**HEALTH EDUCATION EAST OF ENGLAND ATSM TRAINING IN OBSTETRICS AND GYNAECOLOGY**

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Secretary: Rose Barrett [email: [rose.barrett@nhs.net](mailto:rose.barrett@nhs.net)]

**INTRODUCTION**

The following information is the most current for HEEoE information on choosing, applying and proceding with ATSM in obstetrics and gynaecology. **This should be read in conjunction with the RCOG website relevant pages**. Please take note of all the relevant sections

The information enclosed is

1. Choosing your ATSM including selection process
2. Registering your ATSM as a trainee
3. Registering your ATSM as a non trainee
4. Progression in your ATSM and eportfolio requirements
5. Current preceptors
6. Current ATSM by unit

**CHOOSING YOUR ATSM**

When choosing your ATSM, it is worth considering the likely consultant appointments within your region or nationally, your personal career intentions, your capability. We wish all trainees to work towards their strengths to enable them to have the best opportunity for a fulfilling future career.

You must complete 2 ATSMs to receive your CCT or equivalent. Usually this consists of one that is your career defining ATSM and will often have an intensity of 2. The other ATSM either complements this or shows your breadth of skills. Most trainees are expected currently to complete the advanced labour ward practice ATSM, as obstetrics is a significant part of most new consultant job plans, and often listed as essential or desirable in person specifications.

Each trainee has their own skillset of strengths and weakness. This means each trainee should carefully consider which ATSM they wish to register for, and whether they have the skills to complete this successfully. Unfortunately, not all trainees complete the modules they register for.

To ensure the best chance of success, we suggest each trainee has a discussion with their local educational supervisor when thinking/applying for ATSM reviewing surgical and other skillsets, does the ATSM fit with career intentions, are there any visualised difficulties.

**This discussion should be documented on the eportfolio.**

The RCOG is currently working on guidance that would lead to there being a selection process for ATSM. Currently we have capacity for all trainees to gain the experience in the ATSM they require across the deanery. However, the RCOG is discussing selection processes, and it may be that these are introduced.

**SELECTION PROCESS FOR ATSM APPROVAL**

Currently we do not have competitive interview for any of the ATSM in HEEoE. However, this is something that the RCOG is considering and taking information from all areas. We are aware that some trainees struggle to complete some ATSM. It is likely that we will take this forwards.

However, in light of some difficulty with the surgical workload ATSM, we have implemented this for the **urogynaecology ATSM**

1.The trainees have a reference of surgical aptitude before starting ATSM – either provide some OSAT or similar evidence for example vaginal hysterectomy.

2. the ATSM supervisor should be added as educational supervisor even if not the supervisor of the trainee overall and perform an induction meeting pertaining to the ATSM setting out clear goals

**REGISTERING FOR AN ATSM**

Before you apply for an ATSM, please have a discussion with your educational as above so that you can plan your ATSM route. Please also review the FAQ and the application pages on the RCOG website

<http://www.rcog.org.uk/education-and-exams/curriculum/atsms/how-register-atsm>

<http://www.rcog.org.uk/education-and-exams/curriculum/atsms>

The college has a number of FAQ’s about ATSM’s also, please read these before applying. In applying these within our HEEoE, all trainees must complete 2 ATSMs, many will find it possible to obtain 3. Although we have no upper limit currently, this is under discussion, and any trainee applying for further ATSM’s may not have this approved in the future.

Your training will not be extended to complete ATSMs if you already have 2 completed ATSMs. Also, your further ATSM completion will not be a consideration when determining where you go for your period of grace, and that unit does not have to honour completion of the ATSM with timetabling. This is in concordance with the RCOG

**What’s the latest I can register for an ATSM before being awarded my CCT/CESR(CP)?**

You need to allow yourself sufficient time to complete two ATSMs in order to obtain your CCT. If you wish to register for a further ATSM close to your predicted CCT/CESR(CP) date, you’ll need to discuss this with your [**ATSM Director**](http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-directors) and other trainers to ensure you are still able to complete the necessary competences for your two ATSMs. Also, your deanery’s priority is to ensure all trainees meet the requirements for CCT before offering additional training opportunities to others.

If you are permitted to register for a further ATSM close to your predicted CCT/CESR(CP) date, your CCT/CESR(CP) date won’t be extended.

**WHAT ADDITIONAL PAPERWORK IS REQUIRED BY HEEOE FOR A TRAINEE?**

Along with all new ATSM requests, the **trainees should send an** **accompanying letter** explaining their career intentions and how the particular ATSM would benefit them. They should also mention :

* whether they have already met any of the prerequisites for the ATSM (ie mandatory courses) note for fetal medicine you must have already completed the intermediate scanning module.
* previously acquired experience and skills that would be relevant to the ATSM for e.g. if you are applying for the Acute gynaecology and Early pregnancy ATSM and have completed the intermediate scanning module. This will highlight to the director that the ATSM may have some areas already of competency and have a rough prediction of when they may complete the module. It will particularly help in modules with significant skills to acquire, for e.g. advanced laparoscopic, benign abdominal or vaginal surgery and feto-maternal medicine.
* ATSM’s you have already completed
* Your CCT date

Please include your **email address** in any correspondence . This is vital!

The trainee needs to send **stamped addressed envelopes** for the journey of the ATSM paperwork unless they are visiting in person for all stages - ie one to the preceptor, one to the ATSM director and a final one for the college. If there are no stamped envelopes, the paperwork will not progress from the secretary's desk. **The process of acquiring signatures can take 2-4 weeks dependent on annual leave of preceptors/director**.

The preceptor of the ATSM will email you a **checklist of expectations** for the ATSM that you have registered for. It is important that you keep this and refer to it for successful completion.

The RCOG is looking to creating a paperless system for ATSM application, which is much welcomed. In the meantime**, it does need to be real paper application** rather than scanned emails.

When the trainee moves hospital, they need to **notify the ATSM preceptor and ATSM director by email of the change of unit and their new educational supervisor [please]**.

**ATSM REGISTRATION IN YOUR PERIOD OF GRACE**

Currently the HEEoE, as of the last school board meeting does not intend to approve further ATSM in the grace period except in exceptional circumstances.

This is in concordance with RCOG policy

**Can I undertake ATSM training during my period of grace?**

Only in exceptional circumstances should you undertake ATSM training during your period of grace. If you would like to do ATSM training in this period, please discuss this with your [**ATSM Director**](http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-directors). The final decision will be made on an individual basis at deanery level, after discussion with the deanery ATSM Director and the Head of the Postgraduate School or the Postgraduate Dean. Your period of grace won’t be extended if you don’t complete the module in time. Also, your deanery’s priority is to ensure all trainees meet the requirements for CCT before offering additional training opportunities to others.

If your request for ATSM training in your period of grace is accepted, you’ll need to register for the ATSM with the RCOG. Please see the information on how to register for an ATSM.

If you are in your period of grace, you will need to complete the **non-trainee supplemental request form**. You should also attach a **letter explaining your exceptional request** for consideration by the Head of school, training programme director and ATSM director. It is still not to be expected that this will be approved as currently discussed on a case basis.

We will not guarantee you sessions to complete this ATSM and we will not extend the period of grace for this ATSM if it is exceptionally approved since your training with HEEoE has discontinued at the CCT date and you no longer have an educational contract with us. If a trainee rotates into the hospital wishing to do the ATSM, your training sessions will not continue, as the trainee will have priority.

If your ATSM includes any surgical or ultrasound exposure, it is again unlikely that the exceptional request will be approved, because even if there are no other ATSM trainees, fulfilling your training needs will be detrimental to trainees in years 3-5 at the unit.

**ATSM REGISTRATION FOR NON-TRAINEES**

Please read the RCOG website to confirm your eligibility to apply for an ATSM

<http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsms-faqs#careergrade>

<http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-regulations>

* Applicants must have completed the equivalent of the intermediate competences from the logbook (as ascertained by the ATSM Director).
* Applicants must have completed a minimum of 5 years in O&G.
* Applicants must have approval from their Clinical Director to register for an ATSM.
* The applicant’s most recent annual appraisal must have been satisfactory.

We are keen to support the career progression and training of all doctors within our region. However, we must ensure that our trainees have their required training before permitting non-trainees to register for an ATSM.

The ATSMs needs to be chosen cautiously as only **1 ATSM** will be approved at any time and a **maximum of 3 ATSMs** will be allowed unless there are exceptional circumstances and support from their hospital, in which case it will be discussed at the STC. This policy has been discussed and approved at the School Board.

If a trainee rotates into the hospital wishing to do the ATSM, your training sessions will not continue, as the trainee will have priority even when your application was agreed first.

If your ATSM includes any surgical or ultrasound exposure, the unit needs to be certain and happy to certify that fulfilling your training needs will be not be detrimental to trainees in years 3-5 at the unit.

All non trainees wishing to do an ATSM must **purchase the eportfolio** from the RCOG – please contact the officer there. Sign off of completion of the ATSM will only occur with the correct eportfolio evidence.

**WHAT ADDITIONAL PAPERWORK IS REQUIRED BY HEEOE FOR A NON-TRAINEE?**

In addition to the covering letter and email address that we require for trainees, for non-trainees within the region wishing to do an ATSM, we wish that submit the **non-trainee supplemental information request form** as well This is available on the deanery website, and also by application to the ATSM director.

The educational supervisor or clinical director or college tutor of the unit in which they wish to do this also needs to complete the supplemental information request form. This is support that this ATSM has value in achieving the goals of the non-trainee as set out in annual appraisal, that the ATSM will confer benefit to the trainee and unit for their current post, and if there is a future career objective being met. They will also need to confirm that the needs of trainees within their department are being met, and that the ATSM training of the non-trainee will not compromise this.

**PROGRESSION IN THE ATSM**

The RCOG and HEEoE wish to ensure that all trainees have similar expectations and experiences in their ATSM and are trained to the same standards. Therefore the following documentation and processes are expected for all trainees and non-trainees, and an eportfolio is mandatory for all wishing to complete an ATSM. Please check on the RCOG website any specific requirements for your ATSM.

1. On registration application, your preceptor will send you a checklist of expectations to help you progress in this ATSM. They may wish to personally see you to discuss.
2. Following induction meeting after some lists/sessions with your local trainer/educational supervisor once started ATSM to set clear competence goals for first 6 months. **This must be documented on the eportfolio**
3. It is anticipated that the ATSM work will take an average of 2 weekly sessions for those in full time training and 1 for less than full time training. These are a mixture of ATSM relevant sessions.
4. **Quarterly meetings** thereafter to look at progression in your ATSM until it is completed. These must be logged into your eportfolio
5. Each item on the curriculum must have at least **2 pieces of evidence** linked to them. For the most part these will be work based assessments, but they may also be e-learning, courses, risk meetings or mdt attended.
6. When you sign that you are competent on the curriculum, you must comment how this has been achieved, particularly if there are not work based assessments documented.
7. Your educational supervisor must countersign each element of the curriculum, and comment also if there are no work based assessment linkage.
8. All courses must be uploaded to the eportfolio and countersigned by the educational supervisor.
9. Audit must be uploaded to the eportfolio and countersigned by the educational supervisor
10. Compulsory meetings that are required for atsm, the agenda should be uploaded to the eportfolio and countersigned by the educational supervisor. These can then be linked to the curriculum
11. Log of cases, specialised clinics etc should be kept and also linked to appropriate areas.

We would anticipate that there would be a spread of workbased assessments and competencies achieved throughout the year, and progression will be documented in the quarterly review with educational supervisor.

The preceptor of the ATSM will perform spot checks on eportfolios in the year to ensure progress is being made and assessments are progressing. This will provide quality assurance and help to arbitrate in cases of difficult progression.

The director of ATSM will also have eportfolio access to quality assure that the above has taken place for all trainees and non trainees.

**DIFFICULTIES IN PROGRESSION IN ATSM**

1. The ATSM applicant and educational supervisor locally will meet quarterly to confirm progression in the ATSM
2. if competence/goals not progressing at the 6 month meeting, these will be reviewed with the regional preceptor, with evidence of lists attended, cases done and clinics/special interest sessions. This will be a face to face meeting. There should be a report from the local educational supervisor clearly stating the difficulties, any remediation already in place and outcomes on eportfolio. The ATSM applicant may wish to submit extenuating circumstances. The preceptor will document this meeting on the eportfolio and notify the ATSM director.
3. Possible outcomes of this meeting include ATSM applicant to discontinue at this time, clear objectives for further 6 months, discussion with training unit if there are difficulties accessing training.
4. if at further 6 months [1 year in total] not sufficient progress, then a further meeting with preceptor then ATSM director and ATSM applicant most likely will be advised to discontinue if this is a trainee related cause, and information passed to ARCP panel to this effect.
5. If the ATSM applicant feels that the training unit is not offering training the ATSM requires, they are advised to initially look locally with the educational supervisor or college tutor for improvement, and if this is not possible, or is unsuccessful, to then contact their preceptor.

**COMPLETION OF ATSM – implemented for all commencing from Jan 2016**

When the ATSM applicant has completed all elements of the curriculum, with suitable evidence [predominantly work based assessments – CBD, mini cex , OSAT, reflective practice as well as logbook of clinics, cases etc] they need to meet with their educational supervisor to confirm that all areas of the ATSM are complete, and the educational supervisor is confident that they are competent in all areas to be signed off.

The educational supervisor will countersign all areas of the curriculum as competent and review the evidence given as satisfactory. There should be **2 pieces of evidence** for the majority of the curriculum items

They will sign the logbook as complete in: curriculum, logbook outcome report, atsm curriculum logbook process.

They will **complete the notification of completion of training paperwork** as per RCOG guidance: [https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/atsms/introduction/how-completion-of-an-atsm-is-signed-off/](https://web.nhs.net/OWA/redir.aspx?SURL=_merF9X1_spInmWauwCmkNnNGSh2MJCZm58sc2h8Xh-ANdYb323TCGgAdAB0AHAAcwA6AC8ALwB3AHcAdwAuAHIAYwBvAGcALgBvAHIAZwAuAHUAawAvAGUAbgAvAGMAYQByAGUAZQByAHMALQB0AHIAYQBpAG4AaQBuAGcALwBzAHAAZQBjAGkAYQBsAHQAeQAtAHQAcgBhAGkAbgBpAG4AZwAtAGMAdQByAHIAaQBjAHUAbAB1AG0ALwBhAHQAcwBtAHMALwBpAG4AdAByAG8AZAB1AGMAdABpAG8AbgAvAGgAbwB3AC0AYwBvAG0AcABsAGUAdABpAG8AbgAtAG8AZgAtAGEAbgAtAGEAdABzAG0ALQBpAHMALQBzAGkAZwBuAGUAZAAtAG8AZgBmAC8A&URL=https%3a%2f%2fwww.rcog.org.uk%2fen%2fcareers-training%2fspecialty-training-curriculum%2fatsms%2fintroduction%2fhow-completion-of-an-atsm-is-signed-off%2f)

The ATSM applicant will then email the preceptor and **arrange an appointment** to review the eportfolio and complete the sign off process, including the notification of completion. The preceptor will document satisfaction with the evidence within the eportfolio through adding an educational meeting, or countersigning elements of the ATSM curriculum.

They will sign the logbook as complete in: curriculum, logbook outcome report, atsm curriculum logbook process.

The notification of completion of training paperwork will then be **sent on as a hard copy** to the ATSM director who will again review the eportfolio evidence and countersign the notification. This is usually not a face to face meeting if all has been satisfactory. However, if gaps are present in the portfolio, there will be a face to face meeting.

Should there be any concerns or disagreement, the preceptor will discuss with the ATSM director.

The notification of completion of training will be sent on to the RCOG.

**Please allow a minimum of a month for all the checking and signing off**. This is particularly important if you are approaching your final ARCP and require the completion certificate back from the RCOG to complete the training programme and receive your ARCP. This allows for the annual leave of preceptors and director.

**REVISION of ATSMs**

**Implementation plan**

ATSM in Oncology (2014):

The revised ATSM in Oncology (2014) has been introduced prospectively from 1 August 2014. In addition all trainees currently registered for this ATSM have been notified in advance that the change will be applicable to all currently registered trainees as well. It is not envisaged that this would cause issues as this is a minor change and trainees are already achieving these skills.

ATSM in Vulval Disease (2014):

The revised ATSM in Vulval Disease (2014) has been introduced prospectively from 1 August 2014. Those trainees who have registered six months prior to 1 August 2014 have been given the option of changing to the revised curriculum. In addition trainees already registered for this ATSM will be advised that by August 2015 they must have completed the old version of the curriculum and that any trainee who did not aim to complete their ATSM by August 2015 has to switch to the new curriculum.

Obstetric ATSMs (2016)

There is a planned change to the curriculum for all the obstetric ATSM, with a planned commencement in sept 2016. Currently, there are the same overarching ATSM names with broadly similarly aligned curriculum. There are draft copies available, but currently work in progress. [draft copies available to review]

Gynaecology ATSMs (2017/8)

There are also planned revisions to the major gynaecological ATSMs, however these are only in the early stage of discussion, and the large career defining ATSM are likely to remain unchanged.

**CHANGES TO WORK BASED ASSESSMENT**

OSATs for ATSM will change in line with the work based assessment change for the core logbook

Several formative assessments need to be undertaken before a summative assessment can be requested by the trainee. In order to sign have a practical competence signed off the trainee needs to achieve three competent summative assessments.

**INFORMATION FOR LOCAL EDUCATIONAL SUPERVISORS**

For non-trainees, including previous trainees in the grace period, the educational supervisor should send a paragraph supporting the application with confirmation that the sessions and skills required for the module will be available and whether there are any conflicts in trainees - for example subspecialty trainees, other trainees in the ATSM, ultrasound or theatre timetabling for years 3-5, and whether they feel there is still the ability to offer this. For most ATSM's it is felt that there can only be one trainee in the unit, but this decision is for the ATSM preceptor, so the information will be useful.

If you are unsure that the applicant should apply for the ATSM, please inform them of your concerns, and, as necessary, pass this information to the relevant preceptor.

**ATSM PRECEPTOR CONTACTS**

|  |  |
| --- | --- |
| ATSM | PRECEPTOR AND INFO |
| **Abortion Care** | **janaki putran** |
| http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-abortion-care | PAH |
| intensity 1 | [putran1@aol.co.uk](mailto:putran1@aol.co.uk) |
| **Acute gynae and EP USS** | **G Raje** |
| http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-acute-gynaecology-and-early-pregnancy | **norfolk and norwich** |
| intensity 2 | [GAUTAM.RAJE@nnuh.nhs.uk](mailto:GAUTAM.RAJE@nnuh.nhs.uk) |
|  | would like to see the trainees completed logbook for the ATSM before signing off. |
|  | I usually allow only one trainee per unit, except in exceptional circumstances ie. the trainee has already acquired sufficient skills to complete the module quickly and the unit would be able to support the trainee / doctor. |
|  | The trainee may require anywhere between 6 to 12 months to complete the module. There are 2 major components to this module, scanning and operative gynaecology. Most of the trainees get sufficient scanning experience (but not always with gynae scanning). However some trainees may struggle or take a longer time to get the operative competencies signed off ( they need to be signed off for ovarian cystectomy and not oophorectomy!). Achieving competency in nontubal pregnancies and heterotrophic pregnancies may be difficult and may have to resort case discussions to be signed off. |
| **Advanced Antenatal Practice** | **Mr Leye Sanu** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-advanced-antenatal-practice> | Watford |
| intensity 2 | Leye.Sanu@whht.nhs.uk |
| **Advanced Labour Ward Practice** | **Mrs S Pathak** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-advanced-labour-ward-practice> | Hinchingbrooke Hospital  HEE, EoE ATSM course run at Hinchingbrooke Hospital |
| intensity 1 | [Sangeetapathak@nhs.net](mailto:Sangeetapathak@nhs.net) |
|  | all can offer, larger units more than 1 trainee |
| **Benign Abdominal surgery- open and laparoscopic** | **B Ramsay** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-benign-abdominal-surgery> | peterborough |
| intensity 2 | [bruce.ramsay@nhs.net](mailto:bruce.ramsay@nhs.net) |
|  | 1 per unit, no special instructions |
| **Bening gynae surgery - Hysteroscopy** | **B Ramsay** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-benign-gynaecological-surgery> | peterborough |
| intensity 1 | [bruce.ramsay@nhs.net](mailto:bruce.ramsay@nhs.net) |
|  | no special instructions |
| **Colposcopy** | **R Sharma** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-colposcopy> | ipswich |
| intensity 1 | [rohit.sharma@ipswichhospital.nhs.uk](mailto:rohit.sharma@ipswichhospital.nhs.uk) |
| **Fetal Medicine** | **J Brockelsby** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-fetal-medicine> | addenbrookes |
| intensity 2 | [jeremy.brocklesby@addenbrookes.nhs.uk](mailto:jeremy.brocklesby@addenbrookes.nhs.uk) |
|  | **Please note it is mandatory to have completed intermediate fetal scanning before commencing this ATSM.** |
| **Labour Ward Lead** | **Mrs Reynolds** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-labour-ward-lead> | bedford |
| intensity 2 | [Sarah.Reynolds@bedfordhospital.nhs.uk](mailto:Sarah.Reynolds@bedfordhospital.nhs.uk) |
|  | 1 per unit, needs to see completed logbook |
| **Maternal Medicine** | **Alison Wilson** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-maternal-medicine> | Addenbrookes Hospital, Cambridge  Checklist for Maternal Medicine ATSM sign off  1.     You are required to meet with your local ATSM supervisor quarterly and have the meeting documented on the eportfolio. If your local supervisor is not your educational supervisor, please ask the college to add them to your eportfolio access.  2.     You are required to upload a valid course certificate (theoretical course) and evidence of the updated clinical guideline and audit undertaken.  3.     Please upload a clinical activity log of all clinical sessions and other relevant sessions attended.  4.     Please keep a log of all clinical cases seen – they should be linked to the relevant section of the curriculum: e.g. Log cases of severe pre-eclampsia and link this to section 1. Hypertension.  5.     For each section of the curriculum please provide at least 2 items of evidence of competency (CBD / minicex) e.g. for section 1. Hypertension it would be expected to provide an item of evidence for chronic hypertension and one for pre-eclampsia, as a minimum.  6.     Provide an item of evidence of learning related to ‘sources of information about drugs used to treat medical conditions and their effects on the fetus or neonate’ : this could be a CBD or a reflective writing piece (see 7).  7.     Complete at least 3 reflective practice written pieces linked to an aspect of the curriculum. At least one of these pieces should be related to MDT working in order to show that you are ‘aware of your own clinical and professional limitations and are comfortable with seeking advice from other specialists or professional groups’. |
| intensity 2 | [alison.wilson@addenbrookes.nhs.uk](mailto:alison.wilson@addenbrookes.nhs.uk) |
| **Medical education** | **J MacDougall** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-medical-education> | Addenbrookes Hospital, Cambridge |
| intensity 1 | [jane.macdougall@addenbrookes.nhs.uk](mailto:jane.macdougall@addenbrookes.nhs.uk) |
| **menopause** | **David ross** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-menopause> | West Suffolk Hospital, Bury St Edmunds |
| intensity 1 |  |
| **oncology** | **J Nieto** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-oncology> | norfolk and norwich |
| intensity 2 | [JJNIETO@nnuh.nhs.uk](mailto:JJNIETO@nnuh.nhs.uk) |
|  | **This ATSM has been updated for 2014, please see the college website for latest information.** |
| **paediatric and adolescent gynaecology** | **J Macdougall** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-paediatric-and-adolescent-gynaecology> | Addenbrookes Hospital, Cambridge |
| intensity 1 | [jane.macdougall@addenbrookes.nhs.uk](mailto:jane.macdougall@addenbrookes.nhs.uk) |
| **sexual health** | **Janaki Putran** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-sexual-health> | PAH |
| intensity 1 | [putran1@aol.co.uk](mailto:putran1@aol.co.uk) |
| **Subfertility** | **Mr Hussain** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-subfertility-and-reproductive-health> | Southend |
| intensity 2 | Munawar.Hussain@southend.nhs.uk |
| **urogynaecology** | **H Johnson** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-urogynaecology-and-vaginal-surgery> | Hinchingbrooke Hospital  Checklist for urogynae ATSM signoff:  1.you need to meet your local supervisor quarterly and have this meeting documented on eportfolio . If your local supervisor for this ATSM is not your educational supervisor, please ask the college to add them to your eportfolio access.  2. you need to upload all your course certificates/audits etc  3. please upload a clinical activity log - clinics attended, urodynamics sessions attended, theatre lists attended, mdt attended, physio sessions attended, other relevant sessions attended.  4. please either keep a surgical case log or have an OSAT for all cases done . These must be then linked to the relevant procedure in the curriculum. for sign off of that element, you will need to have a minimum of 3 summative assessments of competence ideally between 2 trainers where that is possible. You will be expected to have linked formative assessments  5. for sign off for urodynamics, please upload 5 urodynamics traces that you have done to confirm competence with the patient details obliterated and your summary opinion/report and link to that item of the curriculum before sign off as well as your urodynamic course certificate. from now please also link your log of clinics. Ideally your local supervisor will comment on them.  6. for each non surgical or non urodynamics curriculum item, please have 2 items of evidence of competency - CBD/minicex as well as linking your log of clinics where relevant.  7. Complete at least 2 reflective practice in urogynaecology, and link these to the appropriate curriculum area  8. when all has been completed, please liaise with my secretary for us to have a face to face visit to sign off your ATSM. I will be checking that all the elements above are complete for signoff. |
| intensity 2 | [hjohnson2@nhs.net](mailto:hjohnson2@nhs.net) |
|  | 1 per unit |
|  | Can be difficult ATSM to complete, so trainee should think about skills before commencement and have an honest 6 monthly review about progress. Expect that some trainees will not complete this ATSM. The TVT section in particular needs high case exposure |
| **Vulval Disease** | **Jo Osbourne** |
| <http://www.rcog.org.uk/education-and-exams/curriculum/atsms/atsm-vulval-disease> | Colchester |
| intensity 1 | [joanne.osborne@colchesterhospital.nhs.uk](mailto:joanne.osborne@colchesterhospital.nhs.uk) |
|  | **This ATSM has been updated for 2014. Please see the college website** |

**ATSM DELIVERED BY UNIT**

This unit information has been sent by the individual units responsible to the ATSM director and preceptors. Not all units have responded with the information and when the update is received it will be published. **If any trainee feels that the unit they are at is not providing adequate training for the ATSM or that there are some gaps, please contact the preceptor early in the training so that alterations are possible**. Menopause ATSM needs discussion early with preceptor, and note that PAG and fetal medicine in particular are only offered at a few units.

1. All hospitals offer advanced labour ward practice and labour ward lead.

2. Most hospitals offer acute gynaecology and early pregnancy, colposcopy, urogynaecology, medical education and abortion care.

3. Hysteroscopy, benign abdominal gynaecology and advanced antenatal care have been completed in the district as well as teaching hospitals, some have required time off site to complete elements.

4. Maternal medicine, Gynae-oncology, Reproductive medicine, Fetal medicine and Paediatric and adolescent gynaecology are likely to be successful in the teaching hospitals but maybe offered in some of the larger DGHs and would need individual enquiry.

5. The advanced laparoscopic ATSM has a national application and if successful can be done within the deanery.

6. We are hoping to develop menopause (potentially at NNUH and WSH).

7. We do not currently offer forensic gynaecology. People wishing to do ATSMs not offered by the deanery should discuss with the ATSM director and the TPD early and they could be considered for inter deanery transfer.

8. Below is a table which lists the ATSMs offered by Hospitals within the deanery.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |
| **Hospital** | **Abortion** | **Acute Gynae** | **Advanced Labour Ward** | **Advanced Antenatal** | | |
| addenbrookes | x | x | x | x | | |
| n and n |  | x | x | x | | |
| hinchingbrooke | x | x | x |  | | |
| bedford | x | x | x |  | | |
| ipswich | x | x | x |  | | |
| bury | x |  | x |  | | |
| colchester | x | x | x | x | | |
| mid essex [chelmsford] |  |  | x | x | |
| james paget | x |  | x |  | | |
| basildon | x | x | x |  | | |
| peterborough |  | x | x |
| PAH | x | x | x | x | | |
| w herts [watford] |  | x | x | x | | |
| n and e herts [lister] | x | x | x | x | | |
| kings lynn |  | x | x | x | | |
| southend |  |  | x |  | | |
| luton |  | x | x |  | | |
| **Hospital** | **Benign Bbdominal** | **Colposcopy** | **Fetal Medicine** | **Gynae Onc** | | |
| addenbrookes | x | x | x | x | | |
| n and n | x | x | x | x | | |
| hinchingbrooke | x | x |  |  | | |
| bedford | x | x |  |  | | |
| ipswich | x | x |  | x | | |
| bury | x | x |  |  | | |
| colchester | x | x |  | x | | |
| mid essex [chelmsford] |  |  |
| james paget | x | x |  |  | | |
| basildon | x | x |  |  | | |
| peterborough | x | x |  |
| PAH | x |  | ? |  | | |
| w herts [watford] | x | x |  | x | | |
| n and e herts [lister] | x | x | x | x | | |
| kings lynn | x | x | ? |  | | |
| southend | x |  | x | x | | |
| luton |  | x | ? |  | | |
| **Hospital** | **Hysteroscopy** | **Labour Ward Lead** | **Maternal Medicine** | **Medical Education** | | |
| addenbrookes | x | x | x | x | | |
| n and n | x | x | x | x | | |
| hinchingbrooke | x | x |  | x | | |
| bedford | x | x |  | x | | |
| ipswich | x | x | x | x | | |
| bury |  |  |  | x | | |
| colchester | x | x | x | x | | |
| mid essex [chelmsford] |  | x |
| james paget |  | x |  |  | | |
| basildon | x |  |  |  | | |
| peterborough | x | x | x |
| PAH | x | x | x | x | | |
| w herts [watford] | x | x | x |  | | |
| n and e herts [lister] | x | x | x | x | | |
| kings lynn | x | x | x | x | | |
| southend | x | x |  | x | | |
| luton | x | x | x | x | | |
|  |  |  |  |  | | |
| **Hospital** | **Paediatric and Adolescent** | **Subfertility** | **Urogynae** | **Vulval** | | |
| addenbrookes | x | x | x | x | | |
| n and n |  |  | x | x | | |
| hinchingbrooke |  |  | x |  | | |
| bedford |  |  | x |  | | |
| ipswich |  |  | x | x | | |
| bury |  |  | x | x | | |
| colchester |  |  | x | x | | |
| mid essex [chelmsford] |  |  |
| james paget |  | x |  |  | | |
| basildon |  | x | x |  | | |
| peterborough |  | x | x |
| PAH |  |  | x |  | | |
| w herts [watford] |  | x | x |  | | |
| n and e herts [lister] |  |  | x | x | | |
| kings lynn |  | ? | x |  | | |
| southend |  | x |  |  | | |
| luton |  | x | x |  | | |

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