 4 subspecialty training schemes you can apply for later in training. These are in:

- **Gynaecological Oncology**
- **Urogynaecology**
- **Reproductive medicine**
- **Maternal and Fetal Medicine**

02

THE RCOG TRAINING MATRIX FOR ST1 & ST2

	ST1	ST2
Curriculum progression	CiP progress appropriate to ST1 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST2 as per the CiP guides 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	Caesarean section (basic) Non-rotational assisted vaginal delivery Perineal repairSurgical management of miscarriage Endometrial biopsy Insertion of IUS or IUCD
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	Basic Practical Skills in Obstetrics and Gynaecology CTG training (usually eLearning package) and other local mandatory training Obstetric simulation course (e.g. PROMPT/other)	Basic ultrasound 3rd degree tear course Specific courses required as per curriculum to be able to complete basic competencies Resilience coursee.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 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 taken into consideration 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 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 may need to 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_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf

Regional Training Days

Besides the hands on training and local departmental teaching within your local units, 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 ST1-7 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 KSS website where you will find the appropriate booking link.

KSS also holds a yearly laparoscopy course held over 4-6 dates where you get your own laparoscopic trainer to further develop your surgical skills in light of theatre lists at times being difficult to get exposure to. There is a basic, intermediate and advanced stream and you will be notified from October for the opportunity to sign up.

Miss Rebecca Mallick is our TPD for regional training days & organiser of the deanery laparoscopy course; you can contact her if you have any queries about RTDs or any ideas for topics.

Training Resources

Below is a list of tried and tested training resources that you may find helpful throughout your training! Often you get online certificates for completing modules – link these to your e-portfolio!

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.
RCOG eLearning https://elearning.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 are very useful!
Faculty of Sexual and Reproductive Healthcare www.fsrh.org	Excellent resource for education and training on all aspects of sexual and reproductive health, with guidance on hormonal management of menstrual disorders, contraception and HRT. It is also possible to register for FSRH qualifications from the website
E-Learning for Healthcare https://www.e-lfh.org.uk/	NHS England website providing elearning to educate and train the health and social care workforce. Free access to lots of training modules relevant to O&G, including the Electronic Fetal Monitoring programme, approved by the RCOG.
Fetal Medicine Foundation https://fetalmedicine.org	The foundation set up by Professor Kypros Nikolaides. This website contains free resources to aid ultrasound and foetal medicine training. You can also upload evidence (whilst maintaining patient confidentiality) of your own ultrasound training for accreditation.
WebSurg www.websurg.com	This site has free access to a lot of gynae operations with running commentary - worth a watch!
Global Women's Medicine www.glowm.com	This site contains clinical guidance and resources on women's medicine, compiled by an international group of medical professionals. There is free online access to many clinical texts relevant to obstetrics and gynaecology.
Canadian Society for the Advancement of Gynecologic Excellence www.cansage.org	This website provides free access to lots of great videos highlighting key surgical foundations and techniques relevant to obstetrics and gynaecology procedures, as well as ultrasound in O&G.
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.

Other links to key O&G societies:

- Urogynaecology – BSUG, IUGA, UKCS
- Gynaecology Oncology – BGCS
- Benign Gynaecology/Minimal access surgery – BSGE/ESGE
- Fetal Medicine – FMF, IFMSS
- Colposcopy – BSCCP
- Infertility – ESHRE
- Intrapartum care – British intrapartum care society
- Maternal Medicine - MOMS, BMFMS
- Maternal Morbidity & Mortality data – MBBRACE
- Ultrasound - ISUOG

ULTRASOUND TRAINING

There are two dedicated Ultrasound leads, **Professor 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.

By the end of ST3, you are required to have at least three Summative OSATs by different assessors (including one consultant) confirming:

- Transabdominal ultrasound of early pregnancy
- Transabdominal ultrasound of late pregnancy

The table below is a summary of the skills/OSATs in the 2019 curriculum. You can find more details for all skills in the ultrasound guidance on RCOG eLearning.

Gynaecology	Transabdominal ultrasound examination of early pregnancy <14/40 (mandatory)
	Ultrasound examination of early pregnancy complications (optional)
	Ultrasound examination in gynaecology (non-pregnant patient) (optional)
Obstetric	Transabdominal ultrasound examination in later pregnancy (mandatory)
	Transabdominal ultrasound examination of biometry in later pregnancy (formative – mandatory, summative – optional)
	Transabdominal ultrasound examination of fetal anatomy in later pregnancy (optional)
	Transvaginal examination in later pregnancy (optional)

You 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 and St Peter's	Izuwah-Njokun.izuwah-njoku@nhs.net	Sian McDonnellSian.mcdonnell@nhs.net
Royal Sussex County Hospital	Tasneem SinghalTasneem.singhali@nhs.net	TBC
Princess Royal Haywards Heath	Tasneem Singhal	TBC
Conquest East Sussex Healthcare	Nicky RobertsNicole.roberts1@nhs.net	Nicky Robertsnicole.roberts1@nhs.net
Darent Valley	Gabriel Awadzigabrielawadzi@nhs.net	Ahmed Khalil
William Harvey Hospital	Nayantara Bijral	Christina Aung
Queen Elizabeth Queen Mother	Preethi Angala	Nimmi Othayoth
Frimley Park	Sridevi SankaranSridevi.sankaran@nhs.net	Sima DelavariSima.delavari3@nhs.net
Maidstone & Tunbridge Wells	Rasana Bachracharyarasanabajracharya@nhs.net	Rasana Bachracharyarasanabajracharya@nhs.net
Medway	Melissa IslamMelissa.islam@nhs.net	Ranjit AkolekarRanjit.akolekar@nhs.net
Royal Surrey County Hospital	Chimwemwe KalumbiChimwemwe.kalumbi@nhs.net	Samar Geris
East Surrey	Karen Jermyk.jermy@nhs.net	Hina Gandhi & Sharmila Sivarajanhina.gandhi1@nhs.net.sivarajan@nhs.net
St. Richard's (Chichester)	Neelima Dixit	Attila VecseiAttila.vecsei@nhs.net
Worthing	Anna Stienen-DurandAnna.stienen-durand1@nhs.net	Ruth MasonRuth.mason10@nhs.net

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 virtually. 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. Aim to complete most of your competencies and complete your training year requirements by then.

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 in around April which must be completed and co-signed by your ES prior to the review. The IR form changes according to the year of training. Once complete and signed it needs uploading to your e-portfolio ready for your ARCP. Below is an example of the ST1 IR form from 2023-2024:

School of Obstetrics & Gynaecology (ST1) Interim Review Kent/Surrey/Sussex			
Trainee Name		Speciality	DOB
Grade	ST1	Trainee BRN/NTS	
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 Structural Report Educational supervisor to complete online at end of placement before ARCP (this is not a requirement for Interim Review)			
Work based assessment records: MiniCEX CBDs reflective practice			
Cervical smear			
Examination			
MRCOG Part 1 (not mandatory)			
Team Observation Forms *			
Two TDZ's per year (approx. at 4 & 8 months)			
TDZ1's			
Regional Teaching			
Attendance at 4 Regional Teaching days			
TEP completed on e-portfolio			
Recommended course			
Basic practical skills in Obs and Gynae			
CTG training (usually local)			
Obstetric simulation (Promot/ALSO)			
GP - Health Professional			
GP 1 Clinical skills and patient care			
GP 2 Working in health organisations			
GP 3 Leadership			
GP 4 Quality Improvement			
GP 5 Human factors			
GP - Research, Scholar and Educator			
GP 6 Developing self & others			

GP 7 Innovation and research		
GP 8 Educator		
GP - Clinical Expert		
GP 9 Emergency gynaecology and early pregnancy		
GP 10 Emergency Obstetrics		
GP 11 Non-emergency gynaecology and early pregnancy		
GP 12 Non-emergency obstetrics		
GP - Champions for Women's Health		
GP 13 Non-discrimination and inclusion		
GP 14 Health promotion		
Educational Supervisor's comments on progress		
Name of ES: _____ Date completed: _____		
If trainee wishes acceleration of training, please discuss with your ES and confirm in this column -		
IR Panel Notes (e.g. Requirements before ARCP, Career advice, trainee progress and points of discussion):		

ANNUAL REVIEW OF COMPETENCE PROGRESSION [ARCP]

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. All information required is on the HEKSS website:

<https://kss.hee.nhs.uk/obs-gynaec/arcps-and-interim-review/>

ARCP requirements to ensure successful progression include:

1. Up to date e-portfolio. Each level of competency needs to be countersigned by trainee and the ES.
2. Your ES will need to complete a supervisor's report on your e-portfolio 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. This needs to be signed by both the ES and the trainee.
3. Records of any initial/interim meetings and appraisals with your ES
4. Training evaluation form + GMC Trainee Survey completion
5. Up to date logbook with sign off of appropriate competencies as detailed in RCOG training matrix
6. TO2 form
7. Up to date CV
8. Record of all RTDs attended
9. Completed CCT proforma with anticipated CCT date
10. Signed IR Form
11. 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 Professor Jo Szram, 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 and self-declaration form and upload a PDF copy onto your e-portfolio.

The R form should include the following:

- 1) Sick leave: all days including absence for parenting
- 2) Locum work at any different trust to the one currently placed in
- 3) Additional date 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.rcog.org.uk/en/careers-training/>
2. <https://www.copmed.org.uk/publications/gold-guide/gold-guide-9th-edition>
3. <https://kss.hee.nhs.uk/resources-information/>

For information about MRCOG exams including revision courses to attend:

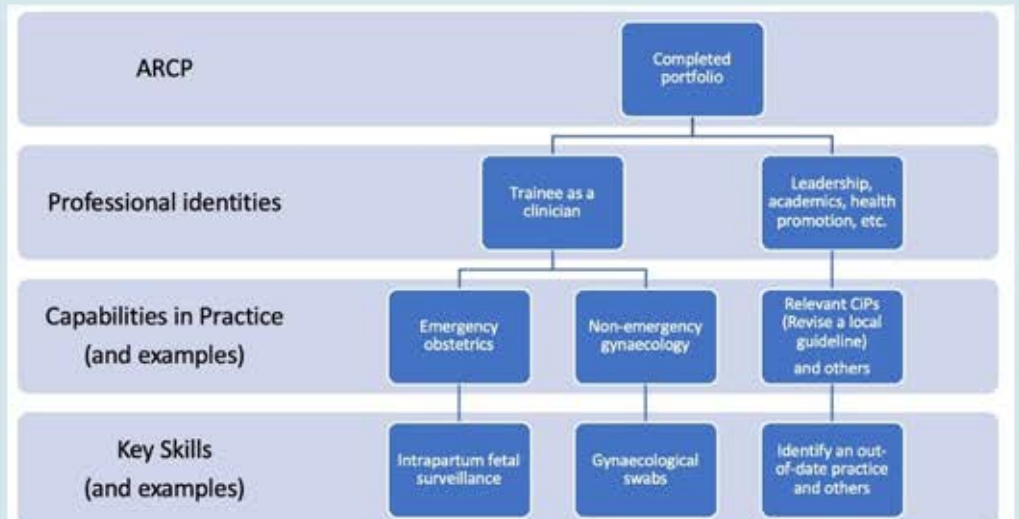
<https://www.rcog.org.uk/careers-and-training/exams/mrcog-our-specialty-training-exam/>

03

E-PORTFOLIO AND HEE WEBSITE

E-PORTFOLIO

The E-portfolio provides a structured framework to document your training, track your progress against the curriculum requirements, and demonstrate your competence and professionalism. A new curriculum and e-portfolio was introduced in 2019 and then updated in 2024; This became more trainee-led and competency-focussed, allowing a trainee to show evidence of ability in the different areas of practice.



CiPs – The curriculum is divided into 14 CiPs (Capabilities in Practice). 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 foetal growth restriction).



Core curriculum progress

See where you have added items to Key Skills in Stage three.

Healthcare Professional	Researcher, Scholar and Educator	Clinical Expert	Champion for Women's Health
CP 1 Clinical skills and patient care	CP 6 Developing self & others	CP 9 Emergency gynaecology and early pregnancy	CP 13 Non-discrimination and inclusion
CP 2 Working in health organisations	CP 7 Innovation and research	CP 10 Emergency obstetrics	CP 14 Health promotion
CP 3 Leadership	CP 8 Educator	CP 11 Non-emergency gynaecology and early pregnancy	
CP 4 Quality Improvement		CP 12 Non-emergency obstetrics	
CP 5 Human factors			

ADD 

[View curricula](#) >

By the end of ST2 you need to have placed evidence by each section of each CIP and your ES will need to sign off that you have completed the CIP to the required competency level.

- 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.
- **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. ST1s must be signed off for cervical smears 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.**

OTHER TYPES OF EVIDENCE

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 ES 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.

NOTTS tool – for labour ward and gynae: shows proof of non-technical skills, for example, leading a ward round on labour ward.

RTD certificates – Trainees should attend RTDs throughout the year and upload their attendance certificates to their e-portfolio. 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 according to the training matrix each year to pass their ARCP.

Pro-tips:

- 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.

KSS WEBSITE

Health Education England have a website which is a central site and hub for numerous resources. You can access the website on:

<https://kss.hee.nhs.uk/obs-gynae/>

Here are a few things you will find the website useful for;

- Information about the school of O&G and its faculty
- Training programme and curricula
- Notifications and any documents related to ARCP and IR
<https://kss.hee.nhs.uk/obs-gynae/arcps-and-interim-review/>
- Booking of RTDs <https://kss.hee.nhs.uk/events/>
- A portal in which you can ask questions to HEE KSS as well as a page with "Frequently Asked Questions"
- Information re courses, events, training and fellowship opportunities
- Information about trainee wellbeing and support
<https://kss.hee.nhs.uk/obs-gynae/og-workplace-support/>

Booking RTDs:

1. Access the website
2. Click on events on the main homepage or visit
<https://kss.hee.nhs.uk/events/>
3. Select O&G events
4. Select the event you would like to book
5. To register, click on HEE London and South East PGMDE Events Booking Portal and fill in the booking form
6. You will receive an email confirming your booking which also contains instructions on how to cancel your booking
7. You will receive a certificate of attendance after filling in the online feedback form after the RTD.

Asking questions of HEKSS:

1. Access the website
2. Click on support portal FAQs on the main home page or directly 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.
3. Once you have access to the portal, select: "from the London/KSS deanery" and then select "Trainee".
4. Select trainee FAQs and on the next page, use the link named "What if none of the FAQs answer my question?"
5. 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 you will receive an e-mail receipt of your enquiry and usually, they're pretty quick at getting back to you.

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 coordinator 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.

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 HEKSS 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 HEKSS study leave lists and will be marked as optional.
3. **Aspirational courses** will not appear on the HEKSS study leave lists. Trainees must first write to their TPD/relevant HoS to request approval to attend any course not on the HEKSS lists. Approval is given in writing from the HoS and trainees can then apply at a trust level

Course lists for HEKSS School of O&G

LINK:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/articles/7000074521-o-and-g-course-list>

STUDY LEAVE CODES

School	Specialty/Programme	Code	Event Title	Mandatory/Optional	ST1	ST2	ST3	ST4	ST5	ST6	ST7	
O&G	All	OBSG0001	Exam preparation course relevant to level of training (max 1 per sitting - please see FAQ for more info)	Optional	X	X	X	X	X			
O&G	All	TRAC0001	Travel and accommodation expenses to attend exams (no exam fees)	n/a	X	X	X	X	X	X	X	
O&G	All	OBSG0002	Developing skills for educational supervision (e.g. train the trainers course)	Optional	X	X	X	X	X	X	X	
O&G	All	OBSG0003	National Conference attendance relevant to curricular progression	Optional	X	X	X	X	X	X	X	
O&G	All	OBSG0004	National Courses and Events for Critical Appraisal Training	Optional	X	X	X	X	X	X	X	
O&G	All	OBSG0005	National Courses and Events relating to Human Factors Training	Optional	X	X	X	X	X	X	X	
O&G	All	OBSG0006	Regional Training Days - For trainee use only	Mandatory	X	X	X	X	X	X	X	
O&G	All	All international events	International Guidance Applies from 7th August 2019 (see PGMDE Support Portal)	Discretionary	One application every three years							
O&G	All	Leadership courses	Guidance on leadership courses applies from 28th April 2021 (see PGMDE Support Portal)	Discretionary (if not LEEP or Edward Jenner)	See FAQ here							
O&G	All	LEEP0001	LEEP	(For Trust use only)								
O&G	SRTT only	SRTT0001	Courses to support return to training (only to be used by trainees who have been approved for SRTT funding)	n/a								
O&G	O&G	OBSG0007	Specific courses required as per curriculum to be able to complete basic competencies	Mandatory	X	X	X					
O&G	O&G	OBSG0008	Specific courses required as per curriculum to be able to complete intermediate and higher competencies (see above for guidance on leadership courses)	Mandatory				X	X	X	X	
O&G	O&G - KSS	OBSG0019	Basic Practical skills in O&G (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0020	CTG training (usually elearning package) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0021	Obstetric simulation training e.g. ALSO/PROMPT (can be local in house) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0022	MRCOG part 1 course (once only in ST1 or ST2)	Optional	X	X						
O&G	O&G - KSS	OBSG0023	Basic ultrasound scan course (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0024	RoBUST	Mandatory	X							
O&G	O&G - KSS	OBSG0025	Perineal repair including 3rd or 4th degree tear course (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0026	Child protection training (in-house)	Mandatory	X	X	X	X	X	X	X	
O&G	O&G - KSS	OBSG0027	Communication/counselling skills/breaking bad news (in-house) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0028	STEP course	Mandatory			X					
O&G	O&G - KSS	OBSG0029	Early pregnancy and gynaec ultrasound (usually RTD); once in ST3-ST5	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0030	Assisted reproduction/management of the infertile couple (once only in ST3-ST5)	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0031	Rape/sexual assault/forensic gynaec (usually RTD); once in ST3-ST5	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0032	MRCOG part 2 course (once only in ST3-ST5)	Optional			X	X	X			
O&G	O&G - KSS	OBSG0033	MRCOG part 3 course (once only in ST3-ST5)	Optional			X	X	X			
O&G	O&G - KSS	OBSG0035	Train the Trainers course (once only in ST6 or ST7)	Mandatory						X	X	
O&G	O&G - KSS	OBSG0036	MOET (management of obstetric emergency course) (once only in ST6 or ST7)	Optional						X	X	
O&G	O&G - KSS	OBSG0038	Regional Training Days (four per year)	Mandatory	X	X	X	X	X	X	X	
O&G	O&G - KSS	OBSG0039	ATSM course (one RCOG approved course for each of 2 ATSMs)	Mandatory						X	X	
O&G	O&G - KSS	OBSG0051	KSS Laparoscopy Course	Mandatory		X			X		X	
O&G	O&G - KSS	OBSG0019	Basic Practical skills in O&G (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0020	CTG training (usually elearning package) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0021	Obstetric simulation training e.g. ALSO/PROMPT (can be local in house) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0023	Basic ultrasound scan course (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0024	RoBUST	Mandatory	X							
O&G	O&G - KSS	OBSG0025	Perineal repair including 3rd or 4th degree tear course (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0026	Child protection training (in-house)	Mandatory	X	X	X	X	X	X	X	
O&G	O&G - KSS	OBSG0027	Communication/counselling skills/breaking bad news (in-house) (ST1 or ST2)	Mandatory	X	X						
O&G	O&G - KSS	OBSG0028	STEP course	Mandatory			X					
O&G	O&G - KSS	OBSG0029	Early pregnancy and gynaec ultrasound (usually RTD); once in ST3-ST5	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0030	Assisted reproduction/management of the infertile couple (once only in ST3-ST5)	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0031	Rape/sexual assault/forensic gynaec (usually RTD); once in ST3-ST5	Mandatory			X	X	X			
O&G	O&G - KSS	OBSG0036	MOET (management of obstetric emergency course) (once only in ST6 or ST7)	Optional						X	X	
O&G	O&G - KSS	OBSG0038	Regional Training Days (four per year)	Mandatory	X	X	X	X	X	X	X	
O&G	O&G - KSS	OBSG0039	ATSM course (one RCOG approved course for each of 2 ATSMs)	Mandatory						X	X	
O&G	O&G - KSS	OBSG0051	KSS Laparoscopy Course	Mandatory		X			X		X	

N.B.: CODES FOR STUDY LEAVE REQUEST FORMS ARE ABOVE [ACCURATE AS OF SEPTEMBER 2024]

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. There is a budget per trainee of £10,000 over the total course of your postgraduate training.

<https://heeo.e.hee.nhs.uk/faculty/relocation-excess-travel/policy>

As of 1st April 2018, the employing NHS Trust will administer and fund the relocation and associated expenses. You can claim for expenses relating to property search, house sale/purchase, and removal expenses – so keep your receipts and contact the staffing department at your Trust as soon as you start.

Less than Full Time (LTFT)

At any point during your specialty training, you may want to apply for Less than Full Time training. 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. LTFT applications are completed via the support portal here:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974%20>

There is an annual window for submissions, and a 16 week notice period.

The school is extremely supportive of LTFT training and the LTFT representative role is to represent those working less than full time. Email the LTFT Rep Benji 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!

Matthew.benjamin@nhs.net

For more information on LTFT training follow this link:

<https://kss.hee.nhs.uk/resources-information/less-than-full-time-training/>

OUT OF PROGRAM

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 MRCOG
- 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:

<https://kss.hee.nhs.uk/resources-information/out-of-programme/>

RETURN TO WORK

If you have to take time out of training for whatever reason (sick leave, parental leave, OOPE/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 are regular return to work study days providing useful updates and refreshers as well as practical advice on issues such as childcare and rota planning.

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 suppoRTTs?

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 Representatives

- 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 Feed Back

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

Meet Your Representatives

(<https://kss.hee.nhs.uk/obs-gynae/kss-og-trainee-reps/>)

Name	Role
Tara Giacchino Tara.giacchino@nhs.net	Chair of STC Trainee Committee[maternity leave until Summer 2025]
Abigail Macleod-Thompson. AbimacLeod-thompson@doctors.org.uk	Acting Chair [Maternity Leave Cover]
Sina Mathema. Sina.mathema@nhs.net	ST2 Rep
Aya Abusheika Aya.abusheikha@nhs.net & Ovia Nagulendram Ovia.nagulendram@nhs.net	ST3 Reps
Rebecca Patrick-Patel r.patel@nhs.net	ST4-5 Rep
Charlotte Wyeth. Charlotte.wyeth@nhs.net	ST6-7 Rep
Miriam O'Kane. miriam.o'kane@nhs.net	Advanced Curriculum Champion
Natasha Cascini. Natasha.cascini@nhs.net	Ultrasound training Rep - Obstetrics
Urme Jahan. Urme.jahan2@nhs.net	Ultrasound training rep – Gynae/EPU
Matthew Benjamin. Matthew.benjamin@nhs.net	LTFT Rep
Pavle Dimitrijevic. Pavle.dimitrijevic@nhs.net	Laparoscopy Rep
Ashwini Maudhoo. Ashwini.maudhoo@nhs.net	E-portfolio champion
Gillian Coyle. Gillian.coyle@nhs.net & Laila Sarwar lailumah.sarwar@nhs.net	Wellbeing & Workplace behaviour Rep
Naomi Harvey. Naomi.harvey2@nhs.net	RCOG Rep (KSS)

RCOG Trainee Rep

Naomi'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. She is also a point of contact for advice for SAS doctors, MTI's and trainees.

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.mason10@nhs.net



HELPFUL STARTER TIPS

Training

1. RCOG Matrix of Training:
 - Familiarise yourself with the RCOG Matrix of training.
 - Take advantage of any relevant training opportunities that arise such as vulval biopsies on a theatre list.
2. Regional Training Days:
 - Attend at least 4 regional training days annually.
 - Review the regional training days schedule and book your study leave well in advance.
3. MRCOG Exams:
 - Submit your eligibility and expression of interest forms for MRCOG exams on time.
 - Plan and book study leave for in advance as most exams fall around the same time for all trainees.
4. Basic Practical Skills Course:
 - Sign up for the basic practical skills course early – spaces fill up quick.
5. Ultrasound (US) Training:
 - Organise US training locally in both early pregnancy and obstetrics.
 - Most hospitals allow up to 5 days of study leave for this purpose.
6. Daily learning:
 - Perform vaginal examinations early and as frequently as possible.
 - Practice interpreting CTGs (Cardiotocographs) at every opportunity.
 - If the opportunity arises, watch and assist vaginal deliveries.

06

7. Higher Trainee Advice:

- Consult higher trainees about their experiences, OOP (Out of Programme) years, and their choices for SITMs (Special Interest Training Modules) or ATSMs (Advanced Training Skills Modules).

Portfolio

1. RCOG ePortfolio:

- Get acquainted with the RCOG ePortfolio system.
- Regularly update your portfolio, linking relevant forms to the CiPs (Capabilities in Practice).

2. Cervical Smear Competency:

- Find out how to obtain a cervical smear number locally as soon as possible to meet competency requirements.

3. Form R/TEF/GMC Survey:

- Complete these forms and upload the evidence to your portfolio for ARCP.

4. TO1 Feedback:

- Send out TO1 feedback requests early; you need to complete 2 each year.

LIFE

1. Essentials to Carry:

- Snacks
- Water
- Spare socks

2. Night shifts:

- Find a good resting spot for night shifts, preferably a room with a computer and a phone.
- Don't plan to be too productive on or between night shifts – prioritise rest.

3. Useful Websites:

- Bookmark essential websites on your personal laptop:
- RCOG ePortfolio
- PGMDE (Postgraduate Medical and Dental Education) support portal
- TiS (Trainee Information System) for Form R.

4. Medical Protection:

- Keep your medical protection updated.

5. Annual Leave

- Spread it out evenly over the year and book in advance to avoid disappointment!



CONTACTS AND USEFUL WEBSITES

Head of School (HoS)	Miss Melanie Tipplesmelanie.tipples@nhs.net
TPD for ST1-2	Miss Sridevi SankaranSridevi.sankaran@nhs.net
TPD for ST3-5	Miss Padma Vankayalapatipadmavankayalapati@nhs.net
TPD for ST6-7 Special Interest Training Module (SITM) Director	Miss Catherine Wykescatherine.wykes@nhs.net
TPD for Regional Training Days & Return to training	Miss Rebecca Mallick r.mallick@nhs.net
KSS Workplace Behaviour Champion	Miss Ruth Mason ruth.mason10@nhs.net
Royal College of Obstetricians and Gynaecologists	http://www.rcog.org.uk/
RCOG e-portfolio- team	eportfolio@rcog.org.uk
HEKSS O&G Website	https://kss.hee.nhs.uk/
Health Education Training	https://www.lpmde.ac.uk/
Gold Guide for speciality training	https://www.copmed.org.uk/publications/the-gold-



ACKNOWLEDGMENTS

**HEKSS School of Obstetrics and Gynaecology
ST1 Handbook
4th Edition October 2024**

4th Edition Update: Primary Author: Abigail Macleod-Thompson

4th Edition Update: Secondary Authors: Rebecca Patrick-Patel, Miriam O’Kane, Natasha Cascini, Matthew Benjamin, Naomi Harvey, Ashwini Maudhoo, Gillian Coyle, Pavle Dimitrijevic, Sina Mathema, Aya Abusheikha, Amy Richardson, Mohamed Elsayed, Danielle Alexander, Sumi Manirajan

3rd Edition: Primary Author: Tara Giacchino

3rd Edition: Secondary Authors: Ashwin Kalra, Michelle Jie, Rahel (Ibi) Odonde, Fiona Cowan, Anna Stienen-Durand