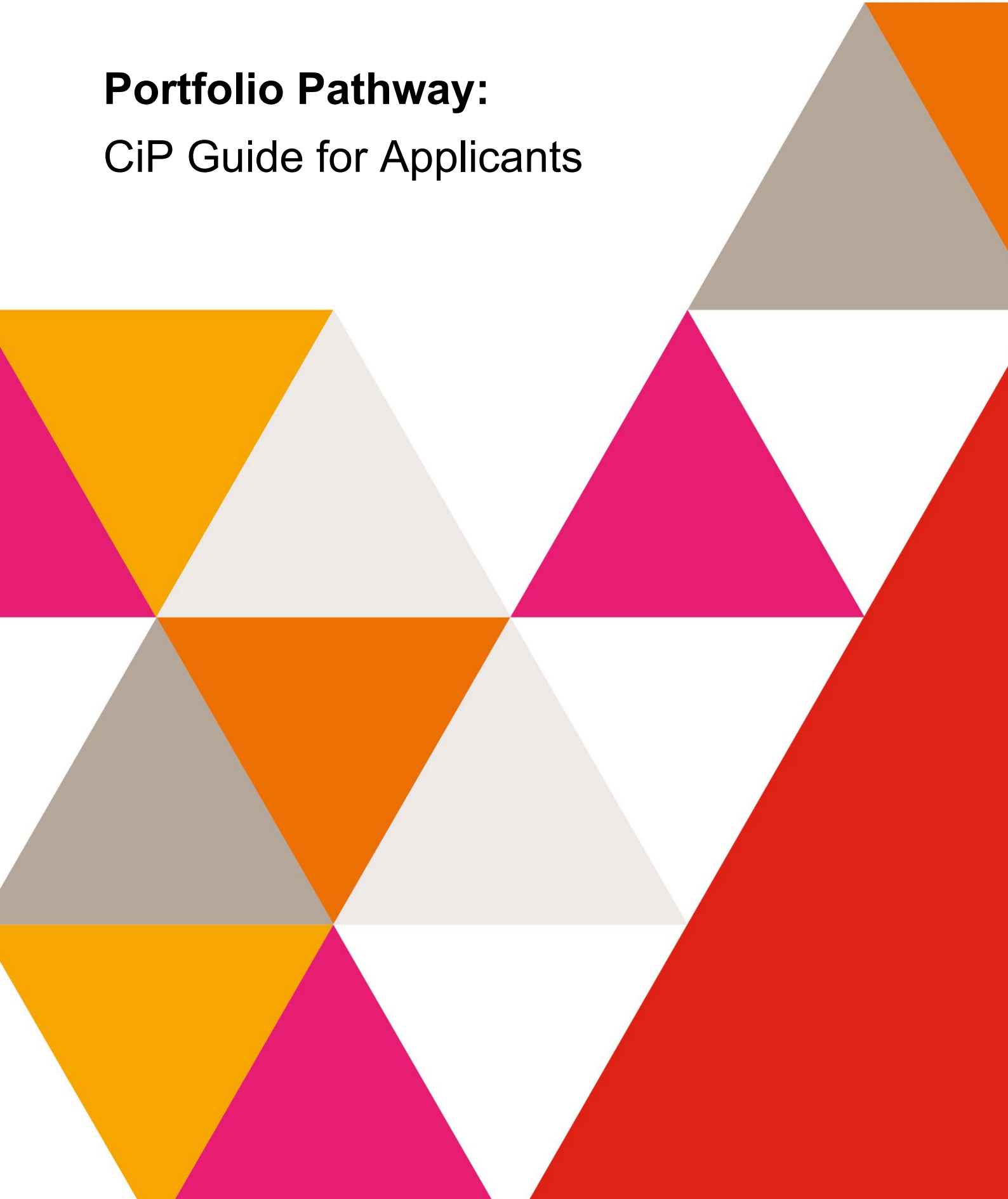
COSRH The College of Sexual & Reproductive Healthcare

Portfolio Pathway:

CiP Guide for Applicants



The College of Sexual & Reproductive Healthcare

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CiP Guide for Applicants

Introduction

Each CiP describes a high-level outcome that a CSRH Consultant is expected to fulfil from the first day of their appointment. Individual CiPs are further broken down into *Key Skills* to capture the components of practice that should be specifically evidenced in order to demonstrate competence in that CiP.

These Key Skills also map to a variety of generic professional capabilities developed by the GMC. Evidence supporting achievement in a CiP should link to generic capabilities such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Descriptors are assigned to each Key Skill. It is important to note that they are given as guidance as to the kinds of activity that will help an applicant self-assess their acquisition of the Key Skill. Other activities that could be said to belong to that Key Skill are not excluded, hence the list is not exhaustive.

To help applicants provide suitable evidence of competence in each CiP, there is a Statement of Expectation. This provides guidance on what constitutes acceptable evidence of independent competence.

Considerations when submitting evidence:

- Is this sufficient evidence to meet the Statement of Expectations for this CiP?
- Am I happy the level of evidence is right to demonstrate independent competence at consultant level of all Key Skills?
- Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence, or be suitable to evidence other Key Skills as well?
- Is there evidence I need that has been missed?
- Am I meeting the standards in the statement of expectations?

It is important to note that it is the **quality** of the evidence, not the quantity, which is key. Remember also that one piece of evidence can be used up to three times across the CiPs.

Knowledge Requirements

The Knowledge Requirements for all CiPs are contained in a single document, available on the CoSRH website.

Statement of Expectations and Guidance for CiP 1

CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality, safe and empathetic patient-centred care.

What is CiP 1 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to apply relevant medical knowledge and use their clinical skills, communicating effectively to enable people to make informed decisions on their care.

Applicants should be exposed to and participate in a wide variety of clinical situations, as well as attending educational events and multi-professional meetings to support their continued learning in this area. The ability to reflect on and learn when encounters have gone well, or indeed where the outcome has been not as expected should be demonstrated. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis	• Takes a detailed and focused history and analyses it in a succinct and logical manner. • Recognises and resolves communication difficulties including the need for an interpreter. • Understands the impact of social, cultural and psychological factors on the physical and mental health of the individual and their relatives or carers. • Conducts appropriate clinical examination maintaining respect for individual dignity, confidentiality and diversity. • Acknowledges the request for a doctor of a particular gender. • Acknowledges the need for a chaperone. • Selects appropriate investigations and interprets the results using sound clinical judgement. • Lists possible diagnoses and applies clinical judgement to arrive at a working diagnosis • Documents clinical encounters in an accurate, complete, timely and accessible manner in compliance with legal requirements. • Monitors and manages personal and professional ethical standards arising from patient interactions.
Facilitates discussions	• Uses empathy, respect and compassion when communicating with a patient to build trust and independence. • Promotes shared awareness and understanding by making explanations to patients in language they can understand. • Recognises the hidden agenda or unvoiced concerns in consultations.

Key Skills	Descriptors
	• Deals sensitively and non-judgementally with embarrassing and disturbing topics and is able to respond effectively to disclosure. •
Facilitates therapeutic decision making for people of all sexes and genders	• Shares information in an honest and unbiased way. • Considers views, preferences and expectations when working with patients to establish a patient-centred management plan. • Provides written or digital information in an appropriate format.
Provides treatment	• Demonstrates a commitment to high quality care which is safe and effective and delivers a good patient experience. • Identifies safeguarding concerns in children and vulnerable adults and makes appropriate referrals. • Manages problems in a structured and flexible way. • Prescribes medicine, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance. • Determines responsibility for follow up, including appropriate intervals for review, location of care, instructions on accessing emergency help and changing or cancelling appointments. • Works effectively within a multi-professional team to meet the needs of the individual. • Recognises limitations and escalates and transfers care where appropriate.
Applies all legal and ethical frameworks appropriate to clinical practice	• Follows GMC guidance on professionalism and confidentiality • Understands the legislative and regulatory framework within which healthcare is provided in the four nations of the UK • Understands the human rights principles and legal issues surrounding informed consent and respectful care, including key legal rulings

Statement of Expectations - CiP 1 - Independent practice – meeting expectation
An applicant who is meeting expectations will be able to take a detailed, focused history and conduct appropriate clinical examinations taking into consideration the personal circumstances of the individual. They will use active listening skills and respond sensitively and non-judgementally to the disclosure of embarrassing or disturbing topics. They demonstrate an ability to recognise and deal with complex situations. Their documentation is accurate, complete, timely and accessible, in compliance with legal requirements. They will create the conditions for informed consent to be given, explaining the risks and benefits of, or rationale for, a proposed procedure or treatment. They deliver safe and effective high-quality care, tailored to varying individual circumstances, resulting in a good patient experience.

They will select appropriate investigations and correctly interpret results and prescribe medicines, blood products and fluids correctly, accurately and unambiguously.

They determine responsibility for follow up, monitoring and instructions on accessing emergency help. They engage and liaise with a variety of services (for example Child or Adult Safeguarding, Social Services etc) to ensure safe care.

What kind of evidence might be submitted by the applicant, relevant to CiP 1?

- CbD
- Mini-CEX
- DOC
- TO2
- PSQ
- MCSRH Part 2
- Reflective practice
- Attendance at Safeguarding Case Conferences
- Evidence of making multi-agency referrals for specialist support such as Safeguarding/MARAC/Domestic Abuse/CSE
- Formal communication skills training
- Educational events or courses on any relevant topics such as safe prescribing

This list is not exhaustive. Applicants can use other sources of relevant evidence.

CiP 1 Example Evidence

An applicant presents evidence for independent competence for CiP 1, as below:

- Several MiniCEXs of routine clinical cases, one using a telephone interpreter and one with a patient under 16-years-old.
- Reflection on a case with an adverse outcome where there were communication difficulties and a subsequent complaint.
- Limited reflection, which does not contain evidence of an understanding of the need to provide accurate information in a way that is accessible to the individual in order to facilitate informed consent.
- Certificate of attendance at a Communication Skills course.

Consider the key questions:

- ***Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?***

There is limited evidence and limited reflection and insufficient evidence to support independent competence at the present time. WPBAs should cover complex cases and should show evidence of putting into practice communication skills that have been consolidated over their professional career so far.

• ***Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?***

The applicant has several other WPBAs and/or case histories covering complex cases submitted under CiP 8 which could have been used and is encouraged to link them to this CiP. Reflections on the complexities of these cases would provide additional evidence of practice at independent level.

• ***Is the level of evidence appropriate for independent competence? Are they meeting the standards of expectations?***

The reflection has raised some questions regarding the applicant's communication skills, particularly with the multi-professional team. Since the reflection was written, the applicant has attended a conflict resolution/negotiation communication course and written a further reflection including the results of their most recent 360-degree feedback which has been overwhelmingly positive. This activity could usefully be submitted to provide evidence of insight and continuous professional development of communication skills which would be more compelling than simply attending a Communication Course.

Statement of Expectations and Guidance for CiP 2

CiP 2: The doctor is able to work and communicate effectively as part of a multi-disciplinary team while demonstrating appropriate situational awareness, professional behaviour and professional judgement.

What is CiP 2 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to work within a team and to lead and follow effectively. It is expected that a Consultant in CSRH will be able to lead clinical teams both by personal example and by prioritising tasks, delegating to good effect and managing stress, fatigue, and conflict where they occur.

Candidates should be exposed to and participate in a wide variety of clinical and non-clinical scenarios as well as attending educational events to support their learning in this area. The ability to reflect on and learn when situations have gone well, or indeed if they have failed, are all skills that should be demonstrated. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Teamworking	• Understands teamworking in complex, dynamic situations. • Demonstrates the ability to adapt to changing teams. • Works effectively as part of a multi-professional team in different roles.

Key Skills	Descriptors
	• Communicates effectively within the multiprofessional team and with patients, relatives and members of the public. Understands that multiple methods of communication are required. • Understands and applies the techniques to maintain situation awareness taking into account team and individual factors. • Demonstrates appropriate assertiveness and challenges constructively. • Recognises and reflects on breakdowns in team working and communication. • Recognises and celebrates effective multiprofessional team working.
Understands human behaviour and demonstrates leadership skills	• Actively contributes to culture of respectful care by role modelling appropriate language and behaviour and challenge when this does not happen. • Understands the basic principles and importance of emotional intelligence. • Reflects on own leadership style and how this can impact on patient and colleague interactions. • Demonstrates the ability to adapt leadership style to different situations. Continues to develop and enhance leadership skills.
Understands decision making	• Understands the psychological theories on how decisions are made. • Understands the different types of decision making (intuitive, rule based, analytical and creative). • Demonstrates insight into their own decision-making process. • Reviews and analyses the decisions of others. • Progresses from analytical to intuitive decision making and is able to articulate this as experience develops. • Reflects on unconscious biases which may influence their interaction and behaviour. Demonstrates, when making decisions, the ability to consider a different perspective and the reasons for choices and perceptions of benefit.
Demonstrates personal insight	• Demonstrates insight into own knowledge and performance. • Adapts within the clinical and team environment. • Provides evidence that they reflect on practice and demonstrate learning from it.

Key Skills	Descriptors
Manages stress and fatigue	• Understands stress, its impact on personal wellbeing and its potential effect on delivering high quality patient care. • Develops personal strategies to maintain mental strength and resilience and demonstrates this as part of their personal development. • Recognise the impact of stress and fatigue on their team and offer support or signpost as appropriate
Manages conflict	• Understands the concept of personal and interpersonal conflict in the healthcare setting. • Understands the challenges and negative effects of conflict within teams and organisations. • Understands and implements the methods used to manage conflict and its resolution.
Makes effective use of resources including time management	• Can prioritise effectively. • Demonstrates effective time management in clinical and non-clinical settings. • Effectively delegates tasks to other members of the multi-professional team.

Statement of Expectations – CiP2 Independent practice – meeting expectation
An applicant who is meeting expectations will demonstrate skills in multi-professional teamwork and decision making in complex and dynamic situations, including the management of conflict. The applicant demonstrates strong, positive role modelling, shows insight into their own clinical performance and has strategies to maintain mental strength and their own resilience. They are able to develop these skills in others. The doctor will actively promote a safety culture and demonstrate an understanding of the role of human factors in adverse clinical events. An applicant who is meeting expectations should be reflecting regularly on their own leadership style and be able to alter their performance and adjust their style as required.
What kind of evidence might be submitted by the applicant, relevant to CiP 2?
• TO2 • PSQ • DOC • Reflective practice • Educational events on leadership and related topics such as conflict resolution, decision making etc • Relevant e-Learning • Case histories illustrating multidisciplinary teamworking such as safeguarding • Participation in multidisciplinary team scenario-based simulation training such as setting up a new service e.g. click and collect contraception • Evidence of chairing a multidisciplinary task-and-complete project you were responsible for such as service redesign for the pandemic

- Correspondence trails with colleagues demonstrating good interpersonal working relationships from the last five years
- Independent, self-directed learning and reflection on key skills topics from CiP 2

CiP 2 Example Evidence

An applicant considers their evidence for independent competence in CiP 2, as below:

- Attendance certificate for an educational event on Time Management from 10 years ago
- Attendance certificate for an educational event on Developing Resilience in Self & Others from 1 year ago
- e-learning on Decision Making theory
- Directly Observed Clinic work place based assessment with feedback attached in the form of actions and recommendations

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

There is limited evidence and no reflective practice. Attendance at a course or meeting more than 5 years ago demonstrating acquisition of competence is relevant and allowable but should be accompanied by additional evidence of recent competency in practice such as a log of clinics or procedure lists with accompanying reflections within the last 5 years, in particular where managing resource and workload in addition to conducting clinical care was apparent. There should be direct evidence of the practical application of the knowledge and skills gained earlier in an applicant's career and from the more recent educational activities. There should be more evidence of leadership styles being developed in practice and could usefully include some activities listed in the examples of evidence for this CiP.

• Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?

The nature of the evidence fits the competencies, but it is not at the correct level.

• Is the level of evidence appropriate for independent competence? Are they meeting the standards of expectations?

The applicant should attach more evidence of the application of these skills in their everyday practice to demonstrate independent competence in CiP 2. There were some actions for the candidate noted in the DOC but no reflection has been uploaded. The evidence would be strengthened if the candidate the actions and included a reflection to demonstrate learning from the DOC and the ability to receive and act on feedback to continuously improve practice.

Statement of Expectations and Guidance for CiP 3

CiP 3: The doctor is able to work successfully within health services at organisational and systems levels.

What is CiP 3 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to work effectively within modern healthcare organisations, as part of their NHS Trust and within the wider regional and national context of collaborative healthcare provision. It is expected that a Consultant in CSRH will promote safe, effective and transparent systems within their own service via established clinical governance processes and will adhere to national standards of best practice applicable to patient safety.

Candidates should be exposed to and participate in a wide variety of clinical and non-clinical scenarios as well as attending educational events to support their learning in this area. The ability to reflect on and learn when situations have gone well, or indeed if they have failed, are all skills that should be demonstrated. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Participates in clinical governance processes	• Follows safety processes that exist locally and nationally. • Actively engages in clinical governance processes. • Understands the way in which incidents can be investigated and the theory that underpins this. • Participates in incident investigations and links recommendations to quality improvement. • Understands Duty of Candour and discusses harmful patient safety incidents with patients and their relatives accurately and appropriately.
Understands systems and organisational factors	• Recognises how equipment and environment contribute to outcomes and patient safety. • Is aware of latent and active failures within healthcare systems and the effects on safety. • Promotes a safety culture and escalates safety concerns through the appropriate systems. • Understands the concept of “high reliability” organisations and the relevance to improving outcomes in healthcare.
Influences and negotiates	• Develops and evaluates own preferred negotiation style. • Can handle a variety of negotiation challenges. • Understands and is able to secure and consolidate agreements.

Key Skills	Descriptors
Understands the healthcare systems in the four nations of the UK	• Understands the NHS constitution and its founding principles. • Understand how healthcare systems are currently funded and commissioned and know the key organisational structures. • Understand the role of government and relevant agencies and public bodies. • Appreciate the role of third sector organisations within health and social care. • Demonstrates an awareness of budget and resource management.

Statement of expectation – CiP 3 – Independent practice – meeting expectation
An applicant who is meeting expectations will have a good understanding of the NHS constitution and how healthcare services are currently commissioned, funded and delivered. They will also have a good understanding of the role of government and the agencies and public bodies who work with the Department of Health and actively participate in relevant meetings. The applicant will demonstrate an awareness of the role of other third sector public bodies in the provision and 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 or lead on incident and complaint investigations, risk management and link recommendations to quality improvement. They are skilled at engaging with patients in improving patient safety and experience. The applicant will demonstrate an understanding of the Duty of Candour in modern healthcare and how it relates to their practice. They will also be familiar with budget and resource management as they relate to NHS departments.
What kind of evidence might be submitted by the applicant, relevant to CiP 3?
• CbD • Mini-CEX • Reflections • MCSRH Part II • Participation in a critical incident review • Minutes demonstrating attendances, chairmanship or other contribution to relevant meetings within local/regional or national healthcare economy • Anonymised reports e.g. complaints or root causes analyses • Written report / presentation to organisation / department on the impact of at least one national policy or guideline on your local service such as ‘Sexual and reproductive health and HIV: applying All Our Health (2019) • Written response to national or regional consultation on behalf of service such as on long-acting reversible contraception services budgetary constraints • Evidence of business case writing or cost/benefit analysis such as for a new method of contraception • Evidence of working with the media to portray service direction such as new clinical development

- Evidence of patient reported outcomes influencing a service such as leading to a change in patient information
- Independent self-directed learning and reflection on key skills topics
- Experience of or reflection on SRH healthcare system differences and similarities between the 4 nations of the UK such as abortion regulation and law

This list is not exhaustive. Applicants can use other sources of relevant evidence.

CiP 3 Example Evidence

An applicant presents evidence for independent competence for CiP 3, as below:

- Attendance certificate from National Patient Safety conference last year
- Reflective practice on conducting and concluding an informal complaint meeting with Clinical Lead sign off
- Evidence of leading local risk management meetings
- QI project on setting up social media for LARC preassessment initiative
- Mini CEX on partial perforation of uterus with IUS in a patient who was breast feeding
- Datix for partial perforation
- Reflective practice on partial perforation

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

There is comprehensive evidence of this applicant's senior involvement in systems level work.

• Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?

The applicant has demonstrated proactive involvement in systems work undertaken individually and as part of a multi-professional team. The applicant has included appropriate reflective practice.

• Is the level of evidence appropriate for independent competence? Are they meeting the standards of expectations?

Yes, the applicant is designing and leading work.

Statement of Expectations and Guidance for CiP 4

CiP 4: The doctor is able to manage data and digital information appropriately and design and implement quality improvement projects.

What is CiP 4 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to access, use, store and manage data and digital information in accordance with all current relevant legislation and to be able to gather and use data to design and implement QI projects or interventions. It is expected that a Consultant in CSRH would be able to design and lead such projects in order to bring about positive clinical

change; it is also expected that by the end of training doctors will have the skills to evaluate the work of others and implement improvements in care or service locally.

Applicants should be exposed to and participate in a wide variety of QI projects as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well, or indeed if they have failed, are all skills that should be demonstrated. Here are the GMC approved key skills and descriptors.

Key Skills	Descriptors
Works effectively within the digital environment	• Understands the principles of data governance and the legislation around data protection. • Demonstrates proactive and responsible interaction with digital platforms. • Effectively signpost patients and health professionals to patient support websites and networks. • Works with patients to interpret information in the public domain. • Demonstrates ability to interact appropriately with public concerns and campaigns.
Understands quality improvement (safety, experience and efficacy)	• Understands the difference between quality improvement and research. • Understands quality improvement methodology. • Understands the concept of big data and national clinical audit. • Appreciates the importance of stakeholders in quality improvement work and encourages the involvement of service users.
Undertakes and evaluates the impact of Quality Improvement interventions	• Is actively involved in quality improvement initiatives. • Shares learning effectively. • Evaluates quality improvement projects and how these can work at local, regional and national level.

Statement of expectations CiP 4 – Independent practice – meeting expectations
The applicant understands the principles of data governance and legislation around data protection. They model responsible interactions with digital platforms and can use a variety of sources of digital information to assist and empower patients to optimise their own health and wellbeing. The applicant understands the differences between QI projects, research, audit and quality improvement and undertakes and evaluates the impact of QI interventions. They will understand the importance of QI at local, regional and national level 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. They will be able to initiate and lead the development and implementation of local or regional guidelines working with other relevant specialists in the field.
What kind of evidence might be submitted by the applicant, relevant to CiP 4?
• CbD • Completion of an audit cycle • Presentation/Publication of audit or QI project • Cost-benefit analysis • Patient experience surveys

- Development of patient information
- QI/Service Development Project designed and completed by individual
- Attendance and participation in local and regional governance and audit meetings
- Information Governance training at a local level
- Implementation and adaptation of guidelines
- Contribution to development of relevant guidance
- Evidence of a piece of personal work undertaken which demonstrates an ability in digital data storage, retrieval, analysis and presentation such as a service development proposal using a Public Health tool such as SPOT.
- Incorporation of alternative technologies (e.g. telephone, apps and video) into service protocols for consultations and patient information
- Evidence of business case writing or cost/ benefit analysis such as to be able to provide a new method of contraception

This list is not exhaustive. Applicants can use other sources of relevant evidence.

CiP 4 Example Evidence

An applicant presents evidence for independent competence for CiP 4, as below:

- A complete audit cycle on uptake of LARC at first appointment and initiated changes resulting in an increased uptake.
- Involvement in a QI project being led by a Consultant on the posting of medications
- Involvement in production of patient information animation on having an implant fitted

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support the acquisition of key skills?

In this case there are 3 projects that the applicant has been involved in, which demonstrate the key skills within the CiP. However, the applicant has not demonstrated involvement at an appropriate level of responsibility and ownership. The statement of expectation is clear that demonstration of independent competence requires the applicant to design and lead QI projects and supervise more junior members of the team involved in the project.

• Is this the best evidence?

The type of evidence is appropriate, but the projects have not been undertaken at the correct level for independent competence.

• Is the level right for the trainee?

No, as there is no leadership of a QI project. Based on the available evidence, the applicant should concentrate on identifying a QI project which they are then able to lead through to completion.

Statement of Expectations and Guidance for CiP 5

CiP 5: The doctor is able to engage with research to promote innovation.

What is CiP 5 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to implement evidence-based medicine into their clinical practice and support research and innovation within healthcare. It is expected that a Consultant in CSRH will be able to effectively interpret new and emerging research and understand its relevance or otherwise, to their day-to-day clinical care.

Applicants should be exposed to and participate in a wide variety of research activity as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well or indeed if they have not, are all skills that should be demonstrated. Here are the GMC approved skills and descriptors.

Key Skills	Descriptors
Demonstrates research skills	• Understands principles of healthcare research and different methodologies. • Understands the principles of ethics and governance within research, follows guidelines on ethical conduct and consent for research. • Understands the use of informatics, statistical analysis and emerging research areas. • Performs literature searches, interrogates evidence and communicates this to colleagues and patients. • Has the ability to translate research into practice.
Demonstrates critical thinking	• Critically evaluates arguments and evidence. • Can interpret and communicate research evidence in a meaningful, unbiased way to support informed decision making.
Innovates	• Open to innovative ideas and the views of service users. • Shows initiative by identifying problems and creating solutions. • Supports change by working to achieve consensus. • Understands the value of learning from failure in innovation.

Statement of expectation CiP 5 – Independent practice – meeting expectation
An applicant who is meeting expectations is able to evaluate research, take part in critical discussions, understand research methodologies and use an evidence-based approach to clinical care. Applicants should be able to recruit participants to multicentre trials and provide balanced, unbiased information to enable informed consent. They understand and can apply the principles of Good Clinical Practice. They may have peer-reviewed publications, but this is not a requirement in order to meet expectations. They are able to support colleagues in innovation, communication and evaluation of results. They can communicate results through effective oral presentations and high-quality written communication.

They can demonstrate involvement of the wider multidisciplinary team, including patient views, to develop and evaluate innovation. They can make appropriate adjustments in their approach to implementation if the evidence suggests that this is necessary. They understand and use SMART objectives to set personal development goals.
What kind of evidence might be submitted by the applicant, relevant to CiP 5?
• Part I and II MCSRH • TO2 • GPC Certificate • Research Methods course • Literature Search course • Attendance/Observation at a Research Ethics Committee • Participation in a clinical trial, recruiting participants in the course of clinical work • Acting as Principal Investigator for a trial • Acting as a peer reviewer • Pilot trials • Scientific paper presentations oral, poster – your contribution to this should be clear. • Membership of or contribution to a Guideline Group – local or national (CEU) • Reflections • Journal Club • Public Health project • Scientific journal publication – including a clear demonstration of the applicant's contribution i.e. first author *This list is not exhaustive. Applicants can use other sources of relevant evidence.*

CiP 5 Example Evidence

An applicant presents evidence to demonstrate independent competence in CiP 5, as below:

- eLearning on research
- GCP certification
- Several certificates of attendance at Journal Club.
- A poster presentation of an audit on the use of cervical blocks in IUT Clinic

Consider the key questions:

• Is this sufficient evidence to sign off the CiP? Am I happy there is evidence to support the acquisition of key skills?

In this case, very superficial evidence has been provided without evidence of application to practice. In addition, the evidence is suitable for a much more junior trainee and does not demonstrate the level of practical application required from any of the research activity that has been carried out.

• Is this the best evidence? Would some of this evidence be more appropriate in our CiPs as evidence? Is there other evidence that has been missed?

The activity provided as evidence in this section is a basic audit and would be better linked to CiP 4. However, further value for this CiP 5 could be gained by conducting a literature search of evidence for/against cervical blocks, suggesting evidence-based improvements based on the findings of the audit, designing an implementation strategy which would include a local presentation of current evidence and its implications for practice.

• Is the level right to demonstrate independent competence? Are they meeting the standards and expectations?

There is no evidence of active participation in research or research processes, innovation or implementation of research findings. An applicant would be expected to show evidence of implementation of innovation and plans for early evaluation.

The evidence is not of the quality or level expected of an applicant wishing to demonstrate independent competence.

The applicant could conduct a literature search on the evidence base for cervical blocks at the time of IUS/D insertion and compare the findings to current practice within their service, suggesting changes to practice where appropriate. In addition, evidence of explaining the rationale for any change to other staff members and an implementation plan would demonstrate how the applicant translates their skills in research into everyday practice.

The applicant has submitted a current GCP certificate. Are they recruiting to trials? If not, are there any trials that their service could recruit for and how would they express an interest and become a recruiting centre? The applicant could investigate this possibility further and include a reflection on it. Formal research with peer reviewed publication is not required, but it is important for a CSRH consultant to be able to contribute to research and apply the key findings of research.

Statement of Expectations and Guidance for CiP 6

CiP 6: The doctor is able to manage and lead a multi-professional team delivering a Sexual & Reproductive Health Service.

What is CiP 6 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to lead a Sexual & Reproductive Health Service and manage the multi-professional team delivering the service. The Consultant in CSRH is committed to excellence and is able to achieve this through promotion of both staff and service development.

Applicants should be exposed to and participate in a wide variety of leadership roles both clinical and managerial, as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well, or indeed if they have failed, are all skills that should be demonstrated. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Demonstrates commitment to provision of a service which is continually monitored and responsive to both positive and negative events	• Promotes excellence • Develop competency frameworks for different staff groups e.g. specialty doctor in SRH, health care worker in SRH • Provides leadership and direction to support others to achieve their competencies • Participates proactively in adverse event reporting, identifies patterns and necessity for change • Responds to a complaint appropriately, in line with existing NHS policies and procedures • Sensitively debriefs with another staff member, using constructive feedback where appropriate • Set up a supportive and positive environment to encourage reporting of adverse events • Participates in review of progress in meeting local/national performance indicators. • Utilises audit outcomes to affect change • Utilise local/national performance indicators to affect change
Recruits, manages and develops the members of various professional groups that make up multidisciplinary staff	• Demonstrates performance management • Understands and applies the key principles of leadership and management • Understands and applies the key principles of competency frameworks as a performance management and development tool • Participate in regular appraisals (of self and other staff members), keeping appropriate records • Compose an effective job description for a new position • Demonstrates an understanding and commitment to the importance of equity within the recruitment and selection process • Participates in an interview/selection panel • Demonstrates a willingness to support all staff to continue developing • Demonstrates an understanding of staff wellbeing, sickness and absence management policy and how this is applied for both the employer and the employee • Ability to provide a reference for another member of staff or other professional
Manages and sustains financial resources effectively	• Demonstrates an understanding of service budget reports • Designs and implements plans for attracting funding from a range of sources • Develops and submits a business case • Demonstrates the principle of financial transparency, openness and accountability • Applies the principles of working with integrity, and with an honest and trustworthy manner

Key Skills	Descriptors
	• Manages changes in funding resources, while ensuring maintenance of service quality and sustainability • Sensitively communicates the need to review resource allocation to staff • Demonstrate understanding of the importance of ensuring efficient use of resource, maximising benefits • Manages pharmacy budgets effectively • Describes purchasing processes
Demonstrates commitment to continuous quality improvement and resulting service development	• Critically reviews an aspect of service provision and provides recommendations for service redesign • Demonstrate an ability to think analytically • Leads and responds to a service user consultation on potential service change and on all aspects of service delivery • Demonstrate support for working within a changing and evolving work environment • monitors the effects and outcomes of service developments • Encourage innovation, supporting a climate of ongoing service improvement

Statement of expectation CiP 6: Independent practice – meeting expectation
Applicants who are meeting expectations should be able to demonstrate active involvement in managing staff and recruitment. They should be involved in developing competency frameworks for different staff groups. They should demonstrate an understanding of service budget reports, sources of funding and the process of submitting a business case. They will understand the requirement to manage changes in funding while ensuring maintenance of service quality and sustainability. An applicant who is meeting expectations can sensitively communicate the need to review resource allocation to staff and is able to work effectively in a changing and evolving professional environment. The applicant will understand and utilize local and national performance indicators to improve service delivery. They will provide leadership and direction to support others to achieve their competencies. They are able to write an accurate job description and participate fully in recruitment and selection processes. An independently competent applicant is able to write and submit a business case with advice and support from managerial colleagues.
What kind of evidence might be submitted by the applicant, relevant to CiP 6?
• Current colleague 360 feedback with reflection demonstrating your leadership skills. • DOC • Reflective practice • QI/Service Development or Redesign/Change Management Project

Statement of expectation CiP 6: Independent practice – meeting expectation
• Local, regional or national training (Leadership, Management, HR processes, recruitment, business planning) • Participate in an interview or selection panel • Job description • Attendance at relevant meetings: Performance Review, Budgetary, Clinical Governance, Operational • Chairing meetings – e.g. local staff meetings • Response to a complaint • Investigating a DATIX • Equality and Diversity training • Evidence of development and submission of a costed business case/funding request • Evidence of appraisal of colleague/ staff (anonymised) and your reflection on this • Evidence of managing staff wellbeing, sickness and absence in the service or of an individual *This list is not exhaustive. Applicants can use other sources of relevant evidence.*

CiP 6 Example Evidence

An applicant presents evidence for independent competence for CiP 6, as below:

- Course on HR/management situations
- E learning Leadership
- Design and leadership of 2 QI projects including post implementation evaluation of the first one
- Regular attendance at Operational Meetings, has deputised for the Chair on 3 occasions over the last year
- Line management of 4 colleagues, one of whom has had long term sickness absence and a phased return to work
- Participation in shortlisting and interviewing for vacant posts in the service

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

In this case, breadth and variety of evidence of active leadership and management involvement have been presented.

• Is this the best evidence? Would some of this evidence be more appropriate in our CiPs as evidence? Is there other evidence that has been missed?

The evidence is appropriate to this CiP but could be enhanced even further with reflection and with documentation of the content of the E-learning and the HR and Management Course.

• Is the level of evidence right for this applicant? Are they meeting the standards and expectations?

Yes, this applicant demonstrates proactive involvement in leadership and innovation in these activities.

Statement of Expectations and Guidance for CiP 7

CiP 7: Working in partnership with all other relevant organisations the doctor is able to champion the sexual and reproductive healthcare needs of people from all groups within society to enable people to realise their right to optimum sexual and reproductive health; and plan and deliver an SRH Service, within which the principles of Public Health are embedded and contribute to the vision for the future direction of healthcare.

What is CiP 7 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to take an active role in implementing Public Health priorities for their population. It is expected that a Consultant in CSRH will work closely with local Public Health services to plan and deliver initiatives that not only optimise the sexual and reproductive health and rights of their population, but that also reduce stigma and promote the sexual and reproductive wellbeing of all groups within society. Applicants should undertake a Public Health project and should be exposed to and participate in a wide variety of Public Health initiatives.

Applicants should undertake a Public Health project and should be exposed to and participate in a wide variety of Public Health initiatives as well as attending educational events to support their learning in this area. The ability to reflect on and learn when projects have gone well, or indeed if they have failed, are all skills that should be demonstrated. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors

Considers the impact of the broader social and cultural determinants of health when planning and delivering SRH care.	• Understands the impact of social, cultural, economic and environmental factors on the physical and mental health of the population. • Aware of the impact of globalisation on SRH and how the increasing movement of people impacts upon health care and services.
Participates in setting the direction of future SRH care at local, regional and national level	• Contributes to a local sexual and Reproductive Health strategy • Demonstrates involvement in influencing wider context/political drivers for better SRH • Works effectively with the media. • Communicates/presents professionally in written, spoken and visual formats and digital/social-media platforms • Demonstrates ability to present information in appropriate format for range of audiences
Formulates and articulates problems so they can be addressed using public health intelligence	• Collates, reviews and utilises available sources of data to demonstrate a population health need. • Demonstrates ability to complete a Public Health project. • Analyse population data to demonstrate trends, draw comparisons and identify inequalities in sexual & reproductive health • Demonstrates awareness with and understanding of population level data relevant to sexual and reproductive health

Statement of expectation CiP 7 – Independent competence – meeting expectations
Applicants should be familiar with the broader social and cultural determinants of health in relation to SRH care and rights. They should be able to demonstrate their application of Public Health principles either by completing a Public Health project or by working closely with Public Health colleagues to gain a deeper understanding of local collaboration between clinical, Public Health and third sector colleagues, gathering information from local, regional and national sources to understand inequalities that drive local need. In addition, an applicant who is meeting expectations will participate with confidence in local Public Health strategy initiatives to influence SRH services by engaging with the public and local stakeholders including the media, to advocate for the sexual and reproductive healthcare needs and rights of the local population. The applicant is able to champion SRH priorities to address inequalities in service planning, access and provision.
What kind of evidence might be submitted by the applicant, relevant to CiP 7?
• Public Health project or collaborative work that you led and implemented • Advocacy related to SRH • Patient and public engagement • Contribution to local, regional or national strategy meetings including meetings in collaboration with Public Health • Attendance at a course or e-learning related to Public Health • Chairing Public Health or SRH strategy meetings • Oral or poster presentation on a Public Health issue in which you were the lead author

- Evidence of independent self-directed learning and reflection regarding Public Health Policy, strategy and implementation
- Evidence of stakeholder engagement in a public health project you led and implemented
- Risk assessments
- MCSRH Part II

This list is not exhaustive. Applicants can use other sources of relevant evidence.

CiP 7 Example Evidence

An applicant presents evidence for independent competence for CiP 7, as below:

- CbD dealing with a vulnerable individual with brief reflection on societal structures
- Attendance at two Public Health Meetings to consider improving access to LARC
- Has read Local Sexual Health Strategy

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

In this case, three pieces of evidence have been provided with only minimal application to practice. Reflection in this particular CiP should include thinking about how the individual functions within their own context and how this might affect interaction with, and experience of, healthcare.

• Is this the best evidence? Would some of this evidence be more appropriate in our CiPs as evidence? Is there other evidence that has been missed?

The evidence submitted is taken from the correct domain of professional activity but does not demonstrate “confident participation” in those activities or “championing” of the needs of any service users who may be finding access to support challenging. Reading the local Sexual Health Strategy is relevant but should be part of a larger piece of work that could include reflection on the implications for the local population and the local SRH service providers.

• Is the level of evidence right for this applicant? Are they meeting the standards and expectations?

There is no evidence of active participation in the professional activities required for this CiP. At this stage of training there should be evidence of proactive engagement with policy development demonstrating an understanding of and ability to use Public Health principles in practice. This might include reflection on a meeting attended or chaired, evidence of interaction with stakeholders, the public or media. Observational experience alone is insufficient to meet the standards of expectations.

The applicant should be evidencing confident and effective interaction with professionals from other specialties, e.g. local authority, education, and media. The applicant could consider demonstrating their understanding of the implications of the local Sexual Health Strategy by formulating a service development proposal in alignment with the strategy and presenting this proposal at an operational management level meeting.

Statement of Expectations and Guidance for CiP 8

CiP 8: The doctor is competent to assess and manage people presenting for sexual and reproductive healthcare throughout their life course

What is CiP 8 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to recognise, assess and manage people presenting for any aspect of sexual and reproductive healthcare at any stage in life. It is expected that a CSRH Consultant will be able to manage general open access SRH services as well as more specialised, appointment-based clinics. The 15 Key Skills of this clinical specialty CiP describe the tasks or activities which are essential for providing sexual and reproductive healthcare and all need to be evidenced at independent level in parallel with the Practical Procedures listed in the CSRH curriculum. The GMC-approved key skills and descriptors for CiP 8 are shown below.

Key Skills	Descriptors
Manages fertility control	• Provides information and counselling about all reversible and non-reversible contraceptive options. • Provides all reversible methods of contraception that are available in the UK at the time. • Provides expert contraceptive care to people with social and/or clinical complexity. • Provides all forms of reversible post pregnancy contraception. • Manages complications secondary to all methods of contraception including contraceptive failure. • Is able to remove all reversible methods of contraception, including where this involves complex procedures. • Manages complex removals including where imaging required and working with other specialists when necessary • Provides expert advice and management and acts a senior decision maker with regard to contraception in collaboration with other specialists
Manages pregnancy planning and preconception care	• Provides information and counselling about fertility throughout the life course. • Provides information and counselling about pregnancy planning, pregnancy spacing and preconception care. • Understands the importance of preconception care to optimise maternal and fetal health • Is able to elicit the risks to having a healthy pregnancy and baby that are of most concern or relevance to the individual and is able to support them in reaching an appropriate plan of action to prepare for pregnancy

Key Skills	Descriptors
	• Recognises the effect of chronic maternal disease on pregnancy and vice versa, provides information and refers for more specialised support when needed.
Manages early pregnancy, unplanned pregnancy and abortion care	• Demonstrates a non-directive and non-judgemental approach towards pregnancy and abortion care and appreciates the social and cultural factors and the impact of stigma on this area of work • Works with the individual and other professionals to ensure a network of care and appropriate follow up (such as Early Pregnancy Assessment Units, Sexual Assault Referral Centres, Domestic Abuse services etc). • Demonstrates the ability to manage women with early pregnancy and its complications; including management of Pregnancy of Uncertain Viability (PUV), Pregnancy of Unknown Location (PUL) and miscarriage, hyperemesis, medical management of ectopic pregnancy and request for abortion • Ensures appropriate clinical follow up, management of complications and disposal of fetal remains • Provides abortion within the context of personal belief • Manages issues relating to conscientious objection to abortion and other personal belief from co-workers and colleagues Recognises own belief and impact on practice • Understands the legislation and regulations specific to abortion care across the 4 nations and demonstrates the skills to establish and lead an abortion service.
Manages non-complex genitourinary tract presentations	• Recognises the spectrum of clinical presentations of genital tract conditions and their differential diagnoses including sexually and non-sexually transmitted infections, dermatoses, inflammatory disorders and infestations. • Takes an appropriate sexual history including STI risk assessment • Provides immediate management of non-complex genital tract conditions • Discusses with patients the risk factors for sexual and blood borne virus infections • Advises vaccination where appropriate and explains vaccination regimes and other preventative strategies • Arranges partner notification where appropriate and refers to other specialties where indicated
Manages abnormal vaginal bleeding **Manages pelvic pain** **Manages urogynaecological symptoms**	• Provides information and counselling about all investigations and treatment options • Provides initial investigation and non-surgical treatment within the field of SRH

Key Skills	Descriptors
	• Refers or signposts appropriately to other specialties or practitioners where investigation and treatment lie outside the field of CSRH, taking into account the urgency required
Manages screening relevant to SRH	• Provides information and counselling on all screening relevant to sexual and reproductive health • Provides screening within CSRH such as cervical screening, in accordance with national guidance. • Counsels about screening results and onward referral.
Manages adolescent sexual and reproductive health	• Performs a consultation appropriate to a young person recognising the particular difficulties and vulnerabilities that may be faced by this age group. • Supports young people to understand the importance of sexual wellbeing. • Is able to assess the understanding of the young person of consent and safe sex. • Discusses lifestyle choices (including risk and self-empowerment) in an appropriate manner and provides health promotion within the consultation. • Works with the individual and other professionals to ensure a network of care and appropriate follow up. • Assesses safeguarding needs, reports appropriately and contributes to the local multidisciplinary processes.
Manages premenstrual syndrome	• Manages PMS according to individual circumstances and preferences utilising a range of therapeutic options including hormonal and non-hormonal treatment, lifestyle measures, complementary therapies and psychological therapies. • Provides information and counselling on role of surgery in the management of severe PMS. • Appreciates the impact that PMS may have on other aspects of wellbeing.
Manages menopause and postmenopausal care	• Discusses the risks and benefits of HRT and prescribes appropriately including in premature ovarian insufficiency • Formulates an individualised management plan taking into account individual circumstances and preferences, including lifestyle measures, complementary therapies and psychological input • Can manage menopausal symptoms in women with coexisting physical and / or mental health conditions, including those with history or genetic risk of cancer • Provides expert advice and management and acts as senior decision maker with regard to menopause and HRT in collaboration with other specialists. • Appreciates the impact that the menopause may have on other aspects of wellbeing.

Key Skills	Descriptors
Manages transgender health problems	• Understands the spectrum of gender variance (to include binary and non-binary gender identities) and the possible processes of transition, including social, medical and surgical pathways undertaken by trans people. • Recognises how gender dysphoria and surgical intervention can impact on sexual wellbeing and sexuality. • Understands the options for contraception, fertility preservation and pregnancy for transgender people. • Describe and recognises the genital variance where reconstructive surgery has taken place. • Identifies and assesses complications of medical and surgical interventions in trans people and refers to specialists where appropriate.
Manages reproductive mental health (SRH for people with diagnosed and undiagnosed mental health conditions)	• Demonstrates understanding of how mental health issues can affect reproductive health and how services need to collaborate to optimise support for vulnerable people • Demonstrates understanding of how reproductive health issues can significantly impact on the mental health of a person and their partner. • Is able to manage reproductive and sexual health presentations in people who have diagnosed or undiagnosed mental health conditions. • Is able to assess suicide risk and refer appropriately
Manages sexual wellbeing	• Understands the physical and psychological influences on sexual pleasure and function. • Demonstrates awareness of overt and covert presentation of sexual problems and is able to raise sexual issues within a relevant consultation. • To be able to explore further the problem with the patient and do a genital examination with a psychosomatic component. Request appropriate investigation. • Demonstrates awareness of the doctor/patient interactions that can occur within a consultation and be able to utilise these insights for the benefit of the patient • Is able to provide immediate management of psychosexual care • Formulates and discusses management options according to/available through local pathways.
Manages sexual violence	• Demonstrates appropriate response to overt and covert presentation of non-consensual sex. • Takes an appropriate initial account from a person disclosing sexual assault to allow referral to the most appropriate service. • Understands the principles of forensic evidence preservation and applies them to clinical practice.

Key Skills	Descriptors
	• Understands and is able to comply with “Chain of Evidence” protocols. • Able to discuss options for reporting to the police. • Understands the requirements for performing a clinical examination, only where appropriate. • Documents the clinical history and the patient’s account of events. • Assesses physical and psychological health needs of individual and discusses options and provides care in a timely manner - emergency contraception, vaccination, STI testing and PEP. • Understanding local safeguarding pathways where sexual violence is part of the presentation. • Works with the individual and other professionals to ensure a network of care and appropriate follow up.

The Practical Procedures associated with CiP 8 are shown below. Evidence of independent competence (unless specified below) is provided using OSATSs.

CSRH Practical Procedures
• Insertion and removal of intrauterine contraception (IUC) • Complex insertion and removal of intrauterine contraception (IUC) • Insertion of contraceptive implant • Removal of contraceptive implant • Complex removal of deep/impalpable contraceptive implant • Surgical management of 1st trimester miscarriage and 1st trimester abortion including MVA • Ultrasound early pregnancy • Ultrasound gynaecology • Ultrasound contraception • Biopsy of genital skin- may be signed off at Level 3 (*entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision))* • Endometrial biopsy • Hysteroscopy • Insertion, fitting and removal of female barrier contraception • Insertion, fitting and removal of vaginal supportive pessary- may be signed off at Level 3 (entrusted to act under indirect supervision *(supervisor immediately available on site if needed to provide direct supervision))* • Bimanual examination • Speculum examination • Cervical screening (Cytology) • Proctoscopy • Ablation of genital lesions/warts • Light microscopy

Ultrasound procedures with accompanying breakdown of individual skills
Ultrasound Contraception – use of transvaginal, transabdominal or musculoskeletal USS to: 1. Identify a normally sited intrauterine method of contraception 2. Identify an abnormally sited intrauterine method of contraception 3. Identify a normally sited subdermal contraceptive implant in the upper arm 4. Identify an abnormally sited subdermal contraceptive implant in the upper arm
Ultrasound Pregnancy and Abortion Care - use of transvaginal and/or transabdominal USS as clinically indicated to: 1. Diagnose a normal early pregnancy 2. Diagnose a miscarriage 3. Diagnose retained products of conception 4. Diagnose or assess a suspected ectopic pregnancy
Ultrasound Gynaecology - use of transvaginal and/or transabdominal USS as clinically indicated to: 1. Assess the reproductive tract within the normal female pelvis 2. Assess endometrial abnormalities 3. Assess uterine abnormalities 4. Assess ovarian lesions 5. Assess pelvic pain

Statement of expectations: CiP 8 – Independent practice - Meeting expectation
An applicant who is meeting expectations will provide holistic care to all people seeking SRH services, working independently in clinic. They will be independently competent to perform all the practical procedures in the CSRH curriculum. They will ensure an appropriate network of follow up is in place for patients with more complex needs. They will be capable of leading the team in the consultant's absence. They will be familiar with local care pathways and confident in referring patients who need support from different disciplines or agencies.
What kind of evidence might be submitted by the applicant, relevant to CiP 8?
• DCSRH • MCSRH Parts I and II • LoC IUT and SDI • Mini-CEX • CbD • OSATS – 3 summative OSATS signed off at Level 5 (Independent practice) to confirm a newly acquired competency or 1 summative OSATS signed off at Level 5 to evidence continuing competency • PSQ • TO2 • Reflective practice • Clinical skills courses • DOC • CoSRH USS SSM, Menopause SSM, Abortion Care SSM *This list is not exhaustive. Applicants can use other sources of relevant evidence.*

CiP 8 Example Evidence

Applicants should ensure that they have the correct number of OSATSs or alternative evidence (for example basic skills Practical Procedures will be assumed if appropriate OSATSs are submitted for Practical Procedures of a more complex nature – for example, competence in speculum examination will be assumed for applicants evidencing independent competence in IUC insertion)

In addition to the Practical Skills, applicants should submit sufficient MiniCex and CBDs to encompass the whole scope of clinical practice within CiP 8 and for consultations and procedures of appropriate complexity.

Applicants should clearly demonstrate their clinical leadership by evidencing their ability to conduct a clinic or procedure list whilst supervising others working alongside them. They should also submit evidence of effective multiprofessional working and appropriate escalation of cases to other services with the correct level of urgency.

Statement of Expectations and Guidance for CiP 9

CiP 9: The doctor is able to directly facilitate learning through the provision of teaching, training, mentorship and assessment to a wide variety of learners from various professions.

What is CiP 9 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to be an effective teacher and supervisor to a wide variety of learners from various professions. It is expected that a Consultant in CSRH will be an effective teacher of not only medical students and trainees, but of peers from other medical specialties, other allied healthcare professionals and non-clinical colleagues such as health promotion staff.

Key Skills	Descriptors
Delivers effective teaching	• Demonstrates understanding of learning theories relevant to medical education. • Plans and delivers effective teaching/training strategies and activities. • Promotes a supportive learning environment (and ensures patient safety in teaching/training). • Demonstrates techniques for giving feedback and can provide it in a timely and constructive manner. • Evaluates and reflects on the effectiveness of their teaching/training activities. • Manages personal education time and resources effectively
Facilitates interprofessional learning	• Understands the value of learning with, from and about other healthcare professionals. • Participates in interprofessional learning. • Demonstrates the ability to deliver multi-professional teaching.
Supervises and appraises	• Contributes towards staff development and training, including supervision, appraisal and workplace assessment. • Act as named Clinical Supervisor, Educational Supervisor and College Registered Trainer. • Understands the skills required to become an Educational Supervisor • Understands GMC recognition of trainer status • Understands GMC revalidation and the underlying medical appraisal process and could act as an appraiser.
Develops people	• Acts as a supportive colleague and “critical friend”. • Encourages career development in others. • Understands concepts of formal, mentoring and coaching. • Demonstrates an awareness of the characteristics of a colleague in difficulty.

Key Skills	Descriptors
	• Supports and guides a colleague in difficulty using the processes which exist within the NHS.

Statement of expectations: CiP 9 – Independent practice – meeting expectation
An applicant who is meeting expectations is conversant with educational theory and will seek out opportunities to plan and facilitate teaching sessions outside the immediate clinical sphere. They will proactively take opportunities to educate and learn from patients to develop their own clinical practice and the service more widely, while supporting junior colleagues to do the same. They will confidently demonstrate the skills and attributes of a Clinical Supervisor and Educational Supervisor including assessments of learners and provision of constructive feedback. They will continue to improve the effectiveness of their educational activities in response to reflection and feedback from learners. They take opportunities to appraise and encourage junior peers to actively engage in the revalidation process.
What kind of evidence might be submitted by the applicant, relevant to CiP 9?
• Reflective practice • Part II KAT • FRT or equivalent status recognition • eLearning/courses relevant to education – Train the trainers, ES courses etc. • Lesson plans • Power points/ examples of teaching or training sessions you have delivered (3 recent examples) • Advertising teaching events you have delivered e.g. posters, social media, email • Teaching timetables which clearly identify your sessions • Teaching presentation slides from lectures you've delivered with feedback • Reflection on feedback and any action taken • Evidence of clinical supervision within a formal training programme • Involvement in formal training programme design • Involvement in undergraduate examinations • Evidence of managing a trainee in difficulty (anonymised) *This list is not exhaustive. Applicants can use other sources of relevant evidence.*

CiP 9 Example Evidence

An applicant presents evidence for independent competence for CiP 9, as below:

- FRT status
- Design and initiation of a local "Introduction to Psychosexual Counselling" teaching package for departmental colleagues
- Oral & Poster presentation of this initiative at the ASM
- Audit of CoSRH General Training Programme with recommendations for improvements
- Has acted as Clinical Supervisor (CS) to a junior trainee with ePortfolio record of WPBA and TO1s completed for that trainee

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

In this case good, current evidence has been provided of involvement with training at senior level– both the theory and practice of designing and delivering teaching in a variety of settings.

• Is this the best evidence? Would some of this evidence be more appropriate in our CiPs as evidence? Is there other evidence that has been missed?

The evidence is appropriate to this CiP.

• Is the level of evidence right for this applicant? Are they meeting the standards and expectations?

This evidence is at the level expected of someone who is able to practice independently. They have demonstrated educational leadership with a completed project on an introduction to Psychosexual Counselling skills which has also been presented at a conference.

Statement of Expectations and Guidance for CiP 10

CiP 10: The doctor is able to manage educational programmes that deliver SRH learning to a wide variety of professionals in a wide variety of settings.

What is CiP 10 about?

This CiP is designed to ensure that CSRH Consultants have the skills, knowledge and attributes needed to manage training programmes relevant to SRH. It is expected that a Consultant in CSRH will be able to manage the delivery and quality control of this training.

Applicants should be exposed to and participate in the training programmes relevant to SRH as well as attending educational events to support their learning in this area. The ability to reflect on a successful programme of training or a programme that requires improvement should be consolidated as training progresses. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Understands educational programmes within SH/SRH	• Demonstrates an understanding of the requirements and outcomes of educational programmes within SH/SRH. • Maintains awareness of innovation and developments in medical education and educational techniques
Demonstrates ability in planning, delivery and evaluation of training programmes	• Demonstrate the ability to plan, structure and facilitate an educational session / intervention/ event/ or training programme, including aims, objectives, learning resources to be used and evaluation methods • Ability to teach/train different health professionals effectively

Statement of expectations: CiP 10 – Independent practice – meeting expectations

An applicant who is meeting expectations will be able to teach/train different health professionals effectively. They will be aware of and understand the educational programmes within Sexual Health and Reproductive Health and may have participated in them.

The applicant will understand their own preferred learning and teaching style and be able to adapt the latter as and when necessary to optimise the learning experience for their target audience. They will provide leadership within local training programmes and have an active role in the planning and delivery of College approved courses to a multidisciplinary audience.

The applicant is abreast of innovation and developments in medical education and educational techniques and incorporates them where applicable. They are able to independently plan, structure and facilitate training programmes, including aims, objectives, learning resources to be used and evaluation methods and can use the evaluation information to implement improvements.

What kind of evidence might be submitted by the applicant, relevant to CiP 10?

- Involved in the delivery of SH and SRH courses such as DipGum, STIF, DCSRH, SRH essentials, CoSRH SSMs etc.
- Participation in relevant Deanery and/or College educational committees
- Development of local and national SRH teaching resources
- Educational Feedback from peers and learners with evidence of actions where appropriate.
- Participation in 360 appraisal process
- TO2
- Supervision and Mentoring other trainers
- Part II KAT
- Attendance at “Training the Trainer” events such as Educational Supervisors training days
- Reflective practice on - programmes organised, teaching sessions delivered, assessment of training needs, educational governance, quality improvement of the educational programme, own personal learning
- Evidence of session plans including learning objectives and methods of assessment
- Evidence of attendance at Quality Improvement meetings relevant to education
- Evidence of involvement with Educational Governance
- Shadowing Director of Medical Education

This list is not exhaustive. Applicants can use other sources of relevant evidence.

CiP 10 Example Evidence

An applicant presents evidence for independent competence for CiP 10, as below:

- FRT status
- Participated in an Essentials of Contraception Course but no evidence of involvement with planning or of feedback
- eLearning for Clinical and Educational Supervisors
- Primary trainer

Consider the key questions:

• Is this sufficient evidence to confirm independent competence in this CiP? Am I happy there is evidence to support independent competence?

In this case four pieces of evidence have been provided which demonstrate involvement in College training programmes and learning relevant to Clinical and Educational Supervision. Whilst this is relevant, there is no evidence of using feedback to inform the provision of education or of involvement with oversight of the training programmes.

• Is this the best evidence? Would some of this evidence be more appropriate in our CiPs as evidence? Is there other evidence that has been missed?

The evidence is appropriate to this CiP, but it is insufficient in breadth and content.

• Is the level of evidence right for this applicant? Are they meeting the standards and expectations?

This evidence does not encompass the elements required to demonstrate independent practice.

The applicant needs to demonstrate involvement at organisational level with the local and regional training programmes, showing that they have the experience necessary to oversee and quality assure a training programme. The applicant recently attended the General Training Programme Directors Day when a presentation was given on a tool kit for quality assurance in education. The applicant could use the tool kit for the local General Training Programme with a view to implementing any outcomes for improvement, write up the process for possible presentation/publication and reflective practice. The Head of School has also recently offered shadowing opportunities and ARCP observation at the Deanery for clinicians wishing to become Educational Supervisors which the applicant should consider participating in. Upon satisfactory completion of these activities, the evidence could be revisited and may then reflect sufficient level and quality of evidence to demonstrate independent competence in CiP 10.

Glossary

AoMRC	Academy of Medical Royal Colleges
CbD	Case-based Discussion
CEU	Clinical Effectiveness Unit
CSRH	Community Sexual and Reproductive Healthcare
DATIX	Risk management information system used by the NHS
DCSRH	Diploma of The College of Sexual & Reproductive Healthcare
Dip GUM	Diploma in Geniro-urinary medicine
DOC	Directly Observed Clinics
FRT	Faculty Registered Trainer
GMC	General Medical Council
GPC	Generic Professional Capacity
GUM	Geniro-urinary medicine
IUT	Intrauterine Techniques
KAT	Knowledge Assessment Test
LoC	Letter of Competence
MARAC	Multi Agency Risk Assessment Conference
MCSRH	Member of The College of Sexual & Reproductive Healthcare
Mini-CEx	Mini-Clinical Evaluation Exercise
O&G	Obstetrics & gynaecology
PSQ	Patient Satisfaction Questionnaire
SRH	Sexual & Reproductive Healthcare
STIF	STI Foundation
TO2	Team observations
USS	Ultrasound Skills
WPBAs	Work-place based Assessments