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| 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/ ALSO/other) | Basic ultrasound 3rd degree tear course Specific courses required as per curriculum to be able to complete basic competencies Resilience course e.g. STEP-UP | Obstetric simulation course – ROBUST or equivalent | | | ATSM course Leadership and Management course | |
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† Surgical management of retained products of conception (Obstetrics)- examples of this include post partum evacuation of retained placental tissue or evacuation of retained placental tissue following a medical termination of pregnancy for fetal abnormalities in the 2nd trimester.

*** Procedures not previously assessed in Curriculum 2013 by summative OSATs (implementation phase)**

For trainees having an ARCP prior to February 2020 no summative OSATs will be required and trainees will then have a further 12 months (WTE) to achieve the required 3 summative OSATs for the procedure.

For trainees having an ARCP after February 2020 it is suggested that a minimum of 1 summative OSAT will be required and trainees will then have a further 12 months (WTE) to achieve the other 2 summative OSATs for the procedure. However if due to COVID-19 this is not possible then the trainee will progress to the next year of training and will be required to achieve the required OSATs in the next training year.

Trainees who have already passed a year of training where a new procedure has been added are not required to complete summative OSATs for a new procedure required in an earlier year of training (eg. A ST4 is not required to collect 3 summative OSATs for endometrial biopsy).

** Trainees who are meeting all other requirements for the training matrix but progression to the next year of training is dependent on passing either the Part 1 MRCOG or Part 2 &3 MRCOG are able to progress to the next stage of training and should receive an outcome 10.1 Code C1. A trainee who fails the necessary exam at the next sitting will require an extension to their training time at the next ARCP.

Further guidance on evidence required for CiPs in the Core Curriculum

The philosophy of the new curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace based assessments (WBAs) and the tick box approach and the new training matrix above demonstrates this.

The CiP guides developed are available for trainers and trainees to give information about what would be appropriate evidence at different stages of training [CiP guides on RCOG eLearning](#).

Rules for CiPs:

1. There must be some evidence linked to each CiP in each training year to show development in the CiP area.
2. In each stage of training (Basic ST1-2, Intermediate ST3-5, Advanced ST6-7) the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical and non-clinical CiPs. This evidence needs to be appropriate for the stage of training.