IMPLEMENTATION NOTE 10

ADVICE FOR SUBSPECIALTY TRAINEES (SSTs) AND SUBSPECIALTY TRAINING PROGRAMME SUPERVISORS (STPSs) FOR TRANSFER AND ANNUAL SST ASSESSMENT – MOVING TO THE NEW CURRICULUM 2019

Further to Implementation Note 8 Advice for advanced trainees, this Note provides further guidance for SSTs and STPSs regarding the transfer to the new 2019 Core Curriculum / reformatted 2019 subspecialty curricula and the annual subspecialty assessment.

STPSs should be encouraged to do an initial review with their SSTs and to make a plan of what needs to be achieved in the reformatted 2019 subspecialty curriculum as soon as possible after they have transferred, and that they are able to use the new ePortfolio. The SST’s total number of competent summative OSATS from the NES system will need to be entered into the first Subspecialty Educational Supervisor Report (SST ESR), prior to the first centralised SST assessment on the new system. This total will then remain static in subsequent SST ESRs, so that the STPS can view which summative OSATS the SST is completing on the new system alongside those completed on the old system.

Dr Sarah Dix of Wessex Deanery has produced a helpful guide for trainees on What to do after transferring to the new ePortfolio, which is available here. The guide has been quality approved by the SEAC Chair. The guide gives examples from the new 2019 Core Curriculum, however the functionality and set up for the subspecialty curricula is identical.

1. Any trainee who has reached ST6 by 31 October 2019 is entitled to remain on the pre-2019 core curriculum, and this also applies to pre-CCT SSTs. Those who are left with substantial amounts of subspecialty training are, however, encouraged to convert to the new 2019 Core Curriculum. This rule also applies to those on maternity leave or longer term sick leave, irrespective of when they are due to return to subspecialty training.
2. However, all SSTs who have not had their final assessment by 31 October 2019 will need to transfer to the reformatted 2019 subspecialty curriculum and will be transferred onto the new ePortfolio so that this can happen.
3. All SSTs should have a meeting with their STPS as soon as possible to determine whether they are staying on the old pre-2019 Core Curriculum, or whether they are transferring to the new 2019 Core Curriculum. Advice is given below in two sections; the first section is for those SSTs transferring onto the reformatted 2019 subspecialty curriculum, ePortfolio AND core curriculum. The second section is for those SSTs who are transferring onto the reformatted 2019 subspecialty curriculum, and the new ePortfolio (as they must), but are choosing to remain on the old pre-2019 core curriculum.
   • Whichever option the SST chooses, the STPS and the SST need to carefully review progress using the old curriculum so far, both with subspecialty
competency acquisition, and the core curriculum. They should be considering: how much whole-time equivalent (WTE) clinical training has occurred since the start of subspecialty training, or since the last subspecialty assessment i.e. how many months. For LTFT trainees, academic trainees, those doing research and those who have had time out of training, this requires careful consideration and calculation.

- How has progress been with subspecialty training to the point of transfer onto the reformatted 2019 subspecialty curriculum and new ePortfolio, when reviewed against the old subspecialty curriculum. The STPS needs to record this very carefully with detailed evidence explaining why the trainee is on-target, ahead of usual progress, or falling behind, and both clinical and non-clinical skills need to be reviewed. Any training objectives (ideally SMART ones) identified through the use of the old curriculum need to be highlighted at this point.

- The SST and STPS need to record this progress to the point of transfer onto the new ePortfolio clearly on the meetings form so that the annual subspecialty assessment panel can readily sense check this at the point of the next centralised subspecialty assessment.

- The SST and STPS then need to look ahead to the next centralised subspecialty assessment, and calculate how much training time they will have completed by that point so that a judgement can be made as to what progress should be, using the newly reformatted 2019 subspecialty curriculum. A discussion should take place as to what new evidence should be uploaded into the new eportfolio to show that adequate progress has been made when this is taken in conjunction with the assessment of progress made at the point of transfer.

4. Post-CCT subspecialty trainees should be following the advice found in Implementation Note 8 Advice for advanced trainees with regards to evidencing non-clinical skills in subspecialty training

**For the subspecialty trainee who has transferred onto the new 2019 Core Curriculum**

These trainees will be utilising the non-clinical CiPs in the new 2019 Core Curriculum to evidence their progression with non-clinical skills.

**General principles for first annual centralised subspecialty assessment after transfer**

5. An SST having an annual centralised subspecialty assessment within 6 months of the introduction of the reformatted 2019 subspecialty curriculum and insufficient evidence in <50% of non-clinical Capabilities in Practice (CiPs) should NOT be given anything other than ‘the SST is making satisfactory progress’. However an outcome ‘inadequate progress and requires more time’ should be given if there is no evidence in >50% of the non-clinical CiPs. If the SST is on Out of Programme (OOP) or on maternity leave then the 6 months starts when they return to training. For less-than-
full-time (LTFT) this period will depend on their pro rata time (e.g. 10 months for 60% training).

6. An SST who is at the end of a training year and has been accumulating evidence on both the old and reformatted subspecialty curriculum will require both sets of evidence considered in order for a progression decision to be reached. For example, if a trainee is on the pre-2019 subspecialty curriculum for 90% of the training year it is going to be challenging for them to link all the necessary evidence to the CiPs. A pragmatic approach will be required to ensure that the STPS is confident that the SST has met the old subspecialty curriculum requirements pro rata to the point of transfer, and has made appropriate progress with the reformatted clinical and non-clinical CiPs thereafter. Hence the need for an urgent review of progress by all SSTs and STPSs in early November 2019 following transfer.

7. Where the SST has appropriate evidence within the ePortfolio to inform sign off of CiPs but has failed to use or link it appropriately the use of an outcome 'Incomplete evidence presented – additional training may be required' is recommended.

8. An SST who is not at the end of a training year will need the amount of full-time equivalent clinical training confirmed as part of the SST ESR. The STPS will need to pay attention to the evidence of progression in the pre-2019 subspecialty curriculum and evidence of the necessary number of WPBA. The STPS should then make recommendations as to what needs to be achieved in the reformatted 2019 subspecialty curriculum in order to progress. This should focus on the quality of the evidence not necessarily the number of WPBA. For example, a LTFT/academic trainee may have completed 70% equivalent of full-time clinical training in the first year of subspecialty training at the time of transfer. Therefore most of the evidence to support an outcome ‘satisfactory outcome’ at the end of the first subspecialty training year will be from the old curriculum/ePortfolio. This should be documented in the new ePortfolio on a meetings form.

9. There is no requirement for ongoing evidence of competence in procedures that have been signed off. SSTs are adult learners and if they feel they are de-skilled in some procedures can use OSATs as a way of obtaining ongoing constructive feedback if needed.

**Subspecialty trainees given recommendations of inadequate progress at their last centralised assessment**

10. SSTs with the above outcomes need their SMART objectives documented clearly on both the old and reformatted curriculum documentation in the ePortfolio.

11. When recording annual centralised SST assessment outcomes it is recommended that the panel documents which core curriculum the SST is following – pre-2019 or 2019. For example; OSATs evidencing ongoing competency in procedures previously ‘signed off’ are not required by the new 2019 Core Curriculum, but are still part of
the 2018-2019 core training matrix. If it had been noted that an SST had not obtained these ongoing competency OSATs at a previous subspecialty assessment, but had now transferred onto the new 2019 Core Curriculum, there would be no requirement now for those OSATs to be provided as evidence.

12. Trainees given specific SMART objectives at a previous centralised subspecialty assessment who have transferred onto the reformatted 2019 subspecialty curriculum still need to show evidence that these have been addressed if they feature in the reformatted 2019 subspecialty curriculum. After transfer the trainee in this situation needs to provide the evidence that they have achieved these objectives and cannot use the ‘insufficient evidence in <50% of non-clinical CiPs’ as justification that they should receive an outcome ‘making satisfactory progress’. An example would be if an SST had been asked to produce evidence around communication within a team, but there was nothing linked to CIP 5, then they would be unable to be awarded an outcome ‘making satisfactory progress’, regardless of the fact that allowances are being made for the non-clinical CiPs at the first centralised subspecialty assessment following transfer.

13. Global judgement is a key component of the assessment process in the reformatted 2019 subspecialty curriculum. The use of non-satisfactory recommendations by STPSs or the centralised subspecialty assessment panels will need careful consideration whilst STPSs become familiar with the updated assessment process.

14. The centralised subspecialty assessment Panel should give feedback on the quality of the SST ESR as part of the process, in the spirit of promoting good practice. A template will be available.

For the subspecialty trainee who chooses to stay on the 2013 Core Curriculum, or is post CCT

15. An SST who chooses to remain on the 2013 Core Curriculum (or is already a CCT holder) but moving onto the reformatted 2019 subspecialty curriculum (as all trainees MUST do by 31 October 2019), their progress through their subspecialty training will be judged against the newly reformatted SST curriculum, which no longer contain these generic competency requirements. These trainees must accumulate evidence from their special area of interest which satisfies the 2018-2019 training matrix for ST6 and ST7. For further guidance see Implementation Note 8 Advice for advanced trainees.

16. The reformatted 2019 subspecialty curricula have had some generic skills removed e.g. communication skills and governance as these are now in the new 2019 Core Curriculum. For SSTs who choose to remain on the 2013 Core Curriculum, some attention needs to be paid to this as part of the overall SST ESR, as these generic skills are not part of the pre-2019 SST competencies. For further guidance and 2018-2019 and new matrices see Implementation Note 8 Advice for advanced trainees.
17. An SST who is undertaking but not completing their subspecialty training prior to the point of transfer should have a discussion, based on the key skills and descriptors of the relevant subspecialty curriculum, as to what is left to complete to meet the requirements of the reformatted 2019 SST curricula. This should be undertaken by their STPS and communicated to the ES if they are not the same person. This information needs to be transferred to the new ePortfolio so progress from transition can be assessed at the annual centralised subspecialty assessment.

18. When subspecialty training is completed on the new ePortfolio the global assessment made by the STPS for the SST clinical CiPs and the comments outlining the rationale for this decision will be visible in the SST ESR on the ePortfolio prior to the annual centralised subspecialty assessment. The STPS will review this judgement when compiling the SST ESR to submit to the centralised subspecialty assessment panel. This will be considered by the centralised subspecialty assessment panel.

19. When the annual subspecialty assessment and clinical CiPs are completed on the new ePortfolio, the global assessment made by the STPS for the subspecialty clinical CiPs, the comments outlining the rationale for this decision and the annual assessment outcome will be visible in the Educational Supervisor Report (ESR) on the ePortfolio prior to the ARCP. The STPS will review this judgement when compiling the ESR to submit to the ARCP panel. This will be considered by the ARCP panel.

20. SSTs have to transfer to the reformatted 2019 subspecialty curricula. The STPSs should review the evidence from old and reformatted subspecialty curricula in the SST ESR. The annual subspecialty assessment Panel will need to review as to whether there is sufficient evidence from both old and reformatted subspecialty curricula to justify the award of subspecialty accreditation.

LTFT, academic, maternity leave, OOP

21. The issues for academic subspecialty trainees are broadly similar to those of LTFT trainees at whatever stage of training they are at. There is a need to apply the percentage of Whole Time Equivalent (WTE) rules to progression when transition planning.

22. SSTs on maternity leave should be encouraged to attend a training day on the new 2019 Core Curriculum / reformatted 2019 subspecialty curricula as one of their Keeping In Touch (KIT) days. It may be appropriate for the Training Programme Director (TPD) or College Tutor (CT) to provide oversight of the progression of these trainees to ensure that they are not disadvantaged. The Return To Work (RTW) process is very important for these group of trainees, and should include an assessment of what they need to do to progress in the reformatted subspecialty curricula.

23. Formative assessments will now be available for STPS to see in the reformatted 2019 subspecialty curricula. The STPS should use monthly meetings and the PDP to
support SSTs. These SSTs may need more support when transferring to the reformatted subspecialty curricula and ePortfolio.

**Subsequent centralised assessments for all subspecialty trainees**

24. An SST who is at the end of a training year and has accumulated evidence in the reformatted 2019 subspecialty curriculum will have their progress recorded against the clinical CiPs in the SST ESR. If they have transferred onto the new 2019 Core Curriculum, progress through the non-clinical CiPs must also be reviewed. For those on the old Core Curriculum, or those who have CCT already, progress of non-clinical skills needs to be judged against the pre-2019 core matrix (see [Implementation Note 8 Advice for advanced trainees](#)). The centralised subspecialty assessment Panel should then consider whether they agree with the global judgement of the STPS. They may do this by reviewing the evidence accrued, including the required procedures. Satisfactory progress in both clinical and non-clinical CiPs must be made. The requirements of the new Matrix and sign-off of procedures must be met, as well as the defined entrustable levels of supervision for clinical CiPs for progression from one SST year to the next.

25. An SST who is not at the end of a training year and who has accumulated evidence in the reformatted 2019 subspecialty curriculum will have their progress recorded against the CiPs in the SST ESR. The STPS will need to pay attention to the quality of evidence. The STPS should then make recommendations as to what needs to be achieved in order to progress.

**Reminder of available resources**

The [Curriculum 2019 website](#) and the [Curriculum 2019 on-line resource](#) are the key places to look for information, including FAQs, guidance for core, ATSM and Subspecialty curricula, ePortfolio and Implementation Notes. We keep these up-to-date and will be shortly embarking on changes to the main RCOG website to make it even easier for people to find what they are looking for.