**ST 6-7**

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| **Key skills** | **CBD** | **Mini-Cex** | **OSAT** | **Reflection** | **Procedure log** | **TO2** | **Other** |
| **CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality and safe patient-centred care.** | | | | | | | |
| In addition to the earlier levels, a trainee who is meeting expectations will continue to make progress with increasingly complex cases and increasing independent management. They will create the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment. They deliver safe and effective high quality care, resulting in a good patient experience. They work well within a multi-professional team to meet the needs of the individual. They determine responsibility for follow up, monitoring and instructions on accessing emergency help. The trainee will be on track to meet all the key skills in this CIP by the end of training. | | | | | | | |
| Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis |  |  |  |  |  |  |  |
| Facilitates discussions |  |  |  |  |  |  |  |
| Ability to facilitate women’s decision making |  |  |  |  |  |  |  |
| Provides treatment |  |  |  |  |  |  |  |
| **CiP 2: The doctor is able to work effectively within health organisations.** | | | | | | | |
| A trainee meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They will have a good understanding of the role of government and the agencies and public bodies who work with the Department of Health. The trainee will demonstrate an awareness of the role of other third sector public bodies in the regulation of healthcare. They will actively promote a safety culture, the ways in which incidents can be investigated and the theory that underpins this. They will participate in incident investigations and link recommendations to quality improvement. They are skilled at engaging with women and their families in improving patient safety and experience. The trainee will demonstrate the skills required to support victims of adverse incidents and colleagues, demonstrating humanity and empathy. The trainee will be able to effectively signpost patients and health professionals to patient support websites and work with patients to interpret information in the public domain. The trainee will be on track to meet all the key skills in this CiP by the end of training. | | | | | | | |
| Aware of the healthcare systems in the four nations of the UK |  |  |  |  |  |  |  |
| Aware of and adheres to legal principles and professional requirements |  |  |  |  |  |  |  |
| Aware of ethical principles |  |  |  |  |  |  |  |
| Participates in clinical governance processes |  |  |  |  |  |  |  |
| Works effectively within the digital environment |  |  |  |  |  |  |  |
| **CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results.** | | | | | | | |
| A trainee meeting expectations will be able to lead a project to successful implementation using skills of negotiation and managing conflict. They can demonstrate the importance of role modelling and can show these skills in action. They understand their own leadership style and alter their performance as required. The trainee shows insight into own clinical performance and has strategies to maintain own mental strength and resilience and develop these skills in others. The trainee will be on track to meet all the key skills in this CIP by the end of training. | | | | | | | |
| Comfortable influencing and negotiating |  |  |  |  |  |  |  |
| Manages conflict |  |  |  |  |  |  |  |
| Understands human behaviour and demonstrates leadership skills |  |  |  |  |  |  |  |
| Demonstrates insight |  |  |  |  |  |  |  |
| Manages stress and fatigue |  |  |  |  |  |  |  |
| Able to make effective use of resources and time management |  |  |  |  |  |  |  |

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| **CiP 4: The doctor is able to design and implement quality improvement projects or interventions.** | | | | | | | |
| A trainee who is meeting expectations understands quality improvement and undertakes and evaluates the impact of QI interventions and will continue to make good progress in the areas covered in their earlier training programme. They will understand the importance of QI at local, regional and national level (clinical audit, guideline development, implementation of national guidance and service improvement). They will proactively have identified, initiated and led a local, regional or national QI project. They may have supervised more junior colleagues in QI projects. They will be able to evaluate and maximise the successful outcome of a QI project and the implementation of change. Initiated and led the development and implementation of local or regional guidelines under senior supervision | | | | | | | |
| Understands quality improvement (quality is safety, experience and efficacy) |  |  |  |  |  |  |  |
| Undertakes and evaluates impact of QI interventions |  |  |  |  |  |  |  |
| **CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels.** | | | | | | | |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They will show advanced skills in negotiation. They will be able to manage conflict utilising various methods to promote resolution. They demonstrate the ability to adapt their leadership style in different situations and provide evidence on how reflection promotes their learning. They demonstrate ability to manage stress and fatigue within their team and provide support. They can delegate effectively and show effective time management and support others to develop these skills. They can demonstrate practical examples of budgetary awareness and resource management. | | | | | | | |
| Maintains situational awareness |  |  |  |  |  |  |  |
| Demonstrates insight into decision making |  |  |  |  |  |  |  |
| Ability to respond to human performance within adverse clinical events |  |  |  |  |  |  |  |
| Team working |  |  |  |  |  |  |  |
| Understands systems and organisational factors |  |  |  |  |  |  |  |
| **CiP 6: The doctor takes an active role in helping self and others to develop themselves** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They understand the concepts of formal mentoring. They provide encouragement and support colleagues in their endeavours. They are competent to signpost to professional networks to promote high-quality and innovative practice. They can support and guide a colleague in difficulty using the processes which exist within the NHS, with guidance. They can sensitively debrief after an adverse clinical incident. They can demonstrate an understanding of the use of competency frameworks as a performance management and development tool. The trainee will be on track to meet all the key skills in this CiP by the end of training. | | | | | | | |
| Demonstrates a commitment to continued learning |  |  |  |  |  |  |  |
| Develops people |  |  |  |  |  |  |  |
| Promotes excellence |  |  |  |  |  |  |  |
| Provides pastoral care |  |  |  |  |  |  |  |
| Provides support to second victims |  |  |  |  |  |  |  |
| Demonstrates performance management |  |  |  |  |  |  |  |
| **CiP 7: The doctor is able to engage with research and promote innovation.** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They are able to recruit patients to multi-centre trials and can provide balanced, unbiased information to enable informed consent. They understand and can apply the principles of Good Clinical Practice. They are able to support colleagues in innovation, communication and evaluation of results on most occasions. They can communicate results through oral presentation and written communication. They may have peer-reviewed publication(s). They can demonstrate involvement of the wider multidisciplinary team, as well as patient views, to develop and evaluate innovation. They can make appropriate adjustments in their approach if the evidence suggests a lack of improvement on most occasions. The trainee will be on track to meet all the key skills in this CiP by the end of training. | | | | | | | |
| Demonstrates research skills |  |  |  |  |  |  |  |
| Demonstrates critical thinking |  |  |  |  |  |  |  |
| Innovates |  |  |  |  |  |  |  |

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| **CiP 8: The doctor is effective as a teacher and supervisor of healthcare professionals.** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They seek out opportunities to plan and facilitate teaching sessions outside the immediate clinical sphere. They will continue to take most opportunity to educate, and conversely learn from, patients to develop their own clinical practise and the service more widely whist occasionally supporting junior colleagues to do so. They supportively and effectively directly supervise junior colleagues. They will confidently demonstrate the skills and attributes of a Clinical and Educational Supervisor, including assessments of junior colleagues and medical students and continue to effectively employ feedback strategies. They will continue to improve the effectiveness of their educational activities in response to reflection and feedback and support junior colleagues to do so. They take opportunities to appraise junior colleagues and encourage junior trainees to actively engage in the revalidation process. A trainee who is meeting expectations will be on track to meet all the key skills in this CIP by the end of training. | | | | | | | |
| Delivers effective teaching |  |  |  |  |  |  |  |
| Embraces interprofessional learning |  |  |  |  |  |  |  |
| Involves stakeholders in education |  |  |  |  |  |  |  |
| Supervises and appraises |  |  |  |  |  |  |  |
| **CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.** | | | | | | | |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They will be able to supervise others to perform a focused history, appropriate examination, order relevant investigations and formulate a differential diagnosis. They will independently formulate appropriate individualised management plans taking into account patient preferences and the urgency required. They can demonstrate prompt assessment and management of the acutely deteriorating patient. They can delegate appropriately and support other members of the team. They will recognise limitations and escalate care to senior colleagues when appropriate. They will be able to demonstrate the ability to provide a gynaecological opinion for another speciality. They can perform surgery to the appropriate level. They can demonstrate appropriate risk management procedures are undertaken and actions implemented. They will be able to make safeguarding referrals where appropriate. | | | | | | | |
| Manages acute pelvic pain in the non-pregnant woman |  |  |  |  |  |  |  |
| Manages vaginal bleeding in the non-pregnant woman |  |  |  |  |  |  |  |
| Manages acute infections |  |  |  |  |  |  |  |
| Manages acute complications of gynaecological treatment |  |  |  |  |  |  |  |
| Manages vaginal bleeding and pain in early pregnancy |  |  |  |  |  |  |  |
| Manages other early pregnancy complications |  |  |  |  |  |  |  |
| Manages the acute gynaecological workload |  |  |  |  |  |  |  |
| **CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. A trainee who is meeting expectations will be able to lead the multiprofessional team and communicate effectively with the wider team, labouring women and their birthing partners and escalate appropriately in a timely manner.  They will be able to manage the uncommon obstetric emergency presentations seeking input from other specialties where appropriate. They will be able to formulate an appropriate and individualised management plan taking into account patient preferences and the urgency required. They will be able to manage the more complex emergency birth and immediate postpartum problems recognising when support is required from other staff and will be able to communicate concerns effectively and sensitively with colleagues, women and birthing partners. They will have the technical skills required on labour ward for an ST7 and will have the skills necessary to manage labour ward demonstrating leadership skills where appropriate as an ST7 within the multidisciplinary team, ensuring continuity of care, effective handover and appropriate discharge plans are in place. | | | | | | | |
| Manages pain and bleeding in the obstetric person |  |  |  |  |  |  |  |
| Manages concerns about fetal wellbeing prior to labour |  |  |  |  |  |  |  |
| **Key skills** | **CBD** | **Mini-Cex** | **OSAT** | **Reflection** | **Procedure log** | **TO2** | **Other** |
| Manages suspected pre-term labour/ruptured membranes |  |  |  |  |  |  |  |
| Manages labour |  |  |  |  |  |  |  |
| Manages intrapartum fetal surveillance |  |  |  |  |  |  |  |
| Manages induction and augmentation of labour |  |  |  |  |  |  |  |
| Manages emergency birth and immediate postpartum problems |  |  |  |  |  |  |  |
| Manages maternal collapse and people who are acutely unwell in pregnancy |  |  |  |  |  |  |  |
| Manages labour ward |  |  |  |  |  |  |  |
| **CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They will provide holistic care and work independently in clinic. They will be capable of leading the team in consultant’s absence. They will support colleagues and the clinical team but may not actively seek this opportunity. They will be on track to meet all the key skills in this CiP by the end of training. | | | | | | | |
| Manages abnormal vaginal bleeding |  |  |  |  |  |  |  |
| Manages pelvic and vulval pain |  |  |  |  |  |  |  |
| Manages pelvic masses |  |  |  |  |  |  |  |
| Manages the abnormal cervical smear |  |  |  |  |  |  |  |
| Manages suspected gynaecological cancer symptoms |  |  |  |  |  |  |  |
| Manages urogynaecological symptoms |  |  |  |  |  |  |  |
| Manages vulval symptoms |  |  |  |  |  |  |  |
| Manages menopause and postmenopausal care |  |  |  |  |  |  |  |
| Manages subfertility |  |  |  |  |  |  |  |
| Manages sexual wellbeing |  |  |  |  |  |  |  |
| **CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.** | | | | | | | |
| A trainee who is meeting expectations will be able to demonstrate that they are comfortable meeting with mothers and their families across a range of clinical settings, including pre-conceptual and postnatal care. They will be able to conduct a relevant and constructive meeting with mothers and their families in most clinical settings. | | | | | | | |
| Manages pre-existing medical conditions in the pregnant woman |  |  |  |  |  |  |  |
| Manages medical conditions arising in pregnancy |  |  |  |  |  |  |  |
| Manages fetal concerns |  |  |  |  |  |  |  |
| Manages mental health conditions in pregnancy and the postnatal period |  |  |  |  |  |  |  |
| Manages complications in pregnancy affected by lifestyle |  |  |  |  |  |  |  |
| Supports antenatal decision making |  |  |  |  |  |  |  |
| Manages the postnatal period |  |  |  |  |  |  |  |

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| **Key skills** | **CBD** | **Mini-Cex** | **OSAT** | **Reflection** | **Procedure log** | **TO2** | **Other** |
| **CiP 13: The doctor is able to champion the healthcare needs of people from all groups within society.** | | | | | | | |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They can demonstrate patient-centred assessment and interventions that are inclusive of diversity. They will be able to perform a consultation for transgender/non-binary individuals and refer appropriately. They can assess the interaction between a woman’s health and cultural beliefs and show awareness of the relevant legislation in practice. They can demonstrate an understanding of the principles of safeguarding and refer appropriately. They will be able to demonstrate practically an understanding of the interactions between health and a woman’s work and family life. They will also be able to demonstrate how reproductive health issues can affect the woman’s and her partner’s mental health. | | | | | | | |
| Promotes non-discriminatory practice |  |  |  |  |  |  |  |
| Aware of broader social and cultural determinants of health |  |  |  |  |  |  |  |
| Aware of an individual’s social wellbeing |  |  |  |  |  |  |  |
| Aware of the interaction between mental health and physical health |  |  |  |  |  |  |  |
| **CiP 14: The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.** | | | | | | | |
| A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They may have some contributions to developments or education in health promotion but will need support to do so. They will be able to challenge and advocate to ensure local service provision equates with national standards with encouragement. The trainee will be on track to meet almost all of the key skills in this CiP by the end of training. | | | | | | | |
| Promotes a healthy lifestyle |  |  |  |  |  |  |  |
| Promotes illness prevention |  |  |  |  |  |  |  |
| Aware of the national and international policies and politics which impact on women’s healthcare |  |  |  |  |  |  |  |
| Aware of the globalisation of healthcare |  |  |  |  |  |  |  |