Royal College of Obstetricians & Gynaecologists

O&G Curriculum 2024 - Essential guidance

- Core Curriculum
- Special Interest Training Modules (SITMs)
- Special Interest Professional Modules (SIPMs)
- Subspecialty (SST) Curricula

March 2024 – V1.0

Version Control		
Version	**Modifications**	**Date**
1.0	Final - Guidance	March 2024

Contents

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

1. Introduction

The O&G Curriculum 2024 is a key component for ensuring the quality and consistency of training and assessment. It must be referred to throughout training to demonstrate development of appropriate skills and knowledge, and attainment of learning outcomes. The curriculum should be used to help design training programmes locally to ensure all learners develop the necessary skills and knowledge in a variety of settings. The curriculum is designed to be applied in a flexible manner, meeting service needs as well as supporting personalised training plans for learners.

This guide provides detailed advice on how learners and those supporting training and assessment should use the O&G Curriculum 2024, accompanying Definitive Documents and the Training Matrix.

Curriculum 2024 follows the same structure as the 2019 Curriculum, complying with the General Medical Council's standards for postgraduate medical education Excellence by Design, and incorporating the Generic Professional Capabilities.

The four elements of O&G Curriculum 2024 are:

- The Core Curriculum
- The Special Interest Training Modules (SITMs)
- Subspecialty training (SST)
- The Special Interest Professional Modules (SIPMs).

Each element is designed around a number of Capabilities in Practice (CiPs), which will be familiar to learners and trainers who have used the 2019 Curriculum.

Learners and all those supporting training must be familiar with the curriculum requirements for their stage of training.

2. The Capabilities in Practice (CiPs)

The CiPs are statements detailing the professional skills that a doctor should have at the end of training. Each CiP is made up of the following components:

- A high-level learning outcome describing what is needed to achieve the CiP
- Key skills and descriptors to give more detail and guidance on how to achieve the CiP
- Any procedures that need to be mastered
- Knowledge criteria needed to provide a foundation for the skills and practices covered.

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

2.1 High-level learning outcomes

The high-level learning outcome describes what learners will be able to do once they have successfully completed the CiP.

The learner will use the entrustability scale (see Table 1 in Section 3) to propose a competency level for each high-level learning outcome. This should be done at educational/programme supervisor meetings, and before subspecialty assessments/annual reviews of curriculum progression (ARCPs).

Trainers will decide whether the competency level has been met based primarily on the evidence presented by the learner.

2.2 Key skills and their descriptors

Beneath each high-level learning outcome is a series of key skills that provide further detail on the purpose and aims of the CiP. These give guidance to trainers and learners on what is needed for completion of the CiP.

Learners do not need to propose competency levels for these key skills, but the evidence they collect (for fulfilment of the high-level learning outcome) should demonstrate progress in the acquisition of these skills over the course of training.

Learners and trainers should bear in mind that review of, and progress in, these key skills are an essential part of the global assessment of progress through the CiP.

2.3 Practical procedures

The procedures associated with the Curriculum 2024 can be found in:

- Section 3.6 in the Definitive Document for Core Curriculum 2024
- Part Two of the Definitive Document for Special Interest Training 2024
- Section 3 of the Definitive Document for each individual SST 2024

Each procedure will be assigned a supervision level (Table 1 in Section 3) that must be reached before it can be signed off. For more detail and the ways in which progress and competency can be evidenced, see Section 5.1 ‘Assessing procedural competency’.

2.4 Knowledge criteria

The knowledge criteria for the Curriculum 2024 are listed as follows:

- **Core Curriculum:** the MRCOG Syllabus 2024 and Knowledge Assessment Blueprint explains the level of theoretical understanding and foundation knowledge expected. To ensure a consistent approach to assessment and progression through training, the RCOG has developed a matrix of educational progression

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

- **SITMs, SIPMs and SST:** the CiPs within the Definitive Documents and specific module guides explain the level of theoretical understanding and knowledge expected. This will be at a higher level than the knowledge base expected for the MRCOG.

The full knowledge base of the special interests and subspecialties cannot be achieved during training, and the learner will not witness the full range of the curriculum-specific clinical problems when they undertake the module.

However, a certain level of knowledge is expected, as this will facilitate the evidence-based management of all curriculum-specific areas. Critical to safe practice is the recognition of where and how to search for further knowledge.

Learners can continue to develop and learn through independent practice and multidisciplinary team meetings.

3. Levels of supervision

Each clinical CiP has to be signed off using the 5 levels of supervision, or 'entrustability', as defined in Table 1 below.

Table 1 – Levels of supervision

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision (within sight of the supervisor)
Level 3	Entrusted to act under indirect supervision (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

This method of sign-off says 'I trust you to do these work activities. If not, I need to identify the underlying competencies that need to be developed so that you can progress to the next level of trust.'

This approach ensures that the trainee can work independently in the way described by the high-level outcome. The CiP is therefore critical in identifying the professional work that can be entrusted to the trainee.

The concept allows each task to be linked explicitly to the most crucial competencies that are required during normal clinical practice.

CiPs emphasise the role of observation and judgement, and replicate real-life practice. For example, a consultant must decide what the trainee can be trusted to do and determine the amount of supervision needed to undertake activities safely.

These kinds of judgements are routinely made in the workplace and are based on the experience of the consultant. The end goal of training is that the trainee is trusted to undertake all of the key tasks needed to work as a consultant.

The Core Curriculum CiPs and each SITM clearly state the entrustability level required for each procedure. Not all procedures will need to be evidenced to level 5 entrustability, i.e. it is possible to be judged as level 3 entrustability for a more complex and uncommon procedure, but still be awarded level 5 for a CiP overall.

4. Evidencing the development and acquisition of skills

Progress through Stages 1–3 training should be evidenced within the ePortfolio, demonstrating the development and acquisition of the key skills, procedures and knowledge.

Examples of types of evidence are given below. **This is an indicative, not a prescriptive, list**. Other sources of evidence may be used alongside formal workplace-based assessments, and together these should show progress through to independent working.

The emphasis should be firmly on the **quality** of evidence, not the quantity. It is important that trainees only provide evidence that demonstrates experience and learning in that particular key skill. This evidence will be reviewed by the educational supervisor when they make their assessment for the CiP.

Examples of types of evidence for CiP sign-off (not mandatory requirements)

• Objective Structured Assessment of Technical Skills (OSATS)	• Local, Deanery and National Teaching
• Case-based discussions	• RCOG (and other) eLearning
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Conferences and courses attended

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

• Discussion of correspondence: Mini-CEX	• Surgical log
• Reflective practice	• Case log
• Team observation (TO2), including self-observation	• Case presentations
• Non-Technical Skills for Surgeons (NOTSS)	• Quality improvement activity

There are no limits to how often a single piece of evidence can be linked to key skills, but there is a requirement that

1. the evidence answers the key skill (read the descriptors to understand what the key skill requires)
2. the evidence demonstrates that the learner is working at the appropriate level of seniority
3. the learner is reflective – what impact will this experience have on the way the learner works or the way learner feels?

4.1 Tips for good evidence

Before starting to write evidence the learner should decide which key skills they wish to attach their evidence to, then make sure that the text answers each skill. The educational supervisor should be able to see why this piece of evidence has been used for each key skill.

If using an OSATS for management, writing should cover the management, not just the procedure.

Formative OSATS are a valuable, but underused way for learners to demonstrate they are developing as a clinician. Learners can show their progress over time and demonstrate accumulated experience.

Reflections should not be limited to the reflective log, learners should reflect in any workplace based assessment. This is a useful way of demonstrating non-clinical professional skills.

Using the Other Evidence and *Procedure Log* are excellent ways of demonstrating non-assessed experiences – but it is important to make sure that the content is good. For example – if demonstrating an audit project through *Other Evidence* do not just attach the certificate, but describe your contribution, discuss what you have learnt, both from the process of audit and also from your findings, and attach the presentation. If demonstrating attending a teaching session, the learner should not just attach the certificate of attendance, but discuss what was new and how it will influence their practice. Procedure

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

logs should similarly not just be a record of what has been done, but rather an opportunity to demonstrate learning and insights.

4.2 What is the assessor looking for?

Evidence is reviewed by a variety of assessors – the ES, the ARCP panel, the SITM preceptor and SITM director. These assessors are all looking to see if learners have demonstrated their development and learning.

When signing off a CiP, the assessor will check that the evidence shows that the learner is working at the level of entrustability expected, and that the experience evidenced will enhance the learner's clinical encounters with patients.

The assessor will also check that the learner has demonstrated a variety of types of evidence, i.e. a mixture of assessed evidence demonstrating a clinical presence, reflective evidence demonstrating the development of their practice and skills, evidence of formal learning and evidence of developing independence in their practice. The assessor will then make a global assessment of the learner's progress against the high-level learning outcome of each CiP.

5. Assessing progress

Evidence to support progress in all elements of the Curriculum 2024 should be recorded in the ePortfolio and linked to the key skills within the CiPs.

It is important that progress in all aspects of the curriculum is constantly reviewed by the learner and their educational supervisor, and strategies formulated to address any gaps in training.

The educational supervisor's report for the ARCP or subspecialty assessment will document how these are being achieved and evidenced.

An assessment of each core and SITM/SST CiP needs to be made before any ARCP or subspecialty assessment, or when the trainee feels they have completed the CiP. First, the trainee should make a self-assessment to consider whether they meet expectations for the CiP, by answering the following questions:

• Do I think I meet the expectations for this year of training? **If the answer is yes, than the next questions to ask are:**
• Have I produced evidence and linked that evidence to support my self-assessment?
• Is this the best evidence to support this? Have I used it appropriately?

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

• Is this evidence at the right level?
• Do I understand the knowledge requirements of this CiP? If not, do I need to look at the knowledge syllabus as outlined in the MRCOG knowledge criteria or the full curriculum for SITMs/SST?

Next, the trainee should submit a request through the ePortfolio for the educational supervisor to make their own assessment. The supervisor will then make a 'global judgement' by answering the following questions, before signing off on the CiP:

• Do I agree with the learner with regard to the self-assessment for this CiP? Is there sufficient evidence to support sign-off of the CiP at this level? Could I sign them off at a higher level?
• Is this the best evidence?
• Would some of this evidence be more appropriate in other CiPs?
• Is there other evidence that is required or could be recommended? If the educational supervisor makes recommendations regarding the evidence the learner needs to address these and submit a new CiP assessment

For clinical CiPs (Core CiPs 9–12 and all special interest and subspecialty CiPs), assessments use the five supervision levels listed in Table 1, with further guidance found in the specific curriculum guide. For generic CiPs (Core CiPs 1–8, 13 and 14), progress is assessed against the 'meeting expectations' statements for each stage of training, found in the specific curriculum guide.

All clinical CiPs, from all elements of the curriculum, expect level 5 entrustability for final sign-off. For the generic CiPs, a trainee will need to be 'meeting the expectations of an ST6/7' for final sign-off.

If a trainee disagrees with the CiP assessment made by their educational supervisor, they have an opportunity to state why they disagree.

5.1 Assessing procedural competency

The procedures associated with the Curriculum 2024 can be found in the following documents:

- Core Curriculum: see Section 3.6 in the Definitive Document for Core Curriculum 2024

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

- SITMs: see 'Section 2: Procedures' tables within each SITM listed in Part Two of the Definitive Document for Special Interest Training 2024
- SST: see 'Section 2: Procedures' tables within each of SST curriculum listed in Section 2 of the Definitive Document for each individual SST 2024

Progress is evidenced with OSATS, procedure logs, reflections, training sessions and even practical courses. Each procedure is assigned an entrustability level, recognising that acquisition of safe independent practice in more complex or uncommon procedures may only be achieved as a consultant, working with more experienced colleagues. If a procedure requires level 5 entrustability, independent practice will need to be achieved before the overall CiP can be signed off as level 5. A subset of these procedures require a minimum of three summative competent OSATS as part of the evidence. These are labelled with an asterisk in the procedures table (i.e. not all level 5 procedures require three summative OSATS).

Completing OSATS in a wider range of procedures will help the trainee to evidence the final global judgement for the CiP. OSATS assess more than technical skills; they also assess general surgical and ultrasound skills, communication within teams, communication with patients and the trainee's ability to reflect on the care they are providing.

5.2 Non-clinical skills

Non-clinical skills are covered by the Core CiPs 1–8, 13 and 14. Trainees completing ST2, ST5 and ST7 must evidence that they are meeting expectations for their level of training in all Core CiPs. Development of these generic competencies continues throughout training, and trainees from ST5 will need to divide their focus between achieving generic competencies and the SITM or SST CiPs.

6. Allocation of special interest sessions for SITMs

Generally, a ST5 will start with one SITM because they still have to complete the requirements for Stage two of the Core Curriculum and pass MRCOG Parts 2 and 3. This can be either a foundation SITM or any one of the other SITMs.

Only two SITMs can be undertaken at any one time, and a minimum of two SITMs are required for CCT. Further advice can be found in the Definitive Document for Special Interest Training 2024.

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

Learning opportunities for SITMs can be accessed through the everyday work of a learner (as with Core), but certain elements will require 'protected' or 'supernumerary' time within the normal working week. There are no fixed rules regarding how much time must be allocated, but guidance is given below:

- An ST5 will not necessarily have any supernumerary protected sessions, as this will depend on circumstance and SITM choice, but they should still be able to access training for their first SITM through service sessions. They can collect evidence in ST5 for any subsequent SITMs and can use evidence acquired earlier in training while on OOP.
- A full-time ST6-7 should expect to have approximately one 'protected' clinical session each week relevant to each SITM they are undertaking, in addition to learning through service delivery. For LTFT trainees this would be pro-rata.

The College Tutor and those overseeing the rota should balance the needs of individual trainees undertaking SITMs, and it is the responsibility of the regional SITM Director and Training Programme Directors to ensure that training units can achieve this when designing trainee rotations.

The time taken to complete a SITM will depend on a number of factors, including whether it requires supernumerary non-service work and exposure. A learner may complete an entire SITM over the course of a single training year, or it may extend over two to three training years, overlapping with the second SITM. Some elements of the SITMs will be provided in all training units, but more specialised components may require rotation to specific training units. All of this will be considered by the SITM Director and Training Programme Director when organising training placements.

7. Further resources

The further resources listed below, including curricula and guidance for each CiP, can be found on the RCOG Curriculum 2024 webpages:

- Core Curriculum 2024
- Definitive Document for Core Curriculum 2024
- Knowledge requirements for the Core Curriculum 2024
- Individual guides for each Core CiP
- Definitive Document for Special Interest Training 2024 (containing the 2024 curricula for SITMs and SIPMs)
- Individual guides for each SITM CiP

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

- Individual guides for each SIPM CiP
- Definitive Document for each individual SST 2024
- Individual guides for each SST CiP
- Training Matrix for Curriculum 2024
- RCOG Learning Curriculum 2024 Resource

For any further queries relating to local training, please contact your Training Programme Director and/or Head of School.

In summary this guide provides advice on how learners and those supporting training and assessment should use Curriculum 2024, the training matrix and the relevant Definitive Documents.

For any other queries related to:

- Training: please email curriculum@rcog.org.uk
- ePortfolio: please email eportfolio@rcog.org.uk

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

Find out more at

rcog.org.uk/curriculum2024

Royal College of
Obstetricians &
Gynaecologists