

Advanced Training in Obstetrics & Gynaecology

Definitive Document 2019

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PART 1

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1 Introduction

This Definitive Document relates to the:

- Advanced Training Skills Modules (ATSM) – trainees need to complete 2 ATSMs to obtain a certificate of completion of training (CCT) in O&G.
- Advanced Skills Modules (ASM) – some ATSMs are comprised of ASMs which are elements that are common across a number of ATSMs. The ASMs can also be taken as stand-alone modules and by post-CCT doctors. The ASMs and Capabilities in Practice (CiPs) are identical in the context of the ATSMs. There is only one ASM that is not contained in an ATSM – the ASM in Safe Abortion Care.
- Advanced Professional Module (APM) Clinical Research – the first in a new suite of modules that are designed to enhance the acquisition of generic professional skills. This can be taken at any point during the training programme.

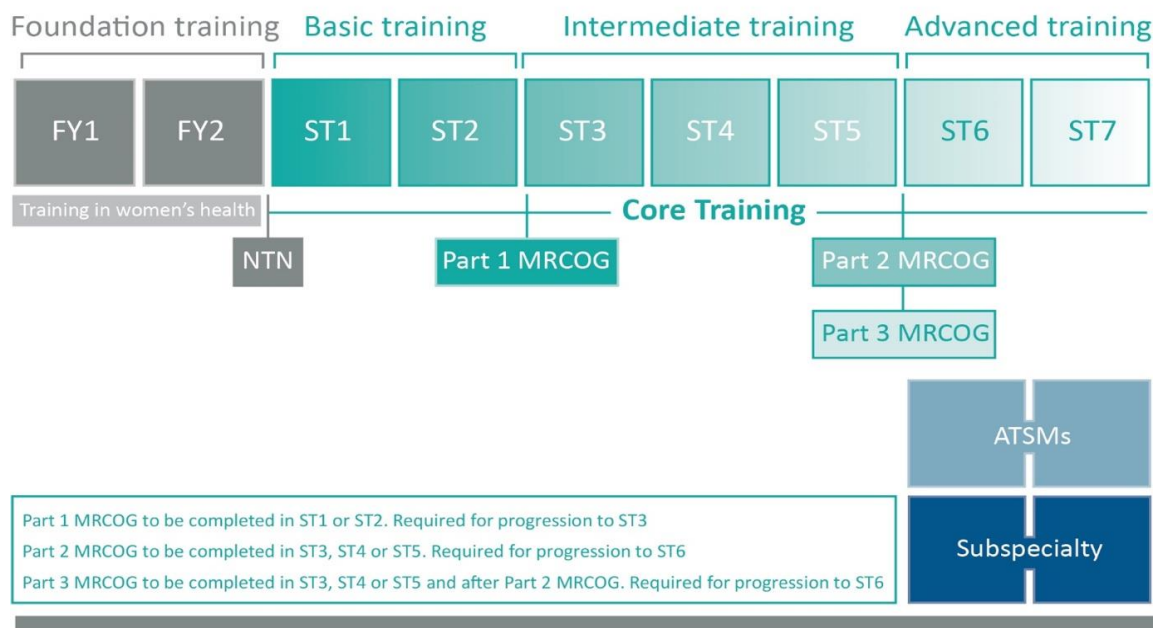
Together these are referred to as the **Advanced Curricula**.

The Definitive Document addresses the purpose, learning outcomes, content of learning, process of training and the programme of assessment for the Advanced Curricula, which is in addition to the core curriculum requirements for CCT. The Core Curriculum covers ST1-7, i.e. the whole training programme is covered by the Core Curriculum Definitive Document.

This Definitive Document is divided into two Parts. Part 1 outlines the high-level principles for the Advanced Curricula, and Part 2 contains the full curriculum for each ATSM, ASM and APM.

O&G is a run-through training programme lasting seven years. The fundamental training structure and waypoints remain the same in the new curriculum. In the final two years of training, trainee doctors are required to complete two ATSMs OR one subspecialty programme to be eligible for CCT.

Specialty training and education programme



2 Purpose of the new Advanced Curricula

2.1 Background

Over recent years the RCOG has published three important strategic reports: [Becoming Tomorrow's Specialist](#), [Tomorrow's Specialist](#) and [High Quality Women's Healthcare](#). Although there was an extensive review of the O&G core curriculum during 2012 and 2013, our research made it clear that the emphasis and design of the revised curriculum did not adequately address some of the key professional elements of being a consultant, nor was it flexible enough to be easily modified to fit future working practice. A new more adaptable curriculum was therefore required that will produce specialists who have the skills, knowledge and attributes needed in the 21st century.

The RCOG Curriculum Review Group was set up to take forward the RCOG's *Becoming Tomorrow's Specialist* recommendations relating to pre-CCT training. Its 2015 working party report identified the deficiencies in the current core curriculum with its emphasis on technical skills, and the lack of focus on non-technical and professional skills required by a modern consultant. Most importantly, the Review Group developed a definition of the required characteristics of an O&G consultant for the first time – and this has provided the basis for the work since carried out. The definition is as follows:

A highly skilled Obstetrician and Gynaecologist with the appropriate knowledge and attitudes to lead and deliver safe, high quality care taking account of individual needs and advocating for women's healthcare. This will involve a questioning approach to research and quality improvement. Working well in multiprofessional teams is essential for safe, effective patient care; Obstetricians and Gynaecologists must be good communicators, supportive of

staff and happy to share their expertise and experience, as well as being open to the views of others. On completing training, the individual will be prepared for lifelong learning, which will allow them to be adaptable and flexible for a modern NHS.

With regard to advanced training, the RCOG had already taken steps to modularize the Obstetric ATSMs into a programme of ASMs, the first APM in Clinical Research has been developed and is currently being followed by 55 trainees. The ATSMs were introduced in 2007 and whilst there has been significant revision of the Obstetric ATSMs into a modular structure there have only been minor revisions to the majority of the Gynaecology ATSMs since that time. The advent of the GMC's Professional Capabilities (GPC) and the requirement to move to outcomes-based curricula necessitated a complete review of the Advanced Curricula to ensure that they now reflect the aspirations of the Review Group and the definition of the O&G consultant.

2.2 General description of the new Advanced Curricula

The purpose of the Advanced Curricula is to enable trainees to develop a special interest in aspects of obstetric and gynaecological practice. They will run along the core curriculum which has been designed to produce doctors with the generic professional and specialty-specific capabilities needed to advise and treat people presenting with a wide range of general obstetric and gynaecological conditions. In the final 2 years of the training programme, trainees will develop special interest skills based on their own clinical interests and the future needs of the clinical service. The combination of the 2 ATSMs chosen will reflect the interests of the trainee but could also reflect intelligence regarding the needs of the service. They are designed to be delivered in secondary care within the normal working week, and to provide trainees with the skills they will need to practice as a specialist within appropriate team-based structures. The trainee will need to spend more time in the relevant clinical area, such as the labour ward, operating theatre or colposcopy clinic, and will, of course, be receiving training while providing a service, thus narrowing the gap between training and service at senior trainee level.

The Advanced Curricula provide a framework for training by defining the standards required to work at consultant level. They also encourage the pursuit of excellence in all aspects of clinical and professional practice, and the trainee to take responsibility for their own learning, as they would as a consultant. The Advanced Curricula acknowledge that the specialist will manage female, transgender and non-binary individuals of all age groups and ethnicities, including young people, and vulnerable individuals.

The RCOG is committed to developing specialists with generic skills and our new integrated curricula framework aims to do just that. Key to this is to define what a modern consultant in the NHS needs to be and to tailor the output of specialty training towards this. The RCOG has also supported the Shape of Training agenda, ensuring the O&G training programme produces generalists with skills to manage emergency care while working collaboratively with other specialties to deliver individualised patient care.

The new ATSMs, ASMs and APMs consist of Capabilities in Practice (CiPs) (high-level statements setting out what a doctor should be able to do at the end of training). These fall

into the Clinical Expert Professional Identity (PI). The PIs, which are a fundamental concept of the core curriculum, are divided into generic (Developing the doctor) and specialty-specific (Developing the obstetrician & gynaecologist). The new CiPs require judgment based on the trainee's overall capability at the end of training. They support a move away from a 'disease-based' structure to encourage a more person-centred approach that prioritises the needs and complexities of each individual.

The complete advanced curricula constitute Part 2 of this document. The list of ATSMs, ASMs and APMs is as follows:

ATSMs

[Acute gynaecology and early pregnancy](#)
[Advanced laparoscopic surgery for the excision of benign disease](#)
[Benign abdominal surgery: open and laparoscopic](#)
[Benign gynaecological surgery: hysteroscopy](#)
[Colposcopy](#)
[Medical education](#)
[Menopause](#)
[Oncology](#)
[Paediatric and adolescent gynaecology](#)
[Sexual health](#)
[Subfertility and reproductive health](#)
[Urogynaecology and vaginal surgery](#)
[Vulval disease](#)
[Advanced labour ward practice \(2018\)](#)
[Fetal medicine \(2018\)](#)
[High risk pregnancy \(2018\)](#)
[Labour ward lead \(2018\)](#)
[Obstetric medicine \(2018\)](#)

ASM

[Safe Practice in Abortion Care](#)

APM

[Clinical Research](#)

The obstetric ATSMs are composed of certain combinations of ASMs which are not listed here separately. In the new curricula, the content of 10 ASMs have either been relocated into relevant CiPs or removed as they are covered to an advanced level in the Core Curriculum. Each CiP forms a natural group of skills that may be taken separately by post-CCT doctors and SAS doctors as part of CPD. The RCOG is aware that the GMC cannot comment on the suitability of this module for consultants or non-training grades as this is outside their remit.

The Forensic Gynaecology ATSM will be removed in its totality as no doctor has ever undertaken this module since it was launched in 2011. However the RCOG is aiming to make it available as a credential once the GMC has confirmed the process and requirements.

In parallel with the introduction of the core curriculum we have been reviewing our 'assessment at work' methods. We have piloted and collated evidence for modified versions of our existing workplace-based assessment tools, the modification being the addition of a reflective element for each tool. The new tools reflect both the new GPCs mandated by the GMC as well as our own aspirations for developing a lifelong reflective practitioner. These new tools will be used by all trainees.

Our programme of assessment (PoA) will include a broad range of evidence drawn from different formats and environments to ascertain minimal standards and competencies, regarding both expectations and attainments, at critical progression points and on completion of training. The PoA will be based on robust and fair assessment principles and processes.

2.3 Interdependencies between the Advanced Curricula and other training programmes, professions or areas of practice

High quality women's healthcare relies on an integrated approach to service and care, to fully meet the needs of women. Although the knowledge criteria and clinical content are the same as the current versions, there is a greater focus on developing consultants who work and lead multidisciplinary teams, from a range of professional groups in a variety of hospital and community settings. The various specialist societies have been consulted on and contributed to.

During its development the Core Curriculum underwent extensive consultation with stakeholders including trainees, trainers and Heads of Schools. The Faculty of Sexual and Reproductive Health is represented on our Core Curriculum Committee due to the areas of overlap of our specialties. We have also held a Public Insight Focus Group with women.

We believe strongly in the principle of consultation and have therefore included appropriate external stakeholders from other related specialties (Royal College of General Practitioners, Faculty of Sexual and Reproductive Health and Royal College of Midwives) and patient groups to gain their insight into what they require and would want from a high quality O&G consultant. In addition, there was formal consultation with NHS employers and their equivalent in the devolved nations and the Conference of Postgraduate Medical Education Deans (COPMeD) through the lead Postgraduate Dean.

2.4 Flexibility and the transferability of learning

Embedding generic CiPs – that is, high-level statements setting out the general professional skills that any doctor should have at the end of training – within the Advanced Curricula will enable easier transfer between specialties, as the CiPs have also been mapped to the GMC's GPCs. These CiPs can be demonstrated by experiences in a wide range of posts and

environments, allowing flexibility to meet the needs of the service and the individual trainee.

O&G doctors are required to display a wide range of knowledge, skills, behaviours and attributes reflecting the broad nature of this specialty in practice. This is reflected in the depth and breadth of the Advanced Curricula content. Trainees attaining CCT will be skilled in managing the labour ward independently and managing the acute gynaecological on-call service. They will have expertise in practical procedures related to the clinical care of women and will be expert communicators with strong interpersonal skills, strong emotional intelligence and will be adept in the management of sensitive situations.

These core areas ensure that doctors in training and beyond the CCT can provide safe care whilst working in a range of challenging and diverse work environments, balancing acute and non-emergency service provision. They also encourage trainees to experience a wide range of hospital and other healthcare environments. Trainees following the advanced curricula will:

- Be able to develop and apply innovative approaches to teaching in women's health and research.
- Place the principle of informed decision making with women and their families at the heart of their practice.
- Be advocates for women's health.
- Be up to date in their practice and promote and implement evidence-based medicine.
- Be a role model for the highest standards of care and professional behaviours within the specialty and across the medical profession as a whole.

O&G doctors achieving CCT, whether they take two ATSMs or a subspecialty programme, will therefore have demonstrated achievement of a range of generic and specialty-specific capabilities.

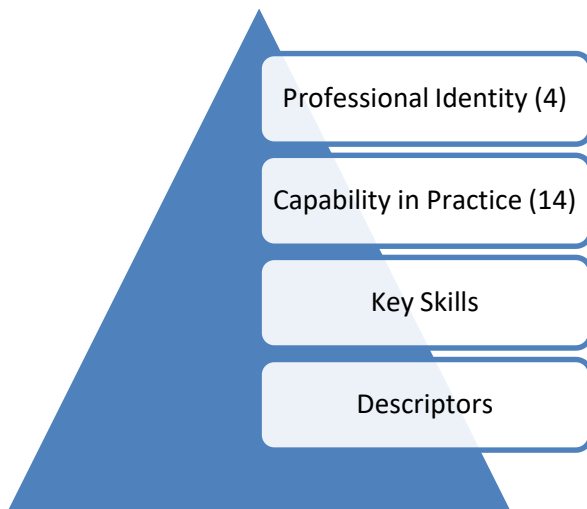
The RCOG has also developed the APM Clinical Research, the aim of which is to define the skills that a consultant Obstetrician & Gynaecologist requires in order to support clinical research service as an active participant (Principal Investigator, co-applicant/collaborator, recruiter) in a primary, secondary or tertiary care setting. The APM can be completed as an optional module for O&G trainees who have an interest in academic training any time during their specialty training, generally from ST3. It is also intended to be available to NHS O&G consultants to develop their skills and knowledge, and to provide an alternative option for completing the research component for subspecialty trainees who are not research-exempt.

3 The organisation and content of the advanced curricula

The practice of O&G requires the generic and specialty knowledge, skills and attitudes to advise and treat people presenting with a wide range of gynaecological and obstetric

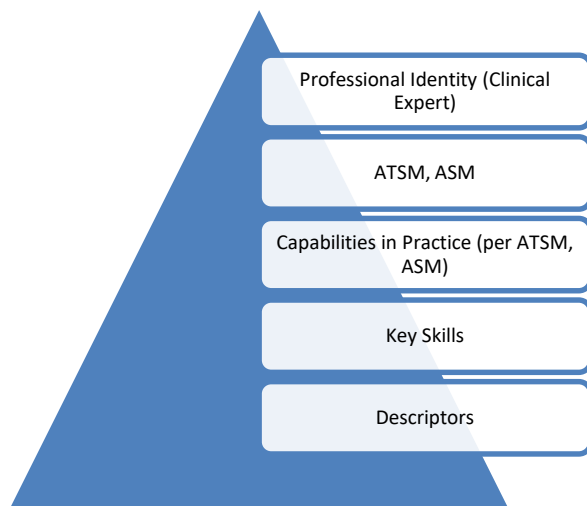
conditions and symptoms. It involves particular emphasis on woman-centred care, diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when specialty opinion or care is required. The modern consultant is defined by four Professional Identities (PIs) in the new O&G Core Curriculum to incorporate all these elements, as demonstrated in Figure 1 below.

Figure 1 – Core Curriculum design structure



Each ATSM (apart from Medical Education) and ASM is included in the Clinical Expert PI, and contains CiPs that are almost exclusively clinical. This is because the trainee is also completing the Core Curriculum which contains all the necessary generic professional skills a CCT-holder will need. The APM Clinical Research and ATSM Medical Education are included in the Researcher & Educator PI.

Figure 2 – Advanced training skill module curricula design structure



3.1 Curriculum framework features

The curriculum content is structured as follows:

Section 1 Capabilities in Practice

Each CiP is supported by the key skills expected to be demonstrated by an O&G doctor who has completed the ATSM. Each key skill has a set of descriptors associated with that activity or task. These are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated by O&G doctors in the ATSM. Descriptors may be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for the CiPs. They are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance. Many of the descriptors refer to person-centred care and informed decision making. This is to emphasise the importance of exploring and discussing care or treatment options, their risks and benefits, with women and their families.

Each CiP gives guidance for the kinds of evidence that will be required to demonstrate progress, including a list of the summative OSATS.

Each CiP lists the knowledge criteria relevant to that CiP.

Section 2 Procedures

All the procedures that are expected to be experienced during the ATSM are listed, with an indication of the final level expected by the end of training, and which CiP they belong to. There are a number of procedural skills in the ATSM in which a trainee must become proficient to the level expected by the end of training. Trainees must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting for help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Trainees will be able to record their procedures in the new ePortfolio.

When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (OSATS) of that procedure, unless they or their ATSM Educational Supervisor think that this is required (in line with standard professional conduct).

In order to complete training and be recommended to the GMC for the award of CCT and entry onto the specialist register, the doctor must demonstrate that they are capable of unsupervised practice (level 5) in all CiPs except where otherwise indicated, as well as meet the requirements of the Core Curriculum.

Section 3 GMC Generic Professional Capabilities

Appropriate professional behaviour should reflect the principles of the GMC's [Good Medical Practice](#) and the GPCs. Therefore all ATSMs have been mapped to the GMC GPC domains.

Assessment of the CiPs will be underpinned by the descriptors and judged against the requirements articulated in the ATSM Curriculum Guide. The ATSM Educational Supervisor will carry out an annual global judgement, and satisfactory sign off will indicate that there are no concerns before the trainee can progress to the next assessment point.

Section 4 Mapping of assessments to CiPs

All workplace-based assessments have been mapped to the CiPs.

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE) and Local Education Offices (LETBs), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A Training Programme Director will be responsible for coordinating the O&G training programme in each deanery. The local organisation and delivery of training is overseen by a school of O&G.

Progression through the programme will be determined by the annual review of curriculum progression (ARCP) process and the training requirements for each indicative year of training are summarised in the O&G ARCP decision aid. The successful completion of each stage of training will be dependent on achieving the expected level in all CiPs and procedural skills. The programme of assessment will be used to monitor and determine progress through the programme. Training will normally take place in a range of settings, e.g. community, District General Hospitals and Teaching Hospitals.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided. The sequence of training should ideally be flexible enough to allow the trainee to develop a special interest which can be taken forward during the advanced training period.

4.2 The training environment

In order to fulfil the curriculum requirements for O&G, trainees need to train and work in high quality training environments. The GMC has clear standards in its [Promoting excellence document](#) which specify that employers must provide trainers with the support and resources they need to meet their education and training responsibilities. Employers should also protect time for training and produce rotas that help deliver that goal. Where the GMC survey shows this is not happening, they expect employers to take action to ensure their training environments meet their standards.

The RCOG annual trainee evaluation form (TEF) and subsequent analyses also provides longitudinal data for schools and units to use to drive improvements in the education they provide. The TEF data is specialty specific so can provide detailed feedback on specific areas of training and education that support curriculum delivery. In particular the TEF data includes specific data on advanced training, ATSMs/ASMs/APM.

The curriculum will provide a balance of different learning methods for trainees to progress through, from formal teaching programmes to learning 'on the job'. The proportion of time allocated to each method may vary depending on the nature of the attachment within a rotation. Rotations should be constructed to enable the trainee to experience the full range of educational and training opportunities.

Informal learning methods will include:

- **Learning with peers** - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.
- **Work-based experiential learning** - The content of work-based experiential learning is decided by the local faculty for education within a unit.

ATSMs are designed to be delivered within the normal working week at general district hospitals or teaching hospitals. Trainees will need to ensure that they spend more time in the relevant clinical areas, such as the labour ward, operating theatre, colposcopy clinic, etc., to obtain training while providing a service. These are outlined in the Evidence section of each curriculum. Advanced trainees will tailor their attendance depending upon their individual training requirements.

Formal postgraduate teaching sessions

For some ATSMs, attendance at courses is mandatory or highly recommended. Information about suitable course content can be found on the webpage for each ATSM, which can be accessed from the [main ATSM page](#).

The RCOG has developed the theoretical course syllabuses in conjunction with either the relevant special societies or the ATSM course lead. Points to note are:

- Each course syllabus covers the minimum content a course needs to include to be suitable for an ATSM.
- Hospitals and groups are welcome to run ATSM-appropriate courses that follow the recommended syllabus.
- The RCOG does not require courses to be submitted for formal approval.
- The ATSM Preceptor of the relevant ATSM is responsible for helping trainees review course syllabuses and select suitable courses.
- The RCOG does not offer any assistance with the selection process, other than to advise on courses run at or by the College

The content of other formal postgraduate teaching sessions and access to other more formal learning opportunities are determined by the local faculty of O&G education. Advanced trainees will tailor their attendance depending on their personal requirements. There are many opportunities throughout the year for formal teaching locally and at regional, national and international meetings. Many of these are organised by the RCOG.

Independent self-directed learning

Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including journals and web-based material such as e-Learning for Healthcare (e-LfH) and RCOG eLearning.
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan).
- Audit, quality improvement and research projects.
- Achieving personal learning goals beyond the essential, core curriculum.

5 Programme of Assessment

5.1 Purpose of assessment

The purpose of the programme of assessment is to:

- Assess trainees' actual performance in the workplace.
- Encourage the development of the trainee as an adult responsible for their own learning.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of good medical practice.
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes of career direction.

5.2 Programme of assessment

Our overall programme of assessment as outlined in the Core Curriculum Definitive Document refers to the integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training. The

purpose of the programme of assessment is to clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points, and to demonstrate satisfactory completion of training as required by the curriculum.

The programme of assessment for the Advanced Curricula comprises the use of a number of individual assessment tools which are the same as those for the core curriculum, apart from the MRCOG which must have already been achieved. These include summative and formative workplace-based assessments. A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments are linked to the relevant learning outcomes stated in each curriculum.

The programme of assessment emphasises the importance of professional judgment in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curriculum. It also focuses on the learner as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made according to a learner's self-assessment. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for trainees. Assessment tools, which are well established in O&G training, will be both formative and summative and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.

Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning and to provide formative feedback. Those assessment tools which are not identified individually as summative will contribute to summative judgements about a trainee's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component to all workplace-based assessments. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently – and as soon as possible after any event to maximise benefit for the trainee. Feedback should be of high quality and should include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback. Our assessment tools have been revised to include reflection and were piloted during 2018.

5.3 Assessment of CiPs

The CiP is the fundamental basis of global judgement. Assessment of CiPs involves looking across a range of key skills and evidence to make a judgement about a trainee's suitability to take on particular responsibilities or tasks as appropriate to their stage of training. It also

involves the trainee providing self-assessment of their performance for that stage of training.

Clinical Supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance throughout the training year. Evidence to support the global rating for the CiP will be derived from workplace-based assessments and other evidence, e.g. TO2.

5.4 The global judgement process

Towards the end of the training year, trainees will assess their own progression for each CiP (Figure 3) and record this in the ePortfolio, signposting to the evidence that supports their rating. The ATSM Educational Supervisor will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee's self-assessment and record their global judgement of the trainee's performance in the ATSM Educational Supervisor Report (ESR), with commentary. Figure 3 shows how the trainee's self-assessment and the evidence feed into the global judgement by the ATSM Educational Supervisor.

Figure 3a – Trainee self-assessment of a CiP

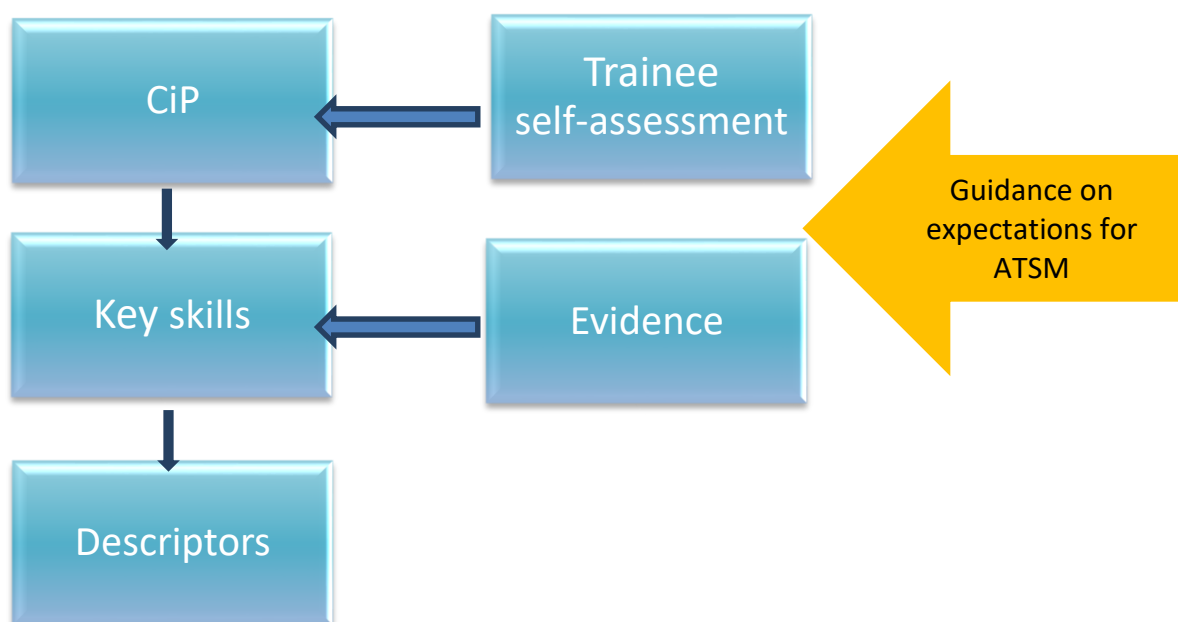
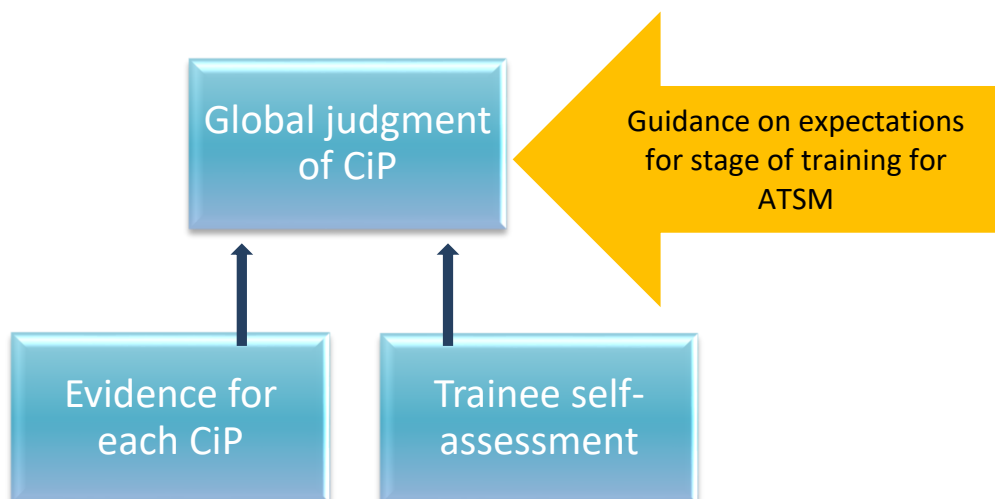


Figure 3b – ATSM Educational Supervisor's assessment of all CiPs



The trainee will make a self-assessment to consider whether they meet expectations for the ATSM/ASM as a whole, using the five supervision levels listed in Table 3 and highlighting the evidence in the ePortfolio. The ATSM Educational Supervisor will indicate whether the trainee is meeting expectations or not by assigning one of the five supervision levels, as in the template below. (These levels do not apply to the APM Clinical Research or the ATSM Medical Education.)

Table 3 shows the five supervision levels that are based on an entrustability scale which is a behaviourally anchored ordinal scale based on progression to competence and reflects judgments that have clinical meaning for assessors¹.

Table 3 – 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

¹ [Entrustability Scales: Outlining Their Usefulness for Competency-Based Clinical Assessment](#)

Global judgement to be used for each CiP

Trainee self-assessment

FOR EACH CiP

Statement of what level of supervision is required.

Link to evidence on the ePortfolio.

ATSM Educational Supervisors assessment

I agree with the trainee's self-assessment and have added my comments to each CiP.

I do not agree with the trainee's self-assessment for the following reasons:

ATSM Educational Supervisors global judgement of the CiPs

I consider that the trainee's performance overall meets the clinical entrustability scale of 1-5 (specify) and that the trainee is:

- Not meeting expectations for the ATSM; may not meet the requirements for critical progression point
- Meeting expectations for the ATSM; expected to progress to next stage of training
- Exceeding expectations for this ATSM; expected to progress to next stage of training.

5.5 Critical progression points

The Core Curriculum Definitive Document outlines the overall critical progression points for the whole O&G training programme. The trainee must pass the Part 2 and 3 MRCOG, and have a satisfactory ARCP outcome, as well as be signed off for the relevant generic and specialty outcomes and practical procedures, to be able to enter advanced training.

There will be a final critical progression point at the end of training. Doctors in training will be required to reach the required level in all CiPs by the completion of training.

The ESR will make a recommendation to the ARCP panel as to whether the trainee is making sufficient progress to complete the ATSM and acquired the procedural competence required as specified in the relevant ATSM/ASM. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training.

Section 2 of each ATSM/ASM contains an outline grid of progress in procedures expected for each CiP.

5.6 Evidence of progress

The following methods of assessment will provide evidence of progress. The requirements for each training year/level are stipulated in the Matrix of Progression. Evidence is a crucial concept in the new curriculum, and as well as the methods listed below, can include other

sources, such as the Personal Development Plan or quality improvement project or procedure log. The trainee will collect evidence to support their self-assessment, and the ATSM Educational Supervisor will use it to reach a global judgement. These methods are described briefly below.

Summative assessment

- Objective Structured Assessment of Technical Skills (OSATS) - summative

Formative assessment

- Case-Based Discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS - formative
- Team Observation (TO1), TO2 and Self-observation (SO)
- Non-Technical Skills for Surgeons (NOTSS)

Supervisor report

- ATSM Educational Supervisor Report (ESR)

Objective Structured Assessment of Technical Skills (OSATS)

There are a number of fundamental procedures in each ATSM that require an objective assessment tool to aid the review process. OSATS are validated assessment tools that assess technical competency in a particular technique. OSATS will be completed throughout training until the trainee is competent to practise independently. OSATS can be undertaken as many times as the trainee and their supervisor feel is necessary (formative). A trainee can be regarded as competent to perform a procedure independently after they have completed 3 summative OSATs by more than one appropriate assessor.

Case-based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the outpatient department.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Multi-source feedback

The TO1 form is a multi-source feedback tool based on the principles of [good medical practice](#), as defined by the [General Medical Council \(GMC\)](#). TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of a trainee's assessment. The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. Individual team members completing a TO1 form should do so based on their experience of working with the trainee. The trainee will also be able to self-assess using a modified TO1 form (SO) which has been piloted along with the modified WBA tools. The TO1 forms are summarised in a TO2 form which informs the ARCP.

Non-Technical Skills for Surgeons (NOTSS) - new

The NOTSS system provides a framework and common terminology for rating and giving feedback on non-technical skills. Used in conjunction with medical knowledge and clinical skills, NOTSS is a tool to observe and rate behaviour in theatre in a structured manner. This enables clear and transparent assessment of training needs. NOTSS describes the main observable non-technical skills associated with good surgical practice, under the following headings:

- Situation awareness
- Decision making
- Communication and teamwork
- Leadership.

The RCOG has piloted the NOTSS system for use on the labour ward and in the gynaecological operating room. We have removed the rating system to focus on providing constructive and timely feedback. The system includes only those behaviours that are directly observable or that can be inferred through communication. NOTSS covers a wide range of non-technical skills in as few categories as possible.

ATSM Educational Supervisors report (ESR)

The ATSM Educational Supervisors will annually record a longitudinal, global report of a trainee's progress over the full range of CiPs based on a range of assessments, including exams and observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESR can incorporate commentary or reports from observations, such as from supervisors, or formative assessments demonstrating progress over time. The ATSM Educational Supervisor will offer a global judgement as to whether the trainee should progress to the next year of training.

Training evaluation form (TEF)

Trainees are required to complete a TEF on annual basis. The data from the TEF enables a proactive approach to the monitoring of quality of training by triangulating with other available data eg. GMC National Training Survey. This data is shared with deaneries and published on the RCOG website. In recognition of the importance that the RCOG places on trainee feedback, completion of the TEF is a requirement in the training matrix of progression.

5.7 Annual Review of Progression (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, including observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors, or formative assessments demonstrating progress over time.

Decisions on progression fundamentally rely on the professional judgement of the ATSM Educational Supervisor based on the global judgement produced for each CiP. The RCOG has produced the Matrix of Progression, as set out below, updated annually. It is essentially an ARCP decision aid which sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression point.

Matrix of Progression		
WBA	ST6	ST7
Mini-CEX	✓	✓
CbD	✓	✓
NOTSS	✓	✓
Reflective practice	✓	✓
Formative OSATS	✓	✓
Competent summative OSATS <i>NOTE: Each procedural skill requires 3 summative OSATS assessed as being competent prior to being able to perform the practical procedure independently with support.</i>	✓	✓
TO2	2	2
Supervisor's report	1	1
TEF	1	1
Other evidence		
As specified in ATSM	✓	✓

Periodic (at least annual) reviews should be used to collate and systematically examine evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The ARCP process is described in the Gold Guide. LETBs/deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio. As a precursor to ARCPs, the RCOG strongly recommends that trainees have an informal ePortfolio review either with their Educational Supervisor or arranged by the local school of O&G. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

6 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance. For further information please refer to the AoMRC guidance on Improving feedback and reflection to improve learning².

Access to high quality, supportive and constructive feedback is essential for the professional development of the trainee. Trainee reflection is an important part of the feedback process and exploration of that reflection with the trainer should ideally be a two-way dialogue. Effective feedback is known to enhance learning and combining self-reflection with feedback promotes deeper learning.

Trainers should be supported to deliver valuable and high quality feedback, including through face to face training. Trainees would also benefit from such training as they frequently act as assessors to junior doctors. All involved could also be shown how best to carry out and record reflection.

6.1 ATSM training

ATSM training is delivered by ATSM Educational Supervisors, ATSM Preceptors and ATSM Directors.

ATSM Educational Supervisors

ATSM Educational Supervisors undertake the day-to-day, hands-on training of trainees in any aspect of the curriculum. For ATSMs, the ATSM Educational Supervisor must have clinical skill in the area being taught. For more information, please [read the ATSM Educational Supervisor job description](#).

ATSM Preceptors

ATSM Preceptors are responsible for the deanery-wide provision and quality control of their ATSM. They ensure the appropriate educational support is provided and assessments are performed. Where the ATSM requires course attendance, the ATSM Preceptor decides which courses are suitable, with reference to the relevant course syllabus. For more information, please [read the ATSM Preceptor job description](#).

ATSM Directors

ATSM Directors are responsible for all ATSMs within their deanery, including the standard and delivery of training. The ATSM Director coordinates trainee attachments to ensure all trainees fulfill their ATSM requirements. The ATSM Director acts as the link between the deanery and the RCOG and must sign all ATSM registration forms. For more information, please [read the ATSM Director job description](#) and see the [list of ATSM Directors in the UK](#).

Trainees

² [Improving feedback and reflection to improve learning. A practical guide for trainees and trainers](#)

Trainees should make the safety of patients their first priority. Furthermore, trainees should not be practising in clinical scenarios which are beyond their experiences and competences without supervision.

Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Trainees would need to plan their workplace-based assessments accordingly so that they collectively provide a picture of their development during a training period. Trainees should actively seek guidance from their trainers in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of assessment according to their individual learning needs. It is the responsibility of trainees to seek feedback. Trainees should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio.

Induction appraisal

The trainee and ATSM Educational Supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the ePortfolio at this time, recording their commitment to the training process.

Monthly meetings

Monthly meetings between trainee and ATSM Educational Supervisor are not mandatory but are encouraged. These are particularly important if either the trainee or educational or clinical supervisor has training concerns, or the trainee has been set specific targeted training objectives at their ARCP. At these meetings trainees should review their PDP with their supervisor using evidence from the ePortfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed.

End of attachment appraisal

Trainees should review the PDP and curriculum progress with their ATSM Educational Supervisor using evidence from the ePortfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be

recorded. If there are significant concerns following the end of attachment appraisal, then the Training Programme Director should be informed.

7 Quality Management

The organisation of training programmes for O&G is the responsibility of HEE LETBs/local teams and the devolved nations' deaneries. The HEE Offices/deaneries will oversee programmes for postgraduate medical training in their regions. A Training Programme Director will be responsible for coordinating the O&G training programme in each trust. The Schools of O&G in England, Wales and Northern Ireland and NHS Education Scotland will undertake the following roles:

- Oversee recruitment and induction of trainees from Foundation to ST1 O&G.
- Allocate trainees into particular rotations for ST1 O&G appropriate to their training needs.
- Oversee the quality of training posts provided locally.
- Interface with other specialty training faculties (General Practice, Anaesthesia etc.) and other healthcare professionals (midwives, specialist nurses).
- Ensure adequate provision of appropriate educational events.
- Ensure curricula implementation across training programmes.
- Oversee the workplace-based assessment process within programmes.
- Coordinate the ARCP process for trainees.
- Provide adequate and appropriate career advice.
- Provide systems to identify and assist doctors with training difficulties.
- Provide flexible training.
- Recognise the potential of specific trainees to progress into an academic career.

Educational programmes to train ATSM Educational Supervisors and assessors in workplace-based assessment may be delivered by HEE Offices/deaneries or by RCOG or both.

Development, implementation, monitoring and review of the Advanced Curricula are the responsibility of the RCOG via the Speciality Education Advisory Committee. The committee is formally constituted with representatives from each health region in England, from the devolved nations and with trainee and lay representation. It is the responsibility of the RCOG to ensure that curriculum developments are communicated to Heads of Schools, regional specialty training committees, TPD and ATSM Directors.

The RCOG serves its role in quality management by monitoring and driving improvement in the standard of all O&G training. The Speciality Education Advisory Committee includes all Heads of UK O&G schools as members and is actively involved in assisting and supporting LETBs/deaneries to manage and improve the quality of education within each of their approved training locations. It is tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing

applications for new posts and programmes, provision of external advisors to deaneries and recommending trainees eligible for CCT or Certificate of Eligibility for Specialist Registration (CESR).

The RCOG uses data from five quality datasets across the O&G specialty and four subspecialties to provide meaningful quality management. The datasets include the GMC National Training Survey (NTS) data, Training Evaluation Form (TEF) data, ARCP outcomes, MRCOG exam outcomes and External Advisor reports. These datasets form the basis of the annual report to the GMC on the quality of O&G training nationally.

8 Intended use of the Advanced Curricula by trainers and trainees

The ATSMs/ASMs, Matrix of Progression and ARCP decision aid will be available from the RCOG via the website www.rcog.org.uk and ePortfolio.

Clinical and ATSM Educational Supervisors should use the curriculum and decision aid as the basis of their discussion with trainees, particularly as part of preparing for the ARCP process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme. Each trainee will engage with the curriculum by maintaining an ePortfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

8.1 Recording progress in the ePortfolio

The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support their education and development. The RCOG is investing in a new ePortfolio platform which will be designed to support the process of learning and recording of evidence with improved functionality. It will also include a procedures log.

The trainee's main responsibilities are to ensure the ePortfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their PDP, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and PDPs to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

HEE Offices, Training Programme Directors, College Tutors and ARCP panels will use the ePortfolio to monitor the progress of trainees for whom they are responsible.

The RCOG will use summarised, anonymous ePortfolio data to support its work in quality assurance.

9 Equality and diversity

The RCOG will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

The RCOG believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates.

HEE Local Offices/deaneries will quality assure each training programme so that it complies with the equality and diversity standards in postgraduate medical training as set by GMC. They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes.
- Ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post.
- HEE Offices/deaneries ensuring that ATSM Educational Supervisors have had equality and diversity training (for example, an e-learning module) every 3 years.
- HEE Offices/deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every 3 years.
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. HEE Offices/deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. HEE Offices/deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent).
- Monitoring of College Examinations.
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments and recognising that not all disabilities are visible.

PART 2

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INTRODUCTION

Each ATSM, ASM and the APM is structured in the same way.

Section 1 Capabilities in Practice

Each CiP, the high-level outcome statement of what a doctor is supposed to have achieved by the end of training, is supported by the **key skills** expected to be demonstrated by an O&G doctor who has completed this module.

- Each key skill has a **set of descriptors** associated with that activity or task. These are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated by O&G doctors in the ATSM. Descriptors can be used to help trainees when they self-assess their performance against the minimum expected standards for the CiPs. They are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance.
- Each CiP gives guidance for the kinds of **evidence** that will be required to demonstrate progress, including a list of the summative OSATS.
- Each CiP lists the **knowledge criteria** relevant to that CiP.

Section 2 Procedures

All the procedures that are expected to be experienced during the ATSM are listed, with an indication of the final level expected by the end of training, and which CiP they belong to. Trainees will be able to record their procedures in the new ePortfolio.

Section 3 GMC Generic Professional Capabilities

Appropriate professional behaviour should reflect the principles of the GMC's [Good Medical Practice](#) and the GPCs. Therefore all modules have been mapped to the GMC GPC domains.

Section 4 Mapping of assessments to CiPs

All workplace-based assessments have been mapped to the CiPs.

Section 5 Resources (optional)

A few frameworks have an optional resources section.

ATSM ACUTE GYNAECOLOGY AND EARLY PREGNANCY (AGEP)

SECTION 1: CAPABILITIES IN PRACTICE

AGEP CiP 1: The doctor uses ultrasound appropriately to diagnose and guide treatment of women with complications of early pregnancy.	
Key Skills	Descriptors
Diagnoses women with miscarriage	<ul style="list-style-type: none"> • Applies the diagnostic criteria to diagnose miscarriage. • Has skills to assess when an interval scan is required. • Counsels women on the choice between expectant, medical and surgical management of miscarriage. • Manages and investigates those women diagnosed with a second trimester miscarriage.
Diagnoses women with ectopic pregnancy	<ul style="list-style-type: none"> • Is able to diagnose an ectopic pregnancy on ultrasound scan. • Counsels women on the choice between expectant, medical and surgical management of ectopic pregnancy.
Diagnoses women with inconclusive scans	<ul style="list-style-type: none"> • Arranges appropriate follow up for women with early pregnancies of uncertain viability. • Demonstrates understanding of management protocols for women classified with a pregnancy of unknown location. • Demonstrates understanding of diagnostic uncertainty.
Diagnoses women with pelvic tumours in early pregnancy	<ul style="list-style-type: none"> • Organises appropriate management plans for women with other pelvic pathology in early pregnancy.
Diagnoses women with recurrent pregnancy loss	<ul style="list-style-type: none"> • Is able to fully evaluate the endometrial cavity and assess for the presence of any uterine pathology or congenital anomaly in women presenting with recurrent pregnancy loss. • Arranges required investigations and follow up.
Diagnoses women with gestational trophoblastic disease	<ul style="list-style-type: none"> • Recognises and instigates initial management of suspected trophoblastic disease. • Arranges follow up for women confirmed to have trophoblastic disease.
Manages women with hyperemesis gravidarum	<ul style="list-style-type: none"> • Recognises and instigates inpatient, outpatient or domiciliary treatment of hyperemesis as appropriate.
Evidence to inform decision	
<ul style="list-style-type: none"> • Intermediate Early Pregnancy & Gynaecology Ultrasound Modules or equivalent • Mini-CEX • Cbd 	<ul style="list-style-type: none"> • TO2 (including SO) • NOTSS • RCOG ATSM Theoretical Course • Local and Deanery Teaching • RCOG e-learning

- Reflective practice

Knowledge criteria

- The aetiology and differential diagnosis of acute abdominal pain:
 - Gynaecological causes – ovarian cyst accidents (rupture and torsion), acute pelvic inflammatory disease, degenerating/prolapsing uterine fibroid, ectopic pregnancy.
 - Non-gynaecological causes – acute appendicitis, acute bowel obstruction, diverticular disease, inflammatory bowel disease, perforated ulcer, incarcerated hernias (inguinal, femoral, umbilical and incisional, mesenteric infarction, pelvic vein thrombosis, ruptured aortic aneurism, acute UTI, acute urinary retention, urolithiasis
- Haematological, biochemical, microbiological and radiological investigations:
 - Haematological changes in acute haemorrhage, sepsis and thrombosis
 - Biochemical findings in acute sepsis and urinary tract obstruction
 - Dynamics of serum hCG and progesterone in normal and abnormal early pregnancy
 - Relevant infection screens
 - Indications for plain abdominal film, chest x-ray, abdominal ultrasound scan, CT and MRI in the investigation of acute pelvic pain
- The safety of ultrasound including safety indices and scanning modes
- Image orientation and optimisation
- The need to store images
- Developmental milestones of the normal intrauterine pregnancy and associated biochemistry
- Diagnostic criteria for miscarriage, non-tubal ectopic pregnancy
- Sonographic features of gestational trophoblastic disease
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications:
 - Epidemiology of miscarriage
 - Causes and risk factors of miscarriage – chromosomal defects, structural uterine anomalies, cervical incompetence, autoimmune causes
 - Other factors affecting development of early pregnancy: drugs (prescription and recreational), viral infections, radiation and chemotherapy, immunisation
 - Transvaginal ultrasound – morphological features of normal early pregnancy development, differential diagnosis between complete, incomplete and missed miscarriage
 - The use of serum biochemistry for the diagnosis of miscarriage
 - Causes and risk factors for ectopic pregnancy
 - Variations in clinical presentation of ectopic pregnancies
 - Clinical, ultrasound, laparoscopic and histological diagnosis of ectopic pregnancy
 - Risk factors, clinical presentation, ultrasound and laparoscopic diagnosis of non-tubal ectopics
- The options for managing early pregnancy problems:
 - Expectant management of miscarriage – selection criteria, follow up, success rates
 - Medical treatment with misoprostol and mifepristone – selection criteria, route of administration and dosage, effectiveness, side effects and follow up

- Surgical management of miscarriage – selection criteria, outpatient, local anaesthetic and in-patient under general anaesthesia, antibiotic prophylaxis, complications, effectiveness, follow up
- Expectant management of tubal ectopics – selection criteria, success rates, follow up
- Medical treatment with methotrexate – selection criteria, dosage, side effects, effectiveness, follow up
- Laparoscopy and laparotomy for ectopics – choice of appropriate route for surgery
- Salpingectomy vs salpingotomy – selection criteria, complications, follow up
- Fertility after ectopic pregnancy and future follow up
- Management of non-tubal ectopics – conservative vs surgical, risks, complications, follow up, future fertility
- The treatment protocols for women diagnosed with persistent trophoblastic disease
- The investigations and current management strategies for women with recurrent pregnancy loss

AGEP CiP 2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.

Key Skills	Descriptors
Diagnoses women with acute gynaecological problems	<ul style="list-style-type: none"> ● Uses ultrasound to form differential diagnosis of acute gynaecological symptoms. ● Ultrasound diagnosis of uterine pathology: <ul style="list-style-type: none"> ○ fibroids ○ endometrial polyps ○ adenomyosis ● Ultrasound diagnosis of adnexal pathology: <ul style="list-style-type: none"> ○ ovarian cysts ○ tubal pathology ○ pelvic masses ○ adnexal torsion ● Is able to detect haemoperitoneum and assess severity.
Manages the care of women with acute pelvic pain	<ul style="list-style-type: none"> ● Diagnoses and assesses clinically women with acute pelvic pain. ● Is able to perform emergency surgery such as open and laparoscopic ovarian cystectomy, laparoscopic adhesiolysis and surgical management of ectopic pregnancy. ● Collaborates with consultants and other specialties and works as part of a multi-disciplinary team.
Manages the care of women with haemorrhagic and septic shock	<ul style="list-style-type: none"> ● Has kept up to date with resuscitation skills. ● Makes appropriate decisions rapidly in daily clinical practice. ● Manages women presenting with heavy vaginal bleeding.

Manages the care of women with acute pelvic infection	<ul style="list-style-type: none"> Organises the correct investigations and instigate appropriate treatment.
Manages the care of women with other acute gynaecological problems	<ul style="list-style-type: none"> Is able to diagnose and manage: <ul style="list-style-type: none"> perineal abscesses non-obstetric genital tract trauma emergency presentations of gynaecological malignancies ovarian hyperstimulation syndrome
Evidence to inform decision	
<ul style="list-style-type: none"> RCOG ATSM Theoretical Course Mini-CEX CbD Reflective practice 	<ul style="list-style-type: none"> TO2 (including SO) Local and Deanery Teaching RCOG e-learning NOTSS
Knowledge criteria	
<ul style="list-style-type: none"> Causes and differential diagnosis of acute pelvic and lower abdominal pain Interventional options for pelvic and perineal abscesses Haematological, biochemical, microbiological and radiological investigations (as for CiP 1) The options available to treat acutely ill women: <ul style="list-style-type: none"> Resuscitation measures Management of massive blood loss Effective pain relief Antimicrobial therapy Management of acute thromboembolic events Conservative and surgical management of acute pain Management of hyperemesis gravidarum The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications (as for CiP 1) The options for managing early pregnancy problems (as for CiP 1) The management issues in the provision of acute gynaecological care: <ul style="list-style-type: none"> Environment Staffing Facilities and equipment Referral patterns and triage External support Training Clinical protocols, Risk management Audit and research 	

AGEP CiP 3: The doctor demonstrates the skills to develop and manage an acute gynaecology and early pregnancy service.

Key Skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> • Liaises with management teams and Clinical Commissioning Groups. • Has an understanding of financial considerations. • Participates in clinical governance experience. • Demonstrates involvement in quality improvement. • Is able to undertake data analysis and collection related to outcomes.
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> • Is aware of available sources of both written and web-based information. • Designs or adapts patient information for local use and understands local process. • Participates in writing protocols, clinical pathways, service development and evidence-based guidelines. • Establishes and/or enhances local clinical pathways.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Meeting attendance • TO2 • Mini-CEX • CbD 	<ul style="list-style-type: none"> • RCOG e-learning • Perform quality improvement project • Develops, enhances local clinical pathways • NOTSS
Knowledge criteria	
<ul style="list-style-type: none"> • NHS service requirements and local procedures for service development / improvement • Clinical governance issues in acute gynaecology and early pregnancy • The different skills across different disciplines and job roles. • National guidance on best practice in acute gynaecology and early pregnancy 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1	CIP 2
Pelvic Ultrasound	5	x	x
Complex uterine evacuations	5	x	
Laparoscopic and open surgery for complex ectopic pregnancy	4	x	
Laparoscopic and open surgery for ovarian cysts and adnexal torsion	5		x
Laparoscopic ovarian cystectomy, adhesiolysis	5		x
Surgical drainage of pelvic and complex perineal abscesses	5		x

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
- Professional requirements
 - National legislative structure
 - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO AGEP CiPs

AGEP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses ultrasound appropriately to diagnose and guide treatment of women with acute gynaecological problems and complications of early pregnancy.		X	X	X	X	X
2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.		X	X	X	X	X
3: The doctor demonstrates the skills to develop and		X	X	X	X	X

AGEP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
manage an acute gynaecology and early pregnancy service.						

ATSM ADVANCED LAPAROSCOPIC SURGERY FOR THE EXCISION OF BENIGN DISEASE (ALAP)

SECTION 1: CAPABILITIES IN PRACTICE

ALAP CiP 1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	
Key Skills	Descriptors
Manages preoperative planning and case selection	<ul style="list-style-type: none"> • Selects patients appropriately. • Is able to map areas of pain or abnormal masses in relation to underlying anatomical structures. • Interprets images in consultation with imaging specialist. • Audits surgical practice.
Manages preoperative endoscopy and other investigations	<ul style="list-style-type: none"> • Performs investigative surgery where appropriate. • Plans surgery taking into account patients' fertility desires.
Develops and provides information	<ul style="list-style-type: none"> • Produces appropriate information leaflets tailored for the patient. • Enters patients onto surgical database for severe rectovaginal endometriosis.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Cystoscopy ○ Rigid sigmoidoscopy ○ Proctoscopy ○ Transvaginal ultrasound 	<ul style="list-style-type: none"> • TO2 (including SO) • NOTSS • RCOG e-learning

<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • Personal learning 	
Knowledge criteria	
<ul style="list-style-type: none"> • How history, investigations and careful counselling impact on patient selection • The symptoms that women may complain of • The various components of a relevant history, such as dysmenorrhoea, dyspareunia, dyschezia, pelvic pain, lower backache • The associated gastrointestinal and urological symptoms that should also be assessed • The relevance of fertility history, if a woman is trying for pregnancy, and past investigations and treatment • Relationship with other medical conditions and psychosexual health • How standardised questionnaires are devised • The significance of quality of life questionnaires • How questionnaires are validated • The anatomy and innervation of the genital tract and the impact of disease on the organs • The findings relevant to benign gynaecological conditions, including assessment of the posterior cul de sac • How to determine patient suitability for laparoscopic excisional surgery, including: <ul style="list-style-type: none"> ○ ASA score / fitness ○ Assessment of suitability of condition for laparoscopic surgery ○ Knowledge of appropriate preoperative investigations ○ Knowledge of appropriate alternative options ○ Effect of previous surgery ○ Impact of body mass • The necessary laparoscopic equipment • The alternatives, risks and benefits of laparoscopic surgery • Indications for imaging (pelvic/renal ultrasound, MRI, CT, plain X-ray, contrast studies of renal/gastro-intestinal tracts, DMSA scans) • Indications for endoscopy (sigmoidoscopy, colonoscopy and cystoscopy) • Physiological and pathological processes affecting blood tests, including haematological indices, renal function, liver function, future markets, sex steroids, CA125 and fertility tests • Indications and how to refer for tubal patency test, semen analysis for the partner 	

ALAP CiP 2: The doctor understands the role of alternative treatments in the holistic management of the patient.	
Key Skills	Descriptors

<p>Manages hormonal and non-hormonal treatments</p>	<ul style="list-style-type: none"> • Is able to choose from appropriate hormonal treatments including: <ul style="list-style-type: none"> ○ COCP ○ progestogens ○ GnRH analogues ○ aromatase inhibitors • Is able to choose from appropriate non-hormonal treatments including: <ul style="list-style-type: none"> ○ haematinics ○ counselling
<p>Is aware of assisted conception techniques</p>	<ul style="list-style-type: none"> • Advises on indications for use of assisted conception techniques and timing of treatments.
<p>Pain management</p>	<ul style="list-style-type: none"> • Ability to accurately document woman’s description of pain. • Ability to prescribe effective and safe analgesia. • Have observed nerve blocks and TENS use in a pain clinic. • Knowledge of multidisciplinary pain management teams
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • Reflective practice • Meeting attendance and membership of the British Society of Gynaecological Endoscopy • TO2 (including SO) • Attendance at pain clinics 	<ul style="list-style-type: none"> • RCOG e-learning • RCOG Intermediate scanning competences • CbD • Mini-CEX
<p>Knowledge Criteria</p>	
<ul style="list-style-type: none"> • The principles of pharmacology and the side effects of non-steroidal anti-inflammatories, Tranexamic acid and immune modulators • The pharmacology of chemical substances that act upon benign gynaecological conditions • Indication for hormonal treatments, including COC Pil, progestagens, GnRH analogues, aromatase inhibitors • The pharmacology and side-effects of analgesic drugs • Haematinics • Complementary therapies • Indication for assisted conception techniques • How to choose appropriate treatment and counsel woman accordingly • Theories of pain causation and perception • Principles of pain mapping • Woman’s responses to and strategies for dealing with pain • Indications for and principles of the use of nerve blocks and TENS for analgesia • The contribution of complementary therapies for analgesia • When to refer to counsellors and pain management teams 	

ALAP CiP 3: The doctor is able to perform appropriate laparoscopic surgery for treatment of the patient.

Key Skills	Descriptors
Is able to recognise bowel and bladder complications of surgery	<ul style="list-style-type: none"> • Inspects bowel for perforation or damage. • Checks integrity of bladder using visual inspection and dye tests. • Visually checks ureter and passes appropriate catheter. • Demonstrates understanding of the importance of nerve preservation in pelvic surgery.
Manages initial intraoperative complications	<ul style="list-style-type: none"> • Undertakes primary bladder closure. • Performs primary laparoscopic repair of bowel perforation under supervision. • Recognises and is able to control haemorrhage.
Recognises and manages delayed onset complications (e.g. peritonitis, ileus, faecal contamination, urinary leakage)	<ul style="list-style-type: none"> • Uses of appropriate investigations. • Seeks appropriate support in a timely manner.
Is able to demonstrate advanced laparoscopic surgical skills	<ul style="list-style-type: none"> • Builds on laparoscopic skills acquired in core training using advanced skills in various complex clinical situations. • Is confident with a number of laparoscopic entry techniques (Hassan, Palmer's point).

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • Meeting attendance and membership of the British Society of Gynaecological Endoscopy • OSATS <ul style="list-style-type: none"> ○ Total laparoscopic hysterectomy ○ Laparoscopic myomectomy ○ Laparoscopic division of adhesions including ureterolysis ○ Laparoscopic uterovesical and rectovaginal disease excision 	<ul style="list-style-type: none"> • CbD • Mini-CEX • RCOG e-learning • NOTSS • TO2 (including SO)
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Knowledge criteria

- Relevant anatomy and pathophysiology
- The current controversies and theories of aetiology about all benign gynaecological diseases that pertain to laparoscopic excisional surgery
- The advantages and pitfalls of:
 - Veress needle entry
 - Hassan technique
 - Direct visual entry
 - Palmer's point entry
- The principles of port site closure and the need to avoid port site hernia or damaged underlying structures
- The principles of electrosurgery, laser modalities, beam coagulators, ultrasound and other future energy sources
- How to competently suture pedicles and hollow viscii using laparoscopic needle holders
- How to undertake intracorporeal and extracorporeal knot tying
- How to use tissue morcellation techniques, posterior colpotomy and tissue retrieval bag
- How to inspect bladder, ureter, small and large bowel for perforation or damage, recognition of this and undertake appropriate special tests such as air insufflation and use of dyes

Management of complications

- How to recognise bowel and bladder complications. Assessment of these and ability if appropriate to perform primary repair
- The principles of more complex repairs such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise and control haemorrhage
- How to recognise delayed onset complications such as peritonitis, ileus, faecal contamination or urinary leakage
- How to start appropriate initial management and the principles of subsequent management

Specific procedures

- The division of dense adhesions involving bowel
- The repair of sero-muscular layer of bowel
- How to undertake adhesiolysis using appropriate instruments or energy source, the ability to check for bowel integrity and appropriate suture of sero-muscular tears
- How to explain the risks and benefits of the procedure to be undertaken
- How to recognise and deal with complications such as bowel perforation, ischaemic damage or haemorrhage

Utero-vesical dissection, repair of bladder

- How to undertake dissection of the utero-vesical fold of peritoneum and reflection of the bladder
- How to excise the peritoneum overlying the bladder and fibrotic lesions such as infiltrating endometriotic deposits

- How to recognise and suture bladder defects
- How to recognise urinary leakage post operatively

Excision of endometriosis, pelvic sidewall dissection

- How to excise superficial and deep endometriosis overlying pelvic structures, bowel and the pelvic sidewall using the appropriate instruments and energy sources
- How to dissect the pelvic sidewall to demonstrate the course of the pelvic ureter, the great vessels, uterine arteries and the root of the sigmoid colon
- Recognition of immediate and late post-operative complications

Rectovaginal dissection

- How to recognise and excise infiltrating and nodular endometriosis of the rectovaginal septum and uterosacral ligaments.
- How to recognise the degree of obliteration of the posterior cul de sac and involvement of the rectum
- How to appropriately repair sero-muscular lesions of the intraperitoneal and extraperitoneal rectum and vaginal epithelium of the posterior vaginal fornix
- The risks of ischaemic damage and wound breakdown leading to fistula formation or faecal peritonitis

Laparoscopic myomectomy

- How to assess the appropriateness of laparoscopic myomectomy, and to undertake the excision of subserous intramural and broad ligament fibroids
- How to suture the defect using the appropriate intra and extra corporeal techniques. The ability to deal with haemorrhage from the uterine serosa and myometrium
- How to remove the extirpated fibromyomata using the appropriate morcellation, posterior colpotomy or tissue retrieval bags
- Recognition of potential complications such as haemorrhage, disseminated intravascular coagulation and late uterine dehiscence

Total laparoscopic hysterectomy

- Appropriate assessment of suitability of woman for total laparoscopic hysterectomy and the ability to undertake a total laparoscopic hysterectomy using a recognised technique and an understanding of suitable alternatives
- Recognition of initial and late complications such as haemorrhage or damage to adjacent viscera

Interruption of neural pathways

- The indications for and techniques of uterosacral nerve ablation, excision of uterosacral ligaments and pre-sacral neurectomy
- Recognition of early and late complications such as haemorrhage, urinary retention, constipation

ALAP CiP 4 The doctor is able to manage urological and colorectal interventions.

Key Skills	Descriptors
Undertakes urological surgical procedures to aid laparoscopic surgery	<ul style="list-style-type: none"> • Uses cystoscopy. • Catheterisation of ureters. • Recognises where more advanced urological techniques may be required such as stenting, anastomosis or ureteric reimplantation. • Liaises appropriately with urology team.
Undertakes colorectal procedures to aid laparoscopic surgery	<ul style="list-style-type: none"> • Performs basic colorectal investigations (Proctoscopy, Sigmoidoscopy). • Recognises specific bowel complications where more advanced techniques are required. • Liaises appropriately with colorectal team. • Recognises when more advanced colorectal techniques may be required such as colostomy or ileostomy. • Cares for the physical and psychological needs of women who have experienced colorectal complications including stoma formation.
Recognises and manages late complications of laparoscopic surgery	<ul style="list-style-type: none"> • Recognises the adverse functional bowel and bladder effects of radical surgery. • Diagnoses and manages fistulae. • Is able to counsel women about late complications. • Liaises with appropriate members of multidisciplinary team for further care.

Evidence to inform decision

<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Ureteric catheterisation ○ Sigmoidoscopy • TO2 (including SO) • Cbd • Mini-CEX 	<ul style="list-style-type: none"> • Reflective practice • Personal learning
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Knowledge criteria

<ul style="list-style-type: none"> • The indications for cystoscopy • The surgical principles for the treatment of ureteric injury • The investigation and diagnostic criteria for fistulae • The surgical principles of the repair and complications that may occur • The correct investigations and treatments for ureteric obstruction and ureteric injury • When and how to insert ureteric stents • The surgical principles of ureteric re-anastomoses and re-implantation techniques • The principles of ureteric preservation and reconstructive techniques • The risks and management of voiding dysfunction post-operatively
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- The indications for and limitations of visual inspection of the lumen of the lower gastrointestinal tract.
- The principles of bowel resection, stoma formation and bowel anastomosis
- The principles and practice of post-operative care for women who have had bowel surgery

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1	CIP 2	CIP 3	CIP 4
Cystoscopy	5	x			
Colonoscopy	1	x			
Proctoscopy	5	x			x
Rigid sigmoidoscopy	5	x			
Transvaginal ultrasound	5	x			
Total laparoscopic hysterectomy	5			x	
Laparoscopic myomectomy	5			x	
Laparoscopic division of adhesions including ureterolysis	5			x	
Laparoscopic excision of superficial and deep infiltrating endometriosis	5			x	
Laparoscopic uterovesical and rectovaginal disease excision	5			x	
Ureteric catheterisation	5				x
Bladder injury repair	3				x
Ureteric reimplantation	1				x
Ureteric re-anastomosis	1				x
Ureteric stenting	1				
Stoma formation	1				
Full thickness bowel repair under direct supervision	2				x

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty Domain 3: Professional knowledge <ul style="list-style-type: none"> • Professional requirements

- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO ALAP CiPs

ALAP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	X	X	X	X	X	X
2: The doctor understands the role of alternative treatments in the holistic management of the patient.		X	X		X	X
3: The doctor is able to perform appropriate laparoscopic surgery for treatment of the patient.	X	X	X	X	X	X
4: The doctor is able to manage urological and colorectal interventions.		X	X	X	X	X

ATSM BENIGN ABDOMINAL SURGERY – OPEN AND LAPAROSCOPIC (BASOL)

SECTION 1: CAPABILITIES IN PRACTICE

BASOL CiP 1: The doctor demonstrates the skills and attributes required to perform benign abdominal gynaecological surgery.	
Key Skills	Descriptors
Manages preoperative planning and case selection	<ul style="list-style-type: none"> • Counsels on the management options of benign gynaecological conditions. • Considers the options of surgical approach (open or laparoscopic) and discusses this with the patient. • Counsels patients on the benefits, risks and alternatives in the surgical approach, taking into account the individual's background health and preferences. • Conducts appropriate preoperative investigations. • Involves other specialties where required.
Recognises and manages delayed-onset complications	<ul style="list-style-type: none"> • Is able to manage postoperative complications. • Recognises long-term complications of abdominal surgery.
Counsels patients before and after receiving treatment	<ul style="list-style-type: none"> • Counsels patients on: <ul style="list-style-type: none"> ○ Hormone Replacement Therapy and the types of HRT after having an oophorectomy ○ cervical screening strategies after having a hysterectomy ○ the implications of ovarian surgery for women who desire future fertility
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX • Reflective practice • NOTSS • Local and Deanery Teaching 	<ul style="list-style-type: none"> • TO2 (including SO) • RCOG e-learning • At least one audit from any of the 3 procedure related CiPs
Knowledge criteria	
<ul style="list-style-type: none"> • The theatre environment – knowledge of instruments, theatre set-up, patient positioning and effective use of assistants • Pelvic anatomy – the bladder, ureters and bowel • The anatomy and innervation of the genital tract • The potential risks and complications of abdominal surgery (including anaesthesia) • The principles and management of major haemorrhage • Knowledge of emergency hysterectomy procedures, complications and risks • The principles of diathermy • Principles of safe use of different energy sources 	

- Principles of governance over the introduction of new procedures, equipment and devices

BASOL CiP 2: The doctor demonstrates the skills and attributes required to perform open gynaecological surgery.

Key Skills	Descriptors
Manages open gynaecological surgery relying on a number of techniques and procedures	<ul style="list-style-type: none"> • Selects patients appropriately. • Counsels on the procedures, potential risks and complications.
Recognises and manages intraoperative complications	<ul style="list-style-type: none"> • Recognises clinical scenarios where emergency hysterectomy is necessary (for example, major obstetric haemorrhage). • Is able to control major haemorrhage. • Is able to recognise damage to bowel, bladder and ureter. • Seeks help from other specialists or those with advanced surgical skills when appropriate.

Evidence to inform decision

<ul style="list-style-type: none"> • CbD • Mini-CEX • Reflective practice • NOTSS • Local and Deanery Teaching • TO2 (including SO) 	<ul style="list-style-type: none"> • RCOG e-learning • Attendance at RCOG Benign abdominal surgery course or similar • OSATS <ul style="list-style-type: none"> ○ Opening and closing the vertical abdominal incision ○ Total Abdominal Hysterectomy
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Knowledge criteria

<ul style="list-style-type: none"> • Anatomy of anterior abdominal wall and major vascular structures • Anatomy and innervation of the genital tract • Principles of diathermy • Anatomy of major vascular structures in relation to infundibulo pelvic ligaments • Variations in the anatomy of uterus with large fibroids • Post myomectomy counselling for future pregnancy events, e.g. IVG and delivery • Emergency hysterectomy procedures, the complications and risks • Knowledge of equipment, instrumentation and theatre set-up • The potential risks and complications of abdominal surgery (including anaesthesia) • The principles and management of major haemorrhage • The management strategies of bowel, bladder and ureter damage

BASOL CiP 3: The doctor demonstrates the skills and attributes required to perform laparoscopic gynaecological surgery.

Key Skills	Descriptors
Manages laparoscopic gynaecological surgery relying on a	<ul style="list-style-type: none"> • Selects patients appropriately for operative laparoscopy. • Counsels on the procedures, potential risks and complications.

number of techniques and procedures	
Recognises and manages intraoperative complications, including when to convert to an open procedure	<ul style="list-style-type: none"> • Is able to manage intraoperative complications. • Is able to recognise visceral injury of the bowel and bladder and is able to undertake repair procedures. • Recognises when to convert to an open procedure. • Seeks help from other specialists and those with advanced laparoscopic surgery skills when appropriate.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Operative laparoscopy (Cystectomy salpingoophorectomy/ bilateral salpingoophorectomy/ treatment of mild-moderate endometriosis) • Reflective practice • NOTSS • Local and Deanery Teaching • Mini-CEX • CbD 	<ul style="list-style-type: none"> • TO2 (including SO) • RCOG e-learning • Evidence of laparoscopic simulation training • Attendance at a BSGE conference or similar • Attendance at a laparoscopic hysterectomy course
Knowledge criteria	
<ul style="list-style-type: none"> • Anatomy of the abdomen, female genital tract, bladder, ureters and lower bowel • The contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings • Laparoscopic equipment and theatre set-up • The principles of safe use of energy sources • Safe entry techniques, port positioning and port site problems • Anatomy of the pelvis, including the relations of the ureter, the ovarian and uterine vessels and major vascular structures • The different methods to retrieve tissue specimens • The techniques for extending laparoscopic incisions, vaginal morcellation, intra-abdominal morcellation, extraction through retrieval bags • Potential risks and complications of laparoscopic surgery, including anaesthesia • The pathological processes involved in ovarian disease and endometriosis 	

BASOL CiP 4: The doctor has the knowledge, skills and attitudes to perform hysteroscopic gynaecological surgery.

Key Skills	Descriptors
Manages hysteroscopic surgery	<ul style="list-style-type: none"> • Counsels on hysteroscopic surgery, complications and alternatives.

	<ul style="list-style-type: none"> • Performs outpatient hysteroscopic procedures. • Recognises and is aware of potential complications and is able to manage complications intra- and postoperatively.
Manages outpatient hysteroscopy	<ul style="list-style-type: none"> • Demonstrates awareness of outpatient/office methods of diagnosis and treatment and performs diagnostic and simple operative procedures where appropriate.
Manages advanced outpatient procedures	<ul style="list-style-type: none"> • Counsels on and performs advanced outpatient procedures.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Operative Hysteroscopy • Reflective practice • NOTSS • Local and Deanery Teaching • Mini-CEX • Cbd • TO2 (including SO) 	<ul style="list-style-type: none"> • RCOG e-learning • Evidence of hysteroscopic simulation training • Attendance at BSGE conference or similar • Presentation at a national/international conference • At least one audit from any of the 3 CiPs
Knowledge criteria	
<ul style="list-style-type: none"> • Knowledge of instruments • Principles of safe use of energy sources, including: <ul style="list-style-type: none"> ○ impedance controlled electrosurgical energy ○ thermal balloon ○ microwave • Principles of safe use of distension media • Potential strategies for the prevention of intrauterine adhesions • Potential complications • Methods of endometrial preparation • Outpatient/office methods of diagnosis and treatment 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 2	CIP 3	CIP 4
Midline incision, safe opening and closure technique	5	X		
Complex ovarian cystectomy	5	X	X	
Oophorectomy (including post hysterectomy)	5	X		
Oophorectomy (including post hysterectomy) – post hysterectomy oophorectomy	3	X		

Abdominal total (or if appropriate, subtotal) hysterectomy +/- BSO	5	X		
Abdominal hysterectomy for large fibroids	4	X		
Abdominal myomectomy	2	X		
Adhesiolysis (including omentum, bladder and bowel)	5	X	X	
Surgical management of pelvic abscess	3	X		
Emergency hysterectomy (e.g. major obstetric haemorrhage)	2	X		
Safe laparoscopic entry and closure techniques	5		X	
Laparoscopic adnexal surgery	5		X	
Treatment of endometriosis	3		X	
Total laparoscopic hysterectomy (or laparoscopic assisted vaginal) in uncomplicated patients	4		X	
Laparoscopic suturing	4		X	
Tissue retrieval techniques (various)	5		X	
Hysteroscopic polypectomy	5			X
First generation ablation	5			X
Resect submucous fibroids (FIGO SM 0-2)	5			X
Second generation ablations	5			X
Excision and ablation of peritoneal endometriosis and ovarian endometrioma	5		X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO BASOL CiPs

BASOL CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skills and attributes required to perform benign abdominal gynaecological surgery.		X	X	X	X	X
2: The doctor demonstrates the skills and attributes required to perform open gynaecological surgery.	X	X	X	X	X	X
3: The doctor demonstrates the skills and attributes required to perform laparoscopic gynaecological surgery.	X	X	X	X	X	X
4: The doctor has the knowledge, skills and attitudes to perform hysteroscopic gynaecological surgery.	X	X	X	X	X	X

ATSM BENIGN GYNAECOLOGICAL SURGERY – HYSTEROSCOPY (BGSB)

SECTION 1: CAPABILITIES IN PRACTICE

BGSB CiP 1: The doctor demonstrates skills and attitudes to manage the care of women requiring hysteroscopic surgery.	
Key Skills	Descriptors
Preoperative planning and case selection	<ul style="list-style-type: none"> • Counsels on the management options of benign gynaecological conditions. • Counsels women on the benefits, risks and alternatives in the surgical approach. • Conducts appropriate preoperative investigations. • Appropriately triages patients to inpatient or outpatient pathway.
Manages hysteroscopic surgery relying on a number of techniques and procedures	<ul style="list-style-type: none"> • Manages difficult cervical dilation. • Manages complications intra- and postoperatively. • Demonstrates safe use of mechanical instrumentation (conventional and tissue removal systems). • Demonstrates safe use of electro-surgery. • Demonstrates safe use of hysteroscopic fluid management.
Manages outpatient hysteroscopy	<ul style="list-style-type: none"> • Demonstrates awareness of outpatient methods of diagnosis and treatment. • Performs diagnostic and simple operative procedures where appropriate. • Applies principles of best practice in outpatient hysteroscopy.
Manages advanced outpatient procedures	<ul style="list-style-type: none"> • Counsels on and performs outpatient procedures where appropriate.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Hysteroscopic biopsy / removal of foreign bodies ○ Hysteroscopic polypectomy ○ Second generation ablations • Reflective practice • NOTSS • Local and Deanery Teaching • Mini-CEX • Cbd 	<ul style="list-style-type: none"> • TO2 (including SO) • RCOG e-learning • Evidence of hysteroscopic simulation training • Attendance at RCOG/BSGE Diagnostic and Operative Hysteroscopy course • Attendance at BSGE conference or similar
Knowledge criteria	
<ul style="list-style-type: none"> • The theatre environment – theatre set-up, patient positioning and effective use of assistants • The outpatient operative environment – clinic set-up and infrastructure, awareness of national guidance for best practice in outpatient hysteroscopy • Instrumentation – knowledge of endoscopes, imaging systems and ancillary instruments (electrosurgical and mechanical) 	

- Principles of safe use of mechanical instrumentation, including:
 - Conventional hysteroscopic instruments (forceps, scissors)
 - Hysteroscopic tissue removal systems
- Principles of safe use of different energy sources, including:
 - Monopolar and bipolar electrosurgery
 - Second-generation endometrial ablation (e.g. impedance controlled electrosurgical, thermal balloons and microwave)
- Principles of safe use of distension media and awareness of national guidelines
- Potential strategies for the prevention of intrauterine adhesions

BGSH CiP 2: The doctor demonstrates the skills to develop and manage a hysteroscopy service.	
Key Skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> • Liaises with management teams and Clinical Commissioning Groups. • Has an understanding of financial considerations. • Participates in clinical governance experience. • Demonstrates involvement in quality improvement. • Is able to undertake data analysis and collection related to outcomes.
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> • Is aware of available sources of both written and web-based information. • Designs or adapts patient information for local use and understands local process. • Participates in writing protocols, clinical pathways, service development and evidence-based guidelines. • Establishes and/or enhances local clinical pathways.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Meeting attendance and membership of the British Society of Gynaecological Endoscopy • TO2 (including SO) • Mini-CEX • CbD 	<ul style="list-style-type: none"> • RCOG e-learning • Perform quality improvement project • Develops, enhances local clinical pathways • NOTTS
Knowledge criteria	
<ul style="list-style-type: none"> • NHS service requirements and local procedures for service development / improvement • Clinical governance issues in hysteroscopy • The different skills across different disciplines and job roles • National guidance on best practice in outpatient hysteroscopy, fluid management and heavy menstrual bleeding 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1
Hysteroscopic biopsy / removal of foreign bodies	5	X
Hysteroscopic polypectomy	5	X
First generation ablations	5	X
Resect submucous fibroids (FIGO type 0-1)	5	
Resect submucous fibroids (FIGO type 2)	5	X
Resect filmy intrauterine adhesions without cavity distortion / incomplete septum	4	X
Resect fibrous intrauterine adhesions / complete septum	1	X
Second generation ablations	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> ● Professional requirements ● National legislative structure ● The health service and healthcare system in the four countries <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>

SECTION 4: MAPPING OF ASSESSMENTS TO BGSB CiPs

BGSB CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates skills and attitudes to	X	X	X	X	X	X

BGSH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
manage the care of women requiring hysteroscopic surgery.						
2: The doctor demonstrates the skills to develop and manage a hysteroscopy service.		X	X	X	X	X

ATSM COLPOSCOPY (C)

SECTION 1: CAPABILITIES IN PRACTICE

C CiP 1: The doctor is competent to make an appropriate clinical assessment of a patient with a suspected or known female lower genital tract pre-malignant disease.	
Key Skills	Descriptors
Is able to take history, perform clinical examination and use appropriate investigations to establish diagnosis	<ul style="list-style-type: none"> Assesses symptoms and takes a focused personal and family history, including comorbidity, other pre-disposing factors and cervical screening history. Conducts an appropriate examination of the whole of the lower genital tract.

Communicates management effectively to patients and other health professionals	<ul style="list-style-type: none"> • Counsels appropriately about HPV vaccination, cytology cervical screening, primary HPV screening, test of cure for cervix. • Interprets screening results and communicates results to patients. • Recognises colposcopy requirements for pregnant, immune-compromised, postmenopausal patients. • Communicates the results of investigations and treatment, including outcomes and follow-up plans for both cervical squamous and glandular pre-invasive disease. • Counsels on examination techniques, management and treatment plans and potential referrals to specialised services for vulva/vagina/perineum/anal disease. • Communicates clinical plan to patients, relatives and primary care.
Initiates appropriate management plans	<ul style="list-style-type: none"> • Initiates appropriate multidisciplinary team discussion or specialist referral. • Communicates management plan to primary care.

Evidence to inform decision

<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • NOTSS • Local and Deanery Teaching • TO2 (includes SO) • OSATS <ul style="list-style-type: none"> ○ Diagnostic colposcopy ○ Treatment: cold coagulation or cryotherapy ○ Treatment: laser excision or ablation ○ Treatment: large loop excision of transformation zone ○ Treatment: knife cone biopsy 	<ul style="list-style-type: none"> • UK NHS guidance • RCOG e-learning • Communications courses • British Society for Colposcopy and Cervical Pathology/RCOG Accreditation • Attendance at recommended British Society of Vulval Disorder Courses
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Knowledge Criteria

<ul style="list-style-type: none"> • Epidemiology, aetiology, diagnosis, prevention, management prognosis including HPV screening and triage and HPV vaccination • Indications and limitations in relation to screening and investigative techniques • Cytology • The recognised national and international colposcopy classifications and terminologies • Methods and limitations for colposcopy • The colposcopy requirements for pregnant, immune-compromised, postmenopausal or transplant patients • Complications and anatomical considerations of pre-malignant conditions of the lower genital tract • Indications, techniques, complications and outcomes of treatment of benign and pre-malignant conditions of the lower genital tract • The psycho-sexual sequelae of disease and clinical management
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C CiP 2: The doctor demonstrates appropriate knowledge and administration of a colposcopy service.

Key Skills	Descriptors
Understands the role of the lead colposcopist	<ul style="list-style-type: none"> • Defines local guidelines in tandem with national guidance and structures. • Defines regular audit program. • Aware of minimum data set required for Quality Assurance • Ensures all colposcopists are accredited. • Organises compliant regular multidisciplinary team meetings.
Understands Quality Assurance structures and processes	<ul style="list-style-type: none"> • Is involved in writing Hospital Based Program Co-ordinator Report, understanding the principles of critical incident reporting. • Demonstrates understanding of the practical interaction between primary and secondary care within quality assurance.

Evidence to inform decision

<ul style="list-style-type: none"> • Mini-CEX • Reflective practice • NOTTS • Audits • TO2 (includes SO) • Attendance at relevant meetings • Participation at QA visits 	<ul style="list-style-type: none"> • RCOG e-learning • NHS Colposcopy lead and QA publications etc. • CbD
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Knowledge Criteria

<ul style="list-style-type: none"> • The structure of the NHS cervical screening program, including the roles and responsibilities of all involved • How colposcopy integrates with the screening program, including the roles and responsibilities of all involved • Quality Assurance structures and standards, implementation, documentation and process of QA inspection, as locally appropriate

C CiP 3: The doctor has appropriate knowledge, skills and attitudes required to teach within the colposcopy service.

Key Skills	Descriptors
Demonstrates understanding of the educational principles and processes of clinical and workplace supervision as applied to the Colposcopy Clinic environment	<ul style="list-style-type: none"> • Provides supervision to trainees in colposcopy and other clinical areas in accordance with local and national programme requirements.

Evidence to inform decision

<ul style="list-style-type: none"> • Mini-CEX • Cbd • Reflective practice • Trainers course • Local and Deanery Teaching • TO2 (including SO) 	<ul style="list-style-type: none"> • Certification from approved trainers course • Accreditation BSCCP trainer
Knowledge Criteria	
<ul style="list-style-type: none"> • Educational principles and processes of clinical and workplace supervision • Local and national programme requirements 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP
Colposcopy of the lower genital tract	5	1
Treatment: Cold Coagulation or cryotherapy	5	1
Treatment: Laser excision or ablation	5	1
Treatment: Large loop excision of transformation zone	5	1
Treatment: Knife cone Biopsy	5	1

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO C CiPS

C CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is competent to make an appropriate clinical assessment of a patient with a suspected or known female lower genital tract pre-malignant disease.	X	X	X	X	X	X
2: The doctor demonstrates appropriate knowledge and administration of a colposcopy service.		X	X	X	X	X
3: The doctor has appropriate knowledge, skills and attitudes		X	X	X	X	X

C CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
required to teach within the colposcopy service.						

ATSM MEDICAL EDUCATION (ME)

SECTION 1: CAPABILITIES IN PRACTICE

ME CiP 1: The doctor demonstrates the ability to provide teaching and training to healthcare professionals.	
Key Skills	Descriptors
Presents and runs a variety of teaching sessions	<ul style="list-style-type: none"> • Is able to run teaching sessions for groups of different sizes, use AV/IT and use different methods for small group teaching. • Achieves rapport with an audience, gives clear presentations, facilitates small group teaching and involves learners. • Adopts flexible approach to teaching clinical and generic skills on ward, in theatre and in clinic. • Is able to organise appropriate teaching programme.

Establishes effective learning environments	<ul style="list-style-type: none"> • Uses suitable and effective feedback mechanisms. • Recognises the importance of learner wellbeing and is able to refer to appropriate support network.
Organises and manages appraisal and assessment	<ul style="list-style-type: none"> • Demonstrates understanding of the difference between appraisal and assessment. • Organises and performs an educational supervision for a learner. • Is able to have a “difficult” conversation.
Assesses learners and is aware of limitations of assessment	<ul style="list-style-type: none"> • Compiles and marks appropriate assessments of knowledge, practical skills and attitude.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • Local and Deanery Teaching • TO2 (includes SO) • Observed teaching sessions including lectures, small groups, ward, clinic, theatre • Presentations at local postgraduate meetings • Postgraduate Certificates/Diplomas/Masters 	<ul style="list-style-type: none"> • RCOG e-learning • Mini-CEX of different assessments including giving feedback to trainee • QI project relating to quality control/management of education • Formulation of written teaching programme • Attendance at medical education course
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Knowledge criteria

<ul style="list-style-type: none"> • Understand how to use different teaching methods, their appropriateness, advantages and disadvantages • Understand how to train in different clinical settings • Understand importance and principles of feedback • Understand how to develop effective learning environments and learner support systems. • Understand principles of mentoring • Understand how to design and organise a teaching programme • Understand principles of appraisal and difference from assessment • Understand principles of assessment, different methods and their advantages and disadvantages • Understand principles of adult learning
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ME CiP 2: The doctor is able to reflect on practice in the development of educational skills.

Key Skills	Descriptors
Evaluates own teaching practice and teaching programmes	<ul style="list-style-type: none"> • Actively seeks feedback and uses it for personal development. • Evaluates teaching programmes.
Develops skills to be an educational leader in the future	<ul style="list-style-type: none"> • Develops skills to deliver training programmes. • Understands statutory controls (GMC). • Participates in relevant RCOG/deanery meetings.

Designs an appropriate educational research project	<ul style="list-style-type: none"> • Formulates appropriate research questions. • Links theories with medical education and understands their relevance to teaching in medicine. • Uses educational research skills.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Local and Deanery Teaching • TO2 (includes SO) • Observed teaching sessions including lectures, small groups, ward, clinic, theatre • Presentations at local postgraduate meetings • Postgraduate Certificates/Diplomas/Masters as evidence of learning 	<ul style="list-style-type: none"> • RCOG e-learning • Mini-CEX of different assessments including giving feedback to trainee • QI project relating to quality control/management of education • Formulation of written teaching programme • Attendance at medical education course
Knowledge criteria	
<ul style="list-style-type: none"> • Understand the principles and importance of reflective practice • Understand the principles and importance of evaluation • Basic understanding of educational research skills 	

ME CiP3: The doctor understands educational principles and the organisational structures supporting training.	
Key Skills	Descriptors
Promotes concept and theories of adult learning	<ul style="list-style-type: none"> • Assesses individual needs and plans appropriate training programme. • Is aware of and can describe different theories of adult learning.
Works within structure of postgraduate medical education and training	<ul style="list-style-type: none"> • Is aware of statutory requirements (e.g. Gold Guide, GMC standards). • Is aware of quality control, quality management and quality assurance processes for education at local, regional and national levels.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Local and Deanery Teaching • TO2 (includes SO) • Observed teaching sessions including lectures, small groups, ward, clinic, theatre • Presentations at local postgraduate meetings 	<ul style="list-style-type: none"> • RCOG e-learning • Mini-CEX of different assessments including giving feedback to trainee • QI project relating to quality control/management of education • Formulation of written teaching programme • Attendance at medical education course

<ul style="list-style-type: none"> • Postgraduate Certificates/Diplomas/Masters as evidence of learning 	
Knowledge criteria	
<ul style="list-style-type: none"> • Understand structure of Postgraduate Training • Understand Quality Control and Quality Assurance processes for PG Education and Training 	

SECTION 2: PROCEDURES

There are no procedures in this ATSM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty Domain 3: Professional knowledge <ul style="list-style-type: none"> • Professional requirements • National legislative structure • The health service and healthcare system in the four countries Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Domain 8: Capabilities in education and training Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO ME CiPs

ME CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the ability to provide teaching and training to healthcare professionals.		X			X	X

ME CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
2: The doctor is able to reflect on practice in the development of educational skills.		X			X	X
3: The doctor understands educational principles and the organisational structures supporting training.		X			X	X

ATSM MENOPAUSE (MP)

SECTION1: CAPABILITIES IN PRACTICE

MP CiP 1: The doctor is able to assess the woman presenting with menopausal symptoms.	
Key Skills	Descriptors
Takes a relevant medical and lifestyle history and performs appropriate examination	<ul style="list-style-type: none"> • Takes appropriate history and performs a relevant examination relating to menopause. • Formulates a differential diagnoses. • Provides relevant health and lifestyle advice. • Is able to address ethnic and trans-cultural issues. • Is able to prioritise the woman's needs.
Applies an understanding of the pathophysiology of the menopause to the woman presenting with menopausal symptoms	<ul style="list-style-type: none"> • Performs appropriate examination with the minimum of distress to the patient. • Demonstrates the principles of psychosexual evaluation. • Takes a sexual history including dyspareunia, vaginismus, psychosexual dynamics and libido. • Identifies and refers the women with psychosexual problems.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • Local and Deanery Teaching • RCOG e-learning • Log of cases and audit 	<ul style="list-style-type: none"> • Observation of consultations • Management of consultations • TO2 (including SO)
Knowledge criteria	

- The use of visual analogue scores and quality of life questionnaires
- The short- and medium-term sequelae of the menopause
 - Vasomotor symptoms, incidence and aetiology
 - Connective tissue effects including skin and hair
 - Urogenital atrophy (effect on female urethra, bladder, vagina and pelvic floor muscles)
 - Mood disorders
 - Cognitive symptoms
 - Sexual changes and sexual dysfunction
- The benefits of HRT to cognitive function and memory
- The role of support and education from affiliated psychosexual counsellors

MP CiP 2: The doctor understands the benefits and risks of HRT and alternative therapies.

Key Skills	Descriptors
Is able to evaluate the need for and prescribe the appropriate medical therapy and route of delivery	<ul style="list-style-type: none"> • Creates an individual benefit (e.g. osteoporosis and cardiovascular) / risk (e.g. breast, VTE, stroke endometrial) ratio for HRT based on personal and family risk profile and patient choice and understands how this is affected by route of delivery. • Counsels a woman with specific pre-existing medical conditions on the management of the menopause. • Demonstrates familiarity with the long-term effects of HRT on the bone. • Is able to advise on the long-term effects of HRT on the cardiovascular system, cognitive function and dementia, and to the breast. • Discusses changes in memory and cognitive function in menopausal women and the potential benefits of HRT.
Is aware of alternative treatments	<ul style="list-style-type: none"> • Counsels on the efficacy and safety of pharmaceutical alternatives for managing menopausal symptoms. • Counsels on the efficacy and safety of complementary therapies for managing menopausal symptoms.
Is able to undertake clinical assessment of osteoporosis risk and make appropriate recommendations	<ul style="list-style-type: none"> • Correctly identifies patients with risk factors for osteoporosis. • Discusses lifestyle and therapeutic interventions to women at risk of osteoporosis and those with established disease. • Applies knowledge of the role of calcium and vitamin D supplementations in menopausal women at risk of osteoporosis. • Recommends appropriate investigations, e.g. DEXA. • Interprets bone density assessment findings. • Conveys the findings to the patients to enhance understanding without unnecessary alarm. • Liaises with osteoporosis/radiologist specialist.

Is able to risk assess and advise women with personal and/or familial cardiovascular risk factors	<ul style="list-style-type: none"> • Discusses cardiovascular benefits and risks of HRT. • Discusses VTE and stroke risks with HRT and the effect of different routes of estradiol administration and type of progestogen. • Makes appropriate recommendations regarding therapeutic choices in patients with pre-existing cardiovascular disease. • Liaises with haematology specialist where appropriate.
Is able to undertake clinical assessment of breast cancer risk	<ul style="list-style-type: none"> • Identifies and refers women with breast problems/cancer risk. • Offers management options for menopause symptoms/low bone density in women with previous breast cancer and those at an increased risk due to a family history, including those who have undergone prophylactic risk-reducing surgery, and women using chemoprevention.

Evidence to inform decision

<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
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Knowledge criteria

<ul style="list-style-type: none"> • The place of estrogen, progestogen, and testosterone and their side effects • The routes of delivery for medication and circumstances when these are indicated • Types of HRT available and different combinations • Contraindications, risks and adverse effects of different preparations • The implications and management options, and the role of conventional and complementary therapies, for the woman with: <ul style="list-style-type: none"> • breast cancer • gynaecological malignancy, e.g. ovarian, endometrial and cervical • endometriosis • fibroids • neurological disease, e.g. migraine, epilepsy, Parkinson's disease, Alzheimer's disease, multiple sclerosis • gastrointestinal disease, e.g. Crohn's diseases, disorders of the gall bladder and liver, lactose intolerance • endocrine, e.g. diabetes and thyroid disease • autoimmune disease, e.g. rheumatoid arthritis, SLE • HIV • The importance of lifestyle and environment on risk • Bone physiology including genetics, peak bone mass, and contributing factors (environment, exercise, anorexia/bulimia) • Methodology for investigating and screening bone density, including DEXA and ultrasound densitometry • Bone markers and their relevance • Fracture risk assessment tools (e.g. FRAX, QFracture, Garvan) • The role and place of HRT and pharmaceutical alternatives, e.g. bisphosphonates SERMs

- The predisposing factors for cardiovascular risk, e.g. obesity, diabetes, blood pressure, thrombotic risk
- The effect of estrogen on lipid profile, vascular dynamics, coagulation factors, insulin sensitivity, weight distribution and cellular oxidation
- Epidemiological studies and distinction between primary and secondary prevention
- Understanding of basic lipid profile, homocysteine and cardiovascular risk markers, e.g. lipoprotein a, and genetic markers
- The concepts and application of cognitive assessment and examination
- Epidemiology of dementia and genetic predisposition
- Patho-aetiology of dementia, e.g. amyloid deposition, cholinergic transmission
- Effects of estrogen on the central nervous system, neural cells
- Oestrogen receptor sites and neurotransmitters
- Suppression of apolipoprotein E
- Effects on cerebral blood flow
- Different types of dementia
- Treatable causes, e.g. endocrine, toxic, traumatic and metabolic, cholinesterase inhibitors
- Non-modifiable and lifestyle risk factors for breast cancer
- The role of HRT in women with benign breast conditions and the different levels of risk in these groups.
- Principles of the NHS breast screening programme and the indications for imaging in symptomatic women
- The referral guidelines for women with breast symptoms and diagnostic triple assessment
- Principles of adjuvant endocrine therapy for breast cancer and chemoprevention in women at high risk of breast cancer in order to advise patients appropriately
- The risks of treatment and non-treatment.

MP CiP 3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI).

Key Skills	Descriptors
Is able to diagnose POI	<ul style="list-style-type: none"> • Applies an understanding of the physiological changes in FSH levels, inter-cyclical variations and the role of FSH in the diagnosis of POI. • Is able to diagnose POI and discusses differential diagnosis.
Is able to discuss the short-term and long-term sequelae of POI and its management	<ul style="list-style-type: none"> • Counsels on the impact of POI on bone, cardiovascular and cognitive health and is able to discuss the role of HRT / combined hormonal contraception (COC) in minimising the long-term health sequelae associated with POI. • Discusses the role of HRT for symptom management. • Is able to demonstrate understanding of contraceptive needs/options in women with POI.
Manages low bone density in women with POI	<ul style="list-style-type: none"> • Screens for bone density, e.g. DEXA and bone turnaround markers and understands their relevance.

	<ul style="list-style-type: none"> • Discusses lifestyle modifications, the role of weight-bearing exercise, calcium and Vitamin D supplementations.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CBD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> • The physiology, epidemiology and demography of the climacteric to include: <ul style="list-style-type: none"> ○ Endocrine changes ○ Aetiology of ovarian failure ○ Primary and secondary ovarian failure & surgical menopause • The role of AMH in assessing ovarian reserve and its potential role in the assessment of women with POI where the diagnosis is inconclusive • Genetics of the menopause and the role of genetic screening and auto-antibody screening in women with POI • The differences between HRT, COC as well as the difference between COC containing ethinyl estradiol and COC preparations containing estradiol • The fertility implications of POI and the options available to women with POI seeking a pregnancy including the role of egg donation • The role, pros and cons of fertility preservation and oocyte freezing in women at risk of POI • The role of HRT in treating low bone density • The limitations and reservation regarding the use of bisphosphonates in women with POI 	

MP CiP 4: The doctor assesses and manages abnormal bleeding in peri- and post-menopausal women and unscheduled bleeding in women on HRT.	
Key Skills	Descriptors
Is able to recognise and investigate abnormal endometrial bleeding	<ul style="list-style-type: none"> Assesses bleeding pattern and recognises abnormal bleeding. Interprets ultrasound and endometrial histology results. Chooses appropriate HRT regimen according to bleeding pattern and uterine status. Modifies HRT regimen if bleeding or progestogenic side effects. Discusses the risk of endometrial cancer with HRT.
Evidence to inform decision	
<ul style="list-style-type: none"> Mini-CEX CbD Reflective practice Local and Deanery Teaching 	<ul style="list-style-type: none"> TO2 (including SO) RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> The difference between sequential and continuous combined HRT regimens and the bleeding patterns expected with both The causes of abnormal bleeding in peri-menopausal and post-menopausal women and those of unscheduled bleeding in women on HRT, and the principles of assessment in such cases The management options for women with unscheduled bleeding on HRT including modifications of their progestogen intake including changing dose, duration of intake or the progestogen preparation used within the HRT regimen 	

MP CiP 5: The doctor is able to manage a menopause service.	
Key Skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> Liaises with management teams and Clinical Commissioning Groups. Has an understanding of financial considerations. Participates in clinical governance experience. Demonstrates involvement in quality improvement. Is able to undertake data analysis and collection related to outcomes.
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> Is aware of available sources of both written and web-based information. Designs or adapts patient information for local use and understands local process. Participates in writing protocols, clinical pathways, service

	development and evidence-based guidelines. • Establishes and/or enhances local clinical pathways.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • Local and Deanery Teaching 	<ul style="list-style-type: none"> • TO2 (including SO) • RCOG e-learning • Perform quality improvement project • NOTSS • Develops, enhances local clinical pathways
Knowledge criteria	
<ul style="list-style-type: none"> • Principles of setting up and maintaining a formulary • Organisational structure of CCGs / Trusts and funding issues • Ethical issues related to clinical decision making and legal responsibilities • Links with primary and secondary care • The leadership skills required in clinical organisation • The definition and conduct of audit e.g. benchmarking, audit cycle, closing the loop • The principles of research methodology, specifically: <ul style="list-style-type: none"> ○ types of projects e.g. observational/RCT/translational ○ role of R&D department ○ importance of GCP ○ obtaining ethics approval (COREC/MREC/LREC) ○ application for funding ○ role of MHRA / EMEA / FDA • The evidence base of best practice, including quantitative research, principles of statistics, healthy user bias and factors of statistical confabulation 	

SECTION 2: PROCEDURES

This ATSM has no procedures.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO MP CiPs

MP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess the woman presenting with menopausal symptoms.		X	X		X	X
2: The doctor understands the benefits and risks of HRT and alternative therapies.		X	X		X	X
3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI).		X	X		X	X
4: The doctor assesses and manages abnormal bleeding in peri- and post-menopausal women and unscheduled bleeding in women on HRT.		X	X		X	X
5: The doctor is able to manage a		X	X	X	X	X

MP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
menopause service.						

SECTION 5: RESOURCES (OPTIONAL)

1. Management of the menopause 6th Edition, September 2017. Publisher: British Menopause Society ISBN: 9780995739802
2. National Institute for Health and Care Excellence. Menopause: Diagnosis and Management, (NG23), <https://www.nice.org.uk/guidance/ng23>.
3. Hamoda H, Panay N, Arya R, Savvas M. The British Menopause Society & Women’s Health Concern 2016 recommendations on hormone replacement therapy in menopausal women. Post Reproductive Health 2016; 22(4): 165–183.
4. Baber RJ and Panay N. The IMS Writing Group. 2016 IMS Recommendations on women’s midlife health and menopause hormone therapy. Climacteric 2016; 19: 109–150.
5. Hamoda H; British Menopause Society and Women’s Health Concern. The British Menopause Society and Women’s Health Concern recommendations on the management of women with premature ovarian insufficiency. Post Reprod Health. 2017 Mar;23(1):22-35. doi: 10.1177/2053369117699358. Review. PubMed PMID: 28381102.
6. ESHRE. Guideline on the management of premature ovarian insufficiency, <https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Management-of-premature-ovarian-insufficiency>.
7. Avis NE, Carolina N and Crawford SL. Duration of menopausal vasomotor symptoms over the menopause transition. JAMA 2015; 175: 531–539.
8. MacLennan AH, Broadbent JL, Lester S, et al. Oral estrogen and combined estrogen/progestogen therapy versus placebo for hot flushes. Cochrane Database Syst Rev 2004; 4: CD002978.
9. Collins P, Webb CM, de Villiers TJ, et al. Cardiovascular risk assessment in women – an update. Climacteric 2016; 19: 329–336.
10. Hodis HN, Mack WJ, Henderson VW, et al. ELITE Research Group. Vascular effects of early versus late postmenopausal treatment with estradiol. N Engl J Med 2016; 374: 1221–1231.
11. Boardman HM, Hartley L, Eisinga A, et al. Hormone therapy for preventing cardiovascular disease in postmenopausal women. Cochrane Database Syst Rev 2015; 3: CD002229.
12. Fournier A, Berrino F and Clavel-Chapelon F. Unequal risks for breast cancer associated with different hormone replacement therapies: Results from the E3N cohort study. Breast Cancer Res Treat 2008; 107: 103–111.
13. Fournier A, Mesrine S, Dossus L, et al. Risk of breast cancer after stopping menopausal hormone therapy in the E3N cohort. Breast Cancer Res Treat 2014; 145: 535–543.

14. Renoux C, Dell’Aniello S and Suissa S. Hormonreplacement therapy and the risk of venous thromboembolism: a population-based study. *J Thromb Haemost* 2010; 8: 979–986.
15. Renoux C, Dell’aniello S, Garbe E, et al. Transdermal and oral hormone replacement therapy and the risk of stroke: a nested case-control study. *BMJ* 2010; 340: c2519.
16. Stute P, Neulen J and Wildt L, et al. The impact of micronized progesterone on the endometrium: a systematic review. *Climacteric* 2016; 7137: 1–13.
17. *Post Reproductive Health – The Journal of the British Menopause Society*, Eddie Morris and Heather Currie (eds), Sage Publications.

ATSM ONCOLOGY (O)

SECTION 1: CAPABILITIES IN PRACTICE

O CiP 1: The doctor is able to practice as a gynaecological oncology unit lead within a multidisciplinary team.	
Key Skills	Descriptors
Evaluates patients with gynaecological malignancies	<ul style="list-style-type: none"> • Distinguishes gynaecological cancers from other malignancies. • Undertakes required diagnostic procedures and interprets the results. • Undertakes clinical staging for cervical, vulval and endometrial cancers.
Counsels patients with suspected gynaecological malignancies	<ul style="list-style-type: none"> • Is able to counsel patients about clinical trials. • Recognises and manages the dynamics of consultations after ‘bad news’ is broken. • Offers patients time and support to make decisions. • Undertakes holistic treatment, advising on prognosis and follow up. • Manages patient follow up effectively and diagnoses disease

	recurrence.
Manages patient pathways and the cancer unit	<ul style="list-style-type: none"> • Manages rapid access pathways for suspected gynaecological cancers. • Makes use of appropriate external protocols and guidelines. • Is able to chair multidisciplinary team meetings and link in to cancer centre when required. • Collaborates with consultants and colleagues in other specialties and departments, when appropriate. • Engages in quality improvement activity.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • CbD • Mini-CEX • NOTSS • TO2 (includes SO) • Records / Certificates of attendance • Presentations 	<ul style="list-style-type: none"> • Cancer society webinars • Relevant courses • Audit / quality improvement projects • MDT Attendance • Attendance at relevant cancer society meetings • Attendance at cancer society theoretical course • Attendance at regional cancer management meetings • National/regional/local protocols • Advanced communication skills course • Genetic counselling training • Observes chemotherapy administration • Observes radiotherapy planning • Attendance at palliative care clinics, assessments and MDT meetings • RCOG eLearning • Paracentesis training
Knowledge criteria	
<ul style="list-style-type: none"> • The risk factors for developing vulval, cervical, endometrial and ovarian cancer <ul style="list-style-type: none"> ○ VIN, CIN, BRCA1/2 genes, HNPPC, HPV-16, HPV-18, obesity, diabetes, Tamoxifen ○ Relationship with other cancers, i.e. breast cancer, colon cancers ○ Family history and risk • The aetiology and differential diagnosis of vulval, cervical, endometrial and ovarian cancer • The diagnostic tests, investigations and staging procedures <ul style="list-style-type: none"> ○ Serum tumour markers: CA125, CEA, CA19.9, BHCG, inhibin, estrogen – in presentation and follow up ○ Imaging techniques and their use: CT/MRI scans, ultrasound and radiation effects ○ Histopathology: tumour types and relevance of tumour grade, lymph vascular space invasion ○ Cytology: basic utility of cytology in cervical smear and fluids ○ The role of investigations in follow-up and relapse • Rarer conditions including vaginal cancer, sarcoma, trophoblastic disease • Disease relapse patterns • Relevant clinical trials and peer-reviewed data • The role of prophylactic surgery 	

- Options for treatment and likely outcomes
 - The role of surgical and non-surgical interventions, complications, sequelae
 - Fertility preservation procedures available in cervical cancer: trachelectomy, pelvic lymphadenectomy, the role of cold knife biopsy, pregnancy complications and outcomes
 - Fertility preservation in endometrial cancer
 - Fertility preservation in ovarian cancer
 - Chemotherapy in ovarian cancer: platinum-based therapy, IV and IP treatments, second-line therapies, disease response rates
 - Chemo-radiotherapy in cervical cancer and vulval cancer
 - The role of radiotherapy in endometrial cancer: in primary and adjuvant settings
 - Palliative care: introduction of service, do not resuscitate criteria, methods of analgesia, radiotherapy/chemotherapy in palliation. Role of surgery, tumour excision, bowel diversionary procedure, paracentesis, pleuridesis
 - Rarer gynaecological cancers: vaginal cancer – risk, presentation, basic management; fallopian tube carcinomas – clinical presentation, basic management
 - Genetic risk/screening: principles of screening, BRCA1 and 2 genes, evaluation of risk from family history. HNPCC and risk of ovarian and endometrial cancer. Implications of genetic screening
- Chemotherapy, radiotherapy and hormonal treatment in gynaecological malignancy
- The palliative care options, including the role and timing of interventions
- The psychological and emotional implications for patient and family.
- The role of clinical psychology and psychosexual counselling
- Patient pathways and referral mechanisms
- Management issues in the provision of gynaecological cancer unit services:
 - staffing
 - facilities and equipment
 - referral patterns and triage
 - managing a rapid access clinic
 - patient pathways and time constraints
 - external support
 - training
 - clinical protocols
 - risk management
 - audit and research

In detail:

The clinical presentation, diagnostic tests and appropriate management of the following gynaecological cancers:

- Vulval cancer:
 - clinical presentation
 - disease staging (FIGO)
 - importance of disease size, site and histopathology o imaging requirements: role of CT, MRI, CXR
 - surgical and non-surgical therapies
 - disease relapse: patterns of relapse, investigations.

- Cervical cancer:
 - clinical presentation
 - disease staging (FIGO)
 - imaging requirements: role of CT, MRI, IVU, CXR
 - role of surgery
 - fertility-preserving surgery o chemo-radiotherapy
 - disease relapse: patterns of relapse, investigations

- Endometrial cancer:
 - clinical presentation
 - disease staging (FIGO)
 - role of ultrasound and risk of malignancy o role of CT, MRI, CXR
 - identification of low- and high-risk patients according to histopathology o triaging patients according to ultrasound
 - postmenopausal bleeding (PMB) clinics and their function o disease relapse: patterns of relapse, investigations

- Ovarian cancer:
 - Clinical presentation: role of ultrasound, CT, MRI, CXR of disease staging (FIGO)
 - Transvaginal scan: features of malignancy on scan
 - Serum blood tests: CA125, CEA, CA19.9, BHCG, AFP of risk of malignancy index
 - disease relapse: patterns of relapse, investigations

- Trophoblast disease:
 - clinical presentation: molar pregnancy, partial molar pregnancy, choriocarcinoma, risk factors o BHCG and follow-up, use of contraceptive, timing of pregnancy
 - specialty centres
 - disease relapse: patterns of relapse, investigations

O CiP 2: The doctor provides high quality perioperative surgical care within a cancer unit.

Key Skills	Descriptors
Managing the surgical pathway	<ul style="list-style-type: none"> • Ensures that the right operation is performed by the right team at the right time and in the right place. • Selects appropriate route of surgery. • Decides who to operate on and who not to operate on and counsels accordingly. • Recognises when to perform an emergency hysterectomy. • Is able to set up combined operating with other specialties where required. • Uses human factors analysis tools to improve personal and team performance.
Manages complications	<ul style="list-style-type: none"> • Is able to control major haemorrhage.

	<ul style="list-style-type: none"> • Recognises injury to relevant structures including bowel and bladder. • Undertakes repair of damage and involves other specialties when required. • Recognises and manages immediate, early and late postoperative complications with appropriate input from other specialties. • Presents personal mortality and morbidity statistics on a regular basis.
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Evidence to inform decision

<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Diagnostic staging laparoscopy for gynaecological cancer ○ Midline laparotomy TAH BSO for low risk endometrial cancers and masses determined as low risk of malignancy at MDT ○ TLH BSO for low risk endometrial cancers ○ Open and laparoscopic BSO/USO/ ovarian cystectomy including post hysterectomy cases ○ Adhesiolysis (including bowel) 	<ul style="list-style-type: none"> • CbD • Mini-CEX • Surgical log book • Reflective practice • NOTSS • TO2 (including SO) • Attendance documentation • Minutes of mortality and morbidity meetings • Attendance at relevant practical courses • Undertaken tailored clinical experience and practice/ preceptorship • Attendance at tutorials and lectures
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Knowledge criteria

<ul style="list-style-type: none"> • Relevant surgical anatomy • Relevant surgical equipment, including detail regarding how diathermy works • Complication risks of relevant surgeries (including anaesthesia) • The principles and management of major haemorrhage • Emergency hysterectomy procedures, complications and risks • How to assess suitability of woman for laparoscopic hysterectomy and perform it using a recognised technique, and the suitable alternatives • How to recognise initial and late complications such as haemorrhage or damage to adjacent viscera
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SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1	CIP 2
Diagnostic staging laparoscopy and biopsy for gynaecological cancer	5	X	X
Insert and manage ascitic drain	5	X	
Midline laparotomy TAH BSO for low risk endometrial cancers and masses	5		X
TLH BSO for low risk endometrial cancers	5		X
Open and laparoscopic BSO/ USO / ovarian cystectomy including post hysterectomy cases	5		X
Adhesiolysis (including bowel)	5		X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> ● Professional requirements ● National legislative structure ● The health service and healthcare system in the four countries <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>

SECTION 4: MAPPING OF ASSESSMENTS TO O CiPs

O CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to practice as a gynaecological oncology unit lead within a		X	X	X	X	X

O CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
multidisciplinary team.						
2: The doctor provides high quality perioperative surgical care within a cancer unit.	X	X	X	X	X	X

ATSM PAEDIATRIC AND ADOLESCENT GYNAECOLOGY (PAG)

SECTION 1: CAPABILITIES IN PRACTICE

PAG CiP 1: The doctor is able to assess those presenting during pre-puberty and adolescence.	
Key Skills	Descriptors
Takes an age appropriate history and clinical examination including genital assessment in a pre-pubertal girl	<ul style="list-style-type: none"> • Ensures the appropriate involvement of carers or family members. • Assesses pubertal status including Tanner stage. • Appropriately manages the consultation when the child has learning difficulties and or complex needs. • Discusses possibility of sexual abuse in sensitive manner with parents.
Takes an age appropriate history and clinical examination including genital assessment in an adolescent girl	<ul style="list-style-type: none"> • Ensures the appropriate involvement of carers or family members. • Appropriately manages the consultation with an adolescent who has learning difficulties and or complex needs. • Establishes rapport with adolescent and parents.
Recognises the indicators of child sexual abuse and where safeguarding may be required	<ul style="list-style-type: none"> • Identifies child at risk of child sexual abuse and refers appropriately, having first attained Child Protection level 1 and 2 and Safeguarding to level 3.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> • Normal and abnormal puberty including precocious puberty • The implications of precocious puberty and when referral is appropriate • Pre-pubertal conditions <ul style="list-style-type: none"> ○ Vulvovaginitis ○ Vaginal bleeding ○ Labial adhesions ○ Lichen sclerosus • Primary Amenorrhoea • Menstrual disorders in adolescence <ul style="list-style-type: none"> ○ Menorrhagia ○ Dysmenorrhoea ○ Oligomenorrhoea and Secondary amenorrhoea 	

- Menstruation in adolescents with learning difficulties
- Polycystic ovary syndrome and its evolution in adolescence
 - Presentation
 - Investigation
 - Treatment
 - Diet and Lifestyle issues
- Adolescent sexual health and contraception
- Gynaecological and sexual health in adolescents with other chronic illness e.g.diabetes, learning difficulties/complex needs and other problems such as social deprivation
- The advice, legal and consent issues around unplanned teenage pregnancy
- Adolescent athletes and the athletic triad
- The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues
- The investigation and appropriate referral of a pelvic mass
- Congenital gynaecological anomalies, including Disorders of Sex Development (Intersex)
- The psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues
- Chronic pelvic pain
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Practical and legal issues arising from female genital mutilation in children and young women
- Child protection issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

PAG CiP 2: The doctor appropriately manages vaginal bleeding during pre-puberty and adolescence.

Key Skills	Descriptors
Manages the care of girls with vaginal discharge	<ul style="list-style-type: none"> • Distinguishes normal and abnormal discharge. • Investigates and manages appropriately vaginal discharge. • Demonstrates skills justifying the need for examination under anaesthetic including vaginoscopy and retrieval of foreign body. • Explains findings and agrees a suitable management plan based upon informed decision making.
Manages the care of girls with vaginal bleeding and menstrual disorders	<ul style="list-style-type: none"> • Distinguishes normal and abnormal bleeding. • Investigates and manages vaginal bleeding appropriately. • Explains findings and agrees a suitable management plan based upon informed decision making.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS: 	<ul style="list-style-type: none"> • NOTSS • TO2 (including SO)

<ul style="list-style-type: none"> ○ Examination under anaesthetic and vaginoscopy ● Mini-CEX ● CbD ● Reflective practice 	<ul style="list-style-type: none"> ● Local and Deanery Teaching ● RCOG e-learning
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Knowledge criteria

- Normal and abnormal puberty including precocious puberty
- The implications of precocious puberty and when referral is appropriate
- Pre-pubertal conditions
 - Vulvovaginitis
 - Vaginal bleeding
 - Labial adhesions
 - Lichen sclerosus
- Primary Amenorrhoea
- Menstrual disorders in adolescence
 - Menorrhagia
 - Dysmenorrhoea
 - Oligomenorrhoea and Secondary amenorrhoea
- Menstruation in adolescents with learning difficulties
- Polycystic ovary syndrome and its evolution in adolescence
 - Presentation
 - Investigation
 - Treatment
 - Diet and Lifestyle issues
- Adolescent sexual health and contraception
- Gynaecological and sexual health in adolescents with other chronic illness e.g.diabetes, learning difficulties/complex needs and other problems such as social deprivation
- The advice, legal and consent issues around unplanned teenage pregnancy
- Adolescent athletes and the athletic triad
- The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues
- The investigation and appropriate referral of a pelvic mass
- Congenital gynaecological anomalies, including Disorders of Sex Development (Intersex)
- The psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues
- Chronic pelvic pain
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Practical and legal issues arising from female genital mutilation in children and young women
- Child protection issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

PAG CiP 3: The doctor recognises and manages endocrine and congenital anomalies that impact upon puberty.

Key Skills	Descriptors
Manages the care of girls with endocrine anomalies that impact upon sexual development and menstruation	<ul style="list-style-type: none"> • Recognises, investigates and manages all causes of primary amenorrhoea. • Recognises, investigates, manages and counsels an adolescent presenting with virilisation at puberty. • Achieves a diagnosis, explaining the management and impact of polycystic ovary syndrome, premature ovarian failure and less common endocrine disorders of sexual development such as androgen insensitivity syndrome. • Recognises possibility of eating disorder and discusses with patients and parents including the effect of exercise athletic triad/eating disorder.
Manages the care of girls with congenital structural anomalies that may impact upon sexual development	<ul style="list-style-type: none"> • Discusses issues relating to sexual functioning and potential fertility options with an adolescent with a known disorder of sexual development, including appropriate referral. • Performs examination of the shortened vagina and assesses and provides advice on vaginal dilation therapy.
Recognises the Disorders of Sexual Development (intersex)	<ul style="list-style-type: none"> • Develops an understanding of the psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues. • Understands need for honesty and disclosure about the range of issues the condition raises for the patient and their family and is sensitive to the challenges these conditions pose for all involved. • Prescribes hormones. • Is sensitive to possibility of abuse.
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> • The features and implications of Turners syndrome, obstructive, septal or duplex mullerian anomalies and mullerian agenesis (Rokitansky syndrome) • The difficulties complex conditions have on reproductive issues, e.g. effect of a stoma on sexual confidence as well as health implications for pregnancy • Normal and abnormal puberty including precocious puberty • The implications of precocious puberty and when referral is appropriate 	

- Pre-pubertal conditions
 - Vulvovaginitis
 - Vaginal bleeding
 - Labial adhesions
 - Lichen sclerosus
- Primary Amenorrhoea
- Menstrual disorders in adolescence
 - Menorrhagia
 - Dysmenorrhoea
 - Oligomenorrhoea and Secondary amenorrhoea
- Menstruation in adolescents with learning difficulties
- Polycystic ovary syndrome and its evolution in adolescence
 - Presentation
 - Investigation
 - Treatment
 - Diet and Lifestyle issues
- Adolescent sexual health and contraception
- Gynaecological and sexual health in adolescents with other chronic illness e.g.diabetes, learning difficulties/complex needs and other problems such as social deprivation
- The advice, legal and consent issues around unplanned teenage pregnancy
- Adolescent athletes and the athletic triad
- The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues
- The investigation and appropriate referral of a pelvic mass
- Congenital gynaecological anomalies, including Disorders of Sex Development (Intersex)
- The psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues
- Chronic pelvic pain
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Practical and legal issues arising from female genital mutilation in children and young women
- Child protection issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

PAG CiP 4: The doctor is able to assess and undertake the care of pre-pubesant and adolescent pelvic masses.

Key Skills

Descriptors

Recognises abdominopelvic pathology

- Evaluates and manages the lower abdominal and pelvic mass presenting in pre-puberty or adolescence.

Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> • Normal and abnormal puberty including precocious puberty • The implications of precocious puberty and when referral is appropriate • Pre-pubertal conditions <ul style="list-style-type: none"> ○ Vulvovaginitis ○ Vaginal bleeding ○ Labial adhesions ○ Lichen sclerosus • Primary Amenorrhoea • Menstrual disorders in adolescence <ul style="list-style-type: none"> ○ Menorrhagia ○ Dysmenorrhoea ○ Oligomenorrhoea and Secondary amenorrhoea • Menstruation in adolescents with learning difficulties • Polycystic ovary syndrome and its evolution in adolescence <ul style="list-style-type: none"> ○ Presentation ○ Investigation ○ Treatment ○ Diet and Lifestyle issues • Adolescent sexual health and contraception • Gynaecological and sexual health in adolescents with other chronic illness, e.g.diabetes, learning difficulties/complex needs and other problems such as social deprivation • The advice, legal and consent issues around unplanned teenage pregnancy • Adolescent athletes and the athletic triad • The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues • The investigation and appropriate referral of a pelvic mass • Congenital gynaecological anomalies, including Disorders of Sex Development (Intersex) • The psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues • Chronic pelvic pain • Gynaecological problems in those with other related congenital anomalies e.g. urological • Practical and legal issues arising from female genital mutilation in children and young women • Child protection issues and child sexual abuse • The principles of competence, capacity, confidentiality and consent 	

PAG CiP 5: The doctor provides safer sex, pregnancy and contraceptive advice tailored to adolescent sexual health.

Key Skills	Descriptors
Provides appropriate contraceptive advice	<ul style="list-style-type: none"> • Takes sexual and contraceptive history from adolescent including those with complex chronic condition, long-term illness and current health problems. • Discusses contraceptive choices, infection risks and sequelae and safe sex.
Investigates and manages genitourinary tract infections	<ul style="list-style-type: none"> • Examines and investigates appropriately including screening and treatment for genital infections. • Manages persistent urinary symptoms.
Manages the disclosure of a planned or unplanned pregnancy	<ul style="list-style-type: none"> • Discusses all options for the pregnancy and makes appropriate referral or arrangements. • Respects confidentiality.

Evidence to inform decision

- | | |
|--|---|
| <ul style="list-style-type: none"> • Mini-CEX • Cbd • Reflective practice | <ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning |
|--|---|

Knowledge criteria

- Normal and abnormal puberty including precocious puberty
- The implications of precocious puberty and when referral is appropriate
- Pre-pubertal conditions
 - Vulvovaginitis
 - Vaginal bleeding
 - Labial adhesions
 - Lichen sclerosus
- Primary Amenorrhoea
- Menstrual disorders in adolescence
 - Menorrhagia
 - Dysmenorrhoea
 - Oligomenorrhoea and Secondary amenorrhoea
- Menstruation in adolescents with learning difficulties
- Polycystic ovary syndrome and its evolution in adolescence
 - Presentation
 - Investigation
 - Treatment
 - Diet and Lifestyle issues

- Adolescent sexual health and contraception
- Gynaecological and sexual health in adolescents with other chronic illness e.g.diabetes, learning difficulties/complex needs and other problems such as social deprivation
- The advice, legal and consent issues around unplanned teenage pregnancy
- Adolescent athletes and the athletic triad
- Childhood cancer survivors; premature ovarian insufficiency and fertility issues
- The investigation and appropriate referral of a pelvic mass
- Congenital gynaecological anomalies, including Disorders of Sex Development (Intersex)
- The psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues
- Chronic pelvic pain
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Practical and legal issues arising from female genital mutilation in children and young women
- Child protection and safeguarding issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

SECTION 2: PROCEDURES

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 2</i>
Examination under anaesthetic and vaginoscopy	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to General Professional Capabilities (GPC)

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

SCETION 4: MAPPING OF ASSESSMENT TO PAG CiPs

PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess those presenting during pre-puberty and adolescence.		X	X		X	X
2: The doctor appropriately manages vaginal bleeding during pre-puberty and adolescence.	X	X	X	X	X	X
3: The doctor recognises and manages endocrine and congenital anomalies that impact upon puberty.		X	X		X	X

PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
4: The doctor is able to assess and undertake the care of pre-pubesant and adolescent pelvic masses.		X	X		X	X
5: The doctor provides safer sex, pregnancy and contraceptive advice tailored to adolescent sexual health.		X	X		X	X

ATSM SEXUAL HEALTH (SH)

SECTION 1: CAPABILITIES IN PRACTICE

SH CiP 1: The doctor recognises, diagnoses and correctly manages genital tract infections in men and women, including pregnant women and infants and children.	
Key Skills	Descriptors
Manages suspected genital tract infection	<ul style="list-style-type: none"> • Recognises the spectrum of clinical presentations of genital tract infections and their differential diagnoses. • Takes an appropriate sexual history including STI risk assessment. • Performs clinical examination, takes appropriate specimens and arranges appropriate investigations. • Interprets test results and knows how to explain the diagnosis and management clearly to the patient. • Prescribes drugs according to local care pathways and clinical guidance and completes all necessary documentation. • Is able to discuss and arrange ongoing care through local networks and pathways, working effectively with colleagues in other departments and specialties. • Demonstrates appropriate level of clinical decision making in daily clinical practice.
Manages recurrent or persistent genital tract infections and conditions	<ul style="list-style-type: none"> • Takes an appropriate history including STI risk assessment. • Performs appropriate clinical examination and investigations.

	<ul style="list-style-type: none"> • Interprets the results and explains the diagnosis and management clearly to the patient. • Is able to prescribe and explain the common management options including the indications for suppressive therapy. • Arranges partner notification where appropriate and refers to other specialties where indicated.
Manages genital infections in pregnant women	<ul style="list-style-type: none"> • Takes an appropriate history including STI risk assessment • Performs appropriate clinical examination and investigations. • Interprets the results and explains the diagnosis and management and implications for the pregnancy clearly to the patient. • Arranges partner notification where appropriate and refers to other specialties where indicated. • Is able to discuss and arrange ongoing care through local networks and pathways, working effectively with colleagues in other departments and specialties. • Demonstrates appropriate level of clinical decision making in daily clinical practice.

Evidence to inform decision

<ul style="list-style-type: none"> • STIF Course • e-DFSRH • e-HIV-STI levels 1 and 2 • BASHH/STI/HIV Course Modules 1-4 • BASHH Guidance documents • FSRH Guidance documents • RCOG eLearning • Audit projects • Certificates of course attendances • TO2 (includes SO) 	<ul style="list-style-type: none"> • Reflective practice • CbD • Mini-CEX
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Knowledge criteria

<ul style="list-style-type: none"> • The epidemiology, aetiology and natural history of sexually transmitted infections, including: <ul style="list-style-type: none"> ○ Genital infection by <i>N. gonorrhoeae</i>, <i>C. trachomatis</i>, human papilloma virus, <i>T. vaginalis</i>, <i>C. albicans</i> and other yeasts, and bacterial vaginosis. ○ Syphilis ○ Ano-genital herpes simplex virus infections, ○ Hepatitis A, B & C ○ Molluscum contagiosum ○ Scabies, pediculosis pubis • The infective causes and differential diagnosis of: <ul style="list-style-type: none"> ○ discharge (Vaginal / urethral) ○ dysuria ○ ulceration / pain ○ warts / lumps ○ itch / soreness
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- Principles of diagnosis of genital tract infection, including:
 - The different methods of identification of bacteria, fungi and viruses that cause it
 - The uses and limitations of currently available tests, including near patient testing, antenatal screening and population screening
 - The storage requirements for specimens and the logistics of sample transport to the laboratory
- How to diagnose and manage:
 - infective causes of vulvovaginitis and balanitis
 - vaginal discharge
 - urethritis (including chlamydia negative nongonococcal Urethritis in men)
 - rectal and pharyngeal infections as appropriate
 - pelvic inflammatory disease (PID)
 - epididymo-orchitis.
 - Genital HSV infection
- How to diagnose and arrange onward referral for:
 - non-infective causes of genital ulcers
 - Viral hepatitis
 - Cases of syphilis to specialist STI services.
 - chronic urethritis, epididymitis, prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome) and disseminated gonococcal disease.
 - Suspected / diagnosed genital dermatological conditions, such as Lichen planus, lichen sclerosus
- The common management options for recurrent or persistent conditions, including:
 - Recurrent vulvo-vaginal candidiasis
 - Recurrent bacterial vaginosis
 - Recurrent HSV including indications for suppressive therapy
 - Contact irritant dermatitis and lichen simplex
 - Psychosexual complications of STI or genital infections
- How to diagnose and arrange onward referral for:
 - Chronic urethritis
 - Epididymitis
 - Prostatitis
- Genital infections in pregnant women and children, including:
 - Diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy
 - The multi-disciplinary management of children with genital infections
 - Awareness of child protection issues and risk assessment for possible child abuse
 - National and local guidelines regarding referral in such instances for child sexual abuse and/or exploitation
- HIV infection, including:
 - Laboratory tests used to diagnose HIV infection
 - Risk factors for HIV infection
 - Relevant issues for someone undergoing HIV testing
 - Relevant issues for a pregnant woman undergoing HIV testing

- Medico-legal and ethical issues relevant to HIV/AIDS including partner notification
ABI guidelines on insurance medical reports and confidentiality
- Local referral care pathways and clinical guidance

SH CiP 2: The doctor is able to apply prevention and vaccination strategies.

Key Skills	Descriptors
Is able to describe current national strategies on sexual health, health promotion and interventions, statutory notification, partner notification and indications for screening for infection	<ul style="list-style-type: none"> ● Discusses with patients the risk factors for sexual- and blood-borne virus infections. ● Advises vaccination where appropriate. ● Is able to explain vaccination regimes including potential side effects. ● Makes effective use of appropriate external protocols and guidelines.
Evidence to inform decision	
<ul style="list-style-type: none"> ● STIF Course ● e-HIV-STI levels 1 and 2 ● BASHH/STI/HIV Course Modules 1-4 ● Audit projects ● Certificates of course attendances 	<ul style="list-style-type: none"> ● Reflective practice ● CbD ● Mini-CEX ● TO2 (includes SO)
Knowledge criteria	
<ul style="list-style-type: none"> ● Current national prevention and vaccination strategies for sexual health ● Health promotion and interventions: safer sex, risk reduction, behavioural change ● Statutory notification ● Partner notification ● For hepatitis A and B: indications for screening for infection, immunisation, dosing schedules and follow-up 	

SH CiP 3: The doctor assesses and manages the care of people who have been sexually assaulted.

Key Skills	Descriptors
Explains the options available to patients who are alleged victims of sexual assault	<ul style="list-style-type: none"> ● Explains the role of different professionals in managing a case of sexual assault. ● Explains the importance of offering the opportunity of forensic examination by a trained healthcare professional. ● Works within locally agreed referral pathways.

	<ul style="list-style-type: none"> • Makes effective use of appropriate external protocols and guidelines and makes appropriate tertiary referrals.
Investigates the patient following sexual assault	<ul style="list-style-type: none"> • Assesses and manages the patient's physical and emotional state. • Assesses the need for emergency contraception, STI testing, post exposure prophylaxis and vaccination and provides/ refers if indicated. • Performs a risk assessment for adult safeguarding including intimate partner and gender-based violence and sexual exploitation. • Refers or signpost for counselling and ongoing support.
Evidence to inform decision	
<ul style="list-style-type: none"> • Audit projects • Certificates of course attendances • TO2 (includes SO) 	<ul style="list-style-type: none"> • Reflective practice • CbD • Mini-CEX
Knowledge criteria	
<ul style="list-style-type: none"> • The management options available to patients who are alleged victims of sexual assault • The role of different professionals in managing a case of sexual assault • Locally agreed referral pathways • The importance of offering the opportunity of forensic examination by a trained healthcare professional. • The treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis, hepatitis B immunisation and post-coital contraception 	

SH CiP 4: The doctor is able to provide intermediate level contraception in a hospital setting.	
Key Skills	Descriptors
Counsels and provides all reversible methods of contraception	<ul style="list-style-type: none"> • Provides all reversible methods of contraception including the insertion and removal of subdermal implants. • Integrates appropriate contraceptive care in the acute setting. • Manages and provides contraception in the perimenopause to users and non-users of HRT. • Diagnoses the menopause in women using hormonal contraception. • Manages abnormal perimenopausal bleeding in women using hormonal contraception.
Evidence to inform decision	
<ul style="list-style-type: none"> • e-DFSRH • LoC SDI-IR • Audit projects • Certificates of course attendances 	<ul style="list-style-type: none"> • Reflective practice • CbD • Mini-CEX • TO2 (includes SO)
Knowledge criteria	

- All reversible methods of contraception
- Contraception in the perimenopause
- Sexual health advice and management for young people
- National and local guidelines for referral of complex cases

SECTION 2: PROCEDURES

Procedures	Level by end of training*	CiP 4
Insertion of subdermal implants	5	X
Insertion of IUS/D in conscious patients	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative structure • The health service and healthcare system in the four countries <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>

SECTION 4: MAPPING OF ASSESSMENTS TO SH CiPs

SH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises, diagnoses and correctly manages genital tract infections in men and women, including pregnant women		X	X		X	X

SH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
and infants and children.						
2: The doctor is able to apply prevention and vaccination strategies		X	X		X	X
3: The doctor assesses and manages the care of people who have been sexually assaulted.		X	X		X	X
4: The doctor is able to provide intermediate level contraception in a hospital setting.		X	X		X	X

ATSM SUBFERTILITY AND REPRODUCTIVE HEALTH (SRH)

SECTION 1: CAPABILITIES IN PRACTICE

SRH CiP 1: The doctor recognises, assesses and manages subfertility with reference to female factor infertility.	
Key Skills	Descriptors
Assesses and investigates women with ovulatory dysfunction	<ul style="list-style-type: none"> • Takes a detailed history, recording menarche, cycle regularity, hirsutism, acne, alopecia, BMI, galactorrhoea, secondary sex characteristics, previous chemotherapy/pelvic radiotherapy. • Performs appropriate physical examination including visual fields, and with particular emphasis to secondary sex characteristics. • Arranges appropriate endocrine investigations, including a baseline hormone profile of FSH, LH, Oestradiol, PRL, TFTs, androgens (testosterone, SHBG, FAI, DHEAS, androstenedione) and 17αhydroxyprogesterone and is able to interpret results appropriately. • Is able to carry out ultrasound scans of the pelvis. • Appropriately organises and reviews the results of CT/MRI scan. • Screens for associated conditions, e.g. autoimmune factors, genetic causes, diabetes mellitus, late onset congenital adrenal hyperplasia. • Arranges follow-up investigations. • Discusses the possible cause and its impact on fertility with the patient.
Assesses and investigates women with uterine and tubal factor infertility	<ul style="list-style-type: none"> • Takes a detailed history and performs appropriate physical examination. • Undertakes screening for chlamydia and gonorrhoea. • Discusses diagnostic techniques available for assessing tubal disease and uterine disease, any associated risks and complications. • Arranges and carries out appropriate procedures such as trans-abdominal and trans-vaginal ultrasound scans, HSG, HyCoSy and saline-infusion sonohysterography. • Knows when to request an CT/MRI scans of abdomen and pelvis and is able to interpret the results. • Communicates results effectively. • Records results appropriately, including the need for referral and/or additional imaging • Demonstrates understanding of possible feelings of guilt in patients with previous infection.

<p>Decides which diagnostic technique to use and communicates effectively with the patient</p>	<ul style="list-style-type: none"> • Discusses diagnostic techniques available for assessing tubal disease and uterine disease, any associated risks and complications. • Arranges and carries out appropriate procedures. • Knows when to request an MRI and is able to interpret the result. • Communicates results effectively. • Records results appropriately, including the need for referral and/or additional imaging.
<p>Communicates and constructs an appropriate management plan for ovulatory dysfunction</p>	<ul style="list-style-type: none"> • Formulates an appropriate individualised management plan taking into account patient preferences. • Discusses potential consequences of expectant management. • Clearly explains treatment regimes of ovulation induction, success rates (pregnancy rate and live birth rate), potential side effects of drugs and complications of procedures, including the risk of multiple pregnancy and ovarian hyperstimulation syndrome (OHSS) and the link with ovarian cancer. • Provides appropriate treatment monitoring to assess effectiveness and minimise the risk of multiple pregnancy. • Provides appropriate advice for the management of a condition such as the risk of developing gestational diabetes in patients with polycystic ovary syndrome or the effects of medications in pregnancy.
<p>Prescribes safely</p>	<ul style="list-style-type: none"> • Prescribes ovulation induction agents, progestogens for withdrawal bleed appropriately. • Provides appropriate treatment monitoring to assess effectiveness and minimise the risk of multiple pregnancy.
<p>Manages women with tubal or uterine factor infertility</p>	<ul style="list-style-type: none"> • Formulates an appropriate individualised management plan taking into account patient preferences. • Discusses the impact of hydrosalpinx on natural fertility and assisted conception, including the role of salpingectomy. • Discusses with the patient the place of reversal of sterilisation. • Performs effective and safe surgery where appropriate. • Is able to decide when and on whom to operate for diagnosis or surgical management. • Keeps accurate notes of operative procedures. • Recognises the limitations of their operative laparoscopic, open and hysteroscopic surgery skills and, when appropriate, refers on to colleagues who have advanced laparoscopic skills. • Discusses the impact of proximal tubal disease on natural fertility and the role of selective salpingography
<p>Demonstrates understanding of association of other medical conditions with ovulatory dysfunction and</p>	<ul style="list-style-type: none"> • Liaises with appropriate specialists for further management of associated medical conditions, such as diabetes with polycystic ovary syndrome, pituitary tumours with hypogonadotrophic hypogonadism.

<p>multidisciplinary team approach</p>	<ul style="list-style-type: none"> • Advises the patient on lifestyle factors, being sympathetic to the difficulties overcoming lifestyle issues such as obesity. • Is able to discuss long term effects and management of conditions such as PCOS and premature ovarian failure and arranges appropriate referral for a multidisciplinary approach to their management.
<p>Professional skills and attitudes</p>	<ul style="list-style-type: none"> • Sympathises to the psychological impact of infertility. • Directs patient to information sites and patient support groups. • Explains the need for diagnostic tests. • Discusses therapeutic options. • Breaks bad news. • Explains the risks and benefits of treatment.

Evidence to inform decision

<ul style="list-style-type: none"> • CbD • Mini-CEX: • Local and Deanery Teaching • RCOG e-learning • NOTSS • Reflective practice • TO2 (including SO) 	<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Ultrasound assessments of <ul style="list-style-type: none"> ▪ the normal pelvis including antral follicle count ▪ ovarian lesions ▪ uterine fibroids ▪ endometrial abnormality ▪ Monitoring ovarian stimulation ▪ Adnexal pathology ○ Operative laparoscopy for salpingectomy ○ Operative laparoscopy for adhesiolysis ○ Operative hysteroscopy for polypectomy ○ Operative hysteroscopy for adhesiolysis or septal resection ○ Operative hysteroscopy for resection of submucous fibroids ○ Operative laparoscopy for salpingostomy ○ Operative laparoscopy for ovarian diathermy ○ Operative laparoscopy for ovarian cystectomy and oophorectomy ○ Open myomectomy ○ HyCoSy ○ HSG ○ Saline infusion sono-hysterography ○ Hysteroscopic proximal tubal catheterisation • Observe follicle tracking monitoring scans • Confirmed attendance at specialist clinics such as menopause, endocrinology, reproductive endocrinology, ART and weight loss clinics; • Attendance at RCOG/BFS ATSM course, advanced hysteroscopy course
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Knowledge criteria

- Physiology of ovulation and pathophysiology
- Scoring system for hirsutism
- Normal ultrasound appearance of uterus, ovaries and adnexa
- Standardised terms and definitions to describe sonographic features of normal pelvis and pelvic pathology
- Treatment strategies, including:
 - anti-estrogens
 - anti-androgens
 - gonadotrophins
 - laparoscopic ovarian diathermy
 - dopamine agonists
 - steroids
 - insulin sensitisers
 - glitazones
 - in vitro fertilisation
- Anatomical classification of ovulation disorders
- The association of other medical conditions with anovulation, such as diabetes with polycystic ovaries, pituitary tumours with hypogonadotrophic hypogonadism
- The influence of lifestyle, including diet and weight, on anovulation
- The impact of psychiatric and psychological issues on anovulation
- The usefulness of initial screening investigations such as FSH, LH, antimüllerian hormone, prolactin, androgens (testosterone, SHBG, FAI), thyroid function tests, pelvic ultrasound (ovarian volume, antral follicle count); also follow-up investigations such as MRI, karyotype
- The range of treatments for anovulation, including risks of multiple pregnancy and ovarian hyperstimulation syndrome (OHSS)
- The risks and sequelae of hypo-estrogenism, the risk and benefits of anti-estrogens, steroids, gonadotrophin analogues, dopamine inhibitors, laparoscopic ovarian diathermy
- Aetiology of tubal factor infertility: infection, surgery, endometriosis, congenital abnormalities
- Classification of tubal disease relevant to natural and therapeutic prognosis
- Aetiology of uterine factor infertility: infection, surgery, tumours, congenital abnormalities, intrauterine adhesions, fibroids, polyps
- Diagnostic techniques available for assessing uterine and tubal disease, any associated risks and complications
- Classification of uterine disease
- Treatment options for uterine fibroids
- Indications, pre-requisites and possible complications of HyCoSy, sonohysterography and HSG
- Hysteroscopic techniques, risks and the principles of safe use of energy sources
- Pathological features of acute and chronic inflammation associated with infertility
- Screening of high-risk groups
- Excision or occlusion of hydrosalpinges prior to IVF
- The various surgical options and alternatives for tubal and uterine factors infertility
- Prognostic factors relevant in decisions for surgery

- The place of adhesiolysis in the treatment of intrauterine adhesions
- Knowledge of reversal of sterilisation: patients at risk, pregnancy rates and the place of reversal of sterilisation
- The place of assisted conception in uterine and tubal factor infertility
- A good understanding of managing intra- and postoperative complications of salpingostomy, surgery for proximal tubal blockage, adhesiolysis and metroplasty
- The success rates, limitations and risks of salpingostomy, proximal tubal blockage, adhesiolysis and metroplasty
- When a hysteroscopic myomectomy is appropriate
- Psychological factors in female infertility (e.g amenorrhoea) and male infertility (e.g. erectile dysfunction)
- Stress associated with assisted conception treatment
- Effects of infertility upon the family
- The place of counselling in the management of the infertile couple
- Local facilities for counselling, selfhelp groups and community networks
- Local facilities for adoption.

SRH CiP 2: The doctor recognises, assesses and manages subfertility with reference to endometriosis.

Key Skills	Descriptors
Assesses women with symptoms suggestive of endometriosis and explains results	<ul style="list-style-type: none"> • Performs relevant physical examination, including vagino-rectal assessment. • Is able to diagnose an endometrioma on a pelvic ultrasound scan. • Arranges appropriate investigations to establish the diagnosis and severity, and interprets results. • Provides accurate information without judgement on the effects of endometriosis and its treatment on fertility and ART.
Performs effective and safe surgery where appropriate	<ul style="list-style-type: none"> • Is able to decide when and on whom to operate for diagnosis or surgical management. • Keeps accurate notes of operative procedures. • Refers on to colleagues who have advanced laparoscopic skills, when appropriate. • Arranges referral to other specialists when appropriate (e.g. pain clinic, surgeons).
Recognises and manages surgical complications	<ul style="list-style-type: none"> • Recognises and manages intraoperative complications, including when to convert to an open procedure. • Recognises and manages immediate (acute haemorrhage, injury to viscera or blood vessels) and late-onset (infection, hernia, thrombosis) postoperative complications.
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX 	<ul style="list-style-type: none"> • OSATS:

<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 (including SO) 	<ul style="list-style-type: none"> ○ Ultrasound assessments of ovarian lesions ○ Operative laparoscopy for excision or diathermy of superficial endometriosis ○ Operative laparoscopy for management of endometrioma ○ Laparotomy for endometrioma • Local and Deanery Teaching • RCOG eLearning • Attendance at an advanced laparoscopy course (optional)
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Knowledge criteria

<ul style="list-style-type: none"> • Female anatomy – abdomen and pelvis • The pathophysiology of endometriosis: <ul style="list-style-type: none"> ○ the available hypotheses on the pathogenesis of endometriosis and mechanism by which endometriosis may have an impact on fertility ○ the available endometriosis classification systems, their usefulness and limitations ○ the relationship between stages of endometriosis and infertility (defective folliculogenesis, ovulatory dysfunction, distorted pelvic anatomy, altered peritoneal function, autoimmune disorders, impaired implantation) • The usefulness and limitations of MRI of the pelvis and abdomen • The contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings • The benefits, risks and alternatives of empirical, non-pharmacological, medical and surgical methods • The limits of hormonal treatment and surgery on fertility outcomes • The environmental, staffing, and supplies required to safely and effectively provide laparoscopy • How to set up laparoscopic equipment, theatre environment, patient positioning, optimisation and recording of images • The potential risks and complications specific to laparoscopic surgery (including anaesthesia) • The principles of safe use of energy sources • The safe entry techniques and port site problems
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SRH CiP 3: The doctor recognises, assesses and manages subfertility with reference to male fertility.

Key Skills	Descriptors
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Takes relevant history and arranges relevant initial investigations to diagnose male factor infertility	<ul style="list-style-type: none"> • Arranges semen analysis and interprets results. • Understands the reasons for and timing of a repeat semen analysis and arranges appropriately. • Takes and interprets urethral swabs, and arranges for appropriate management of any abnormality, including referral to GUM clinics.
Performs physical examination to assess male reproductive system	<ul style="list-style-type: none"> • Uses an orchidometer to assess testicular volume. • Assesses epididymis to detect any abnormalities. • Recognises varicocele, testicular tumours, undescended testicles, hypospadias, absence of vasa deferens, inguinal hernia.
Arranges further investigations to identify the cause of severe male factor infertility (azoospermia or severe oligospermia with a sperm density of < 5 million/ml)	<ul style="list-style-type: none"> • Arranges relevant further investigations: repeat semen analyses, urine for retrograde ejaculation, endocrine, microbiological, genetic (karyotype, CF screening), ultrasound, testicular biopsy. • Reviews investigations and is able to differentiate pre-testicular, testicular and post-testicular causes of severe sperm abnormality.
Communicates and formulates an appropriate management plan, taking into account patient preferences	<ul style="list-style-type: none"> • Explains the possible causes, treatment options, risks and benefits and the need for onward referral. • Arranges appropriate referrals: urologist, endocrinologist, clinical geneticist, psychosexual counsellor, assisted conception. • Is able to discuss the role of ART.
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX • Reflective practice • TO2 (including SO) • Attendance at RCOG/BFS ATSM course • Local and Deanery Teaching 	<ul style="list-style-type: none"> • RCOG eLearning • Confirmed attendance at ART clinics and appropriate urology/andrology clinic • Exposure to specialist clinics: urology, GUM, endocrinology, clinical genetics, oncology • Observes surgical sperm retrieval (SSR) procedures • Observes vasectomy reversal
Knowledge criteria	
<ul style="list-style-type: none"> • The male reproductive system – anatomy, physiology and the process of spermatogenesis • The impact of male factors in the genesis of infertility • The environmental factors influencing male reproductive function • The endocrine disorders affecting male fertility • The effect of reproductive pathologies such as varicocele, undescended testicles, sexually transmitted infections such as chlamydia and gonorrhoea, previous orchitis, chemo-radiotherapy • The impact of previous surgery such as vasectomy, reversal of vasectomy, inguinal herniorrhaphy, orchidopexy 	

- Coital dysfunction associated infertility
- Idiopathic male infertility
- The availability of various advanced sperm function tests and their role in the management of male factor infertility
- The indications for SSR and vasectomy reversal
- The prerequisites and arrangements for SSR
- The principles of various SSR techniques (PESA, TESE, MESA and micro-TESE)
- Indications for vasectomy reversal
- The related aspects of male factor infertility, including the sequelae of long-term low testosterone levels and the association with testicular cancer
- Appropriate investigations for ejaculatory failure, impotence, retrograde ejaculation, genital infection, immunological causes, testicular maldescent, chromosomal abnormality, chemotherapy, radiotherapy, toxins (including drug effects)
- The causes of severe oligozoospermia (<5 million per ml) and azoospermia (pretesticular, testicular, posttesticular)
- The place of assisted conception

SRH CiP 4: The doctor manages unexplained infertility and has a thorough knowledge of treatment options of infertility including assisted reproduction techniques (ART).

Key Skills	Descriptors
Assesses couples to reach a diagnosis of unexplained infertility (diagnosis of exclusion)	<ul style="list-style-type: none"> • Takes a detailed history. • Is able to identify the cause of infertility (as discussed in detail in earlier CiPs): <ul style="list-style-type: none"> ○ female factor infertility (ovulatory, uterine and tubal) ○ male factor infertility ○ endometriosis • Demonstrates understanding of the psychological impact of not identifying a specific cause for the infertility. • Arranges appropriate investigations to diagnose the cause of infertility (as described in the earlier CiPs).
Demonstrates understanding of psychological aspects of male and female factor subfertility and ART	<ul style="list-style-type: none"> • Recognises psychological factors in female (e.g. amenorrhoea) and male infertility (e.g. erectile dysfunction). • Demonstrates understanding of stress related to infertility, marital disharmony, and difficulties in having intercourse. • Discusses the effects of infertility upon the family. • Explains about the stress associated with ART. • Arranges appropriate referral to: counsellors, psychosexual medicine • Discusses the role and value of counselling in the management of the infertile couple.

Discusses pros and cons of different therapeutic options	<ul style="list-style-type: none"> • Clearly explains results of investigations. • Informs the couple of the chances of natural conception and with the different treatment options. • Devises a care plan with the different treatment options, explaining the risks, benefits and alternatives.
Decides when to proceed with therapeutic options	<ul style="list-style-type: none"> • Provides support for the couple if expectant treatment is the appropriate way forward. • Advises on suitable therapeutic option, taking couples' wishes into consideration.
Preparation of patients for ART	<ul style="list-style-type: none"> • Ensures appropriate assessments are undertaken to confirm suitability for ART. • Selects patients appropriately. • Where necessary, arranges relevant further investigations in preparation for ART and interprets the results: <ul style="list-style-type: none"> ○ Endocrine including ovarian reserve tests ○ Virology screening to include HIV, Hep B and Hep C, ○ Microbiological screening: chlamydia and gonorrhoea, ○ Genetic screening (karyotype, CF) • Assesses welfare of the child issues.
Decides and communicates the timing of assisted conception and formulates an appropriate assisted reproductive technology (ART) procedure	<ul style="list-style-type: none"> • Discusses suitable ART options. • Explains the role of ART and what an ART programme entails. • Discusses and recommends the most appropriate ART treatment according to cause of infertility, the results of the investigations and prognostic factors. • Explains the need for onward referral to an ART centre. • Discusses the benefits, risks, success and limitations of ART. • Is able to discuss the potential complications of ART, including OHSS, poor response, failed fertilisation, multiple pregnancy, ectopic pregnancy, risk of infection and bleeding with oocyte retrieval procedure and the risk of genetic disorders after IVF/ICSI. • Explains the benefits of hydrosalpinx, fibroid, ovarian cysts (if any) treatment prior to assisted conception and associated risks. • Liaises with tertiary centres to arrange appropriate referrals for ART. • Undertakes trans-vaginal ultrasound scan for monitoring ovarian stimulation. • Discusses the place of pre-implantation testing. • Is able to discuss fertility preservation for individuals undergoing medical/surgical treatment affecting fertility and arranges appropriate referrals.
Diagnoses and manages ovarian hyperstimulation syndrome (OHSS)	<ul style="list-style-type: none"> • Discusses the risk factors for developing OHSS and strategies to minimise the risk of OHSS in an ART cycle. • Assesses the patient presenting with symptoms of OHSS, classifying according to severity.

	<ul style="list-style-type: none"> • Formulates management plan for OHSS (outpatient and inpatient). • Understands the complications of severe OHSS and the importance of multidisciplinary team management. • Advises on management in pregnancy for women who have had severe OHSS.
Directs patients to information sites and patient support groups	<ul style="list-style-type: none"> • Discusses the role and value of self-help groups and community networks of support and arrange appropriate referrals. • Arranges appropriate referral to social services for adoption/fostering, local independent adoption societies.
HFEA Code of Practice	<ul style="list-style-type: none"> • Has read the recent HFEA Code of Practice
Evidence to inform decision	
<ul style="list-style-type: none"> • Cbd to assess application of knowledge • Mini-CEX • Attend ART clinics • TO2 (including SO) 	<ul style="list-style-type: none"> • Reflective practice • Local and Deanery Teaching • Observe psychosexual medicine clinics or equivalent • RCOG eLearning • Attendance at RCOG/BFS ATSM course • OSATS: <ul style="list-style-type: none"> ○ Ultrasound monitoring of ovarian stimulation
Knowledge criteria	
<ul style="list-style-type: none"> • Other putative causes of infertility: <ul style="list-style-type: none"> ○ subtle ovulation defects ○ cervical mucus hostility ○ subclinical pregnancy loss ○ endometriosis ○ occult infection ○ sperm dysfunction ○ immunological causes ○ psychological factors • The epidemiology and natural history including prognosis for unexplained infertility • The nature of the diagnosis (diagnosis of exclusion) • An understanding of other investigations that could be carried out to arrive at a diagnosis of unexplained infertility and the scientific basis for them: <ul style="list-style-type: none"> ○ postcoital tests ○ follicle tracking ○ laparoscopy ○ immunological screening • The different types of empirical treatment, including clomiphene, intrauterine insemination, superovulation and invitro fertilisation • The UK legal and regulatory aspects of fertility treatment • Appropriate patient selection for assisted reproduction • Clinical prognostic factors relevant in ART leading to appropriate patient selection (female age, duration of infertility, ovarian reserve, past reproductive history, pelvic organ abnormalities) 	

- Preparation of patients for assisted reproduction: hydrosalpinx, fibroids HIV, Hep B and Hep C screening; the place of counselling
- How to assess of the welfare of the child, including communication and consent
- Natural cycle for ART
- The Human Fertilisation & Embryology Authority (HFEA) and its role

SECTION 2: PROCEDURES

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 1</i>	<i>CIP 2</i>	<i>CIP 4</i>
Ultrasound assessment of:	5	X		
o Normal pelvis	5	X		
o Ovarian lesions	5	X		
o Uterine fibroids	5	X		
o Endometrial abnormality	5	X		
o Monitoring ovarian stimulation	5	X		X
o Adnexal pathology	5	X		
Diagnostic laparoscopy and Dye test	5	X		
Laparoscopic treatment of early-stage endometriosis	5		X	
Treatment of ovarian endometrioma by laparoscopy or laparotomy	5		X	
Operative laparoscopy for ovarian Cystectomy	5		X	
Oophorectomy - by laparoscopy or laparotomy	5		X	

Procedures	Level by end of training	CIP 1	CIP 2	CIP 4
Proficiency in: <ul style="list-style-type: none"> ○ Hasson direct and Palmer's point Veress needle entry techniques ○ choice of position and safe insertion of secondary ports ○ the excision and ablation of peritoneal endometriosis ○ safe tissue handling with laparoscopic instruments, sharp and blunt dissection, adhesiolysis ○ haemostatic techniques ○ safe entry into the abdominal cavity and closure 	5	X	X	
Hysterosalpingography (HSG)	2	X		
HyCoSy	5	X		
Saline infusion sono-hystero-graphy	5	X		
Operative laparoscopy for salpingectomy	5	X		
Operative laparoscopy for adhesiolysis	5	X	X	
Operative hysteroscopy for polypectomy	5	X		
Hysteroscopic proximal tubal catheterisation	3	X		
Operative hysteroscopy for adhesiolysis or septal resection	3	X		
Operative hysteroscopy for resection of submucous fibroids	3	X		
Operative laparoscopy for salpingostomy	5	X		
Operative laparoscopy for ovarian diathermy				
Open myomectomy	5	X		

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills

- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO SRH CiPs

SRH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises, assesses and manages subfertility with reference to female factor infertility.	X	X	X	X	X	X
2: The doctor recognises, assesses and manages subfertility with reference to endometriosis.	X	X	X	X	X	X
3: The doctor recognises, assesses and manages subfertility with reference to male fertility.		X	X		X	X
4: The doctor manages unexplained	X	X	X		X	X

SRH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
infertility and has a thorough knowledge of treatment options of infertility including assisted reproduction techniques (ART).						

SECTION 5: RESOURCES (OPTIONAL)

Suggested reading:

1. NICE guidelines in infertility www.nice.org.uk
2. HFEA documents www.hfea.gov.uk
3. ESHRE guidelines www.eshre.com
4. RCOG guidelines www.rcog.org.uk
5. Journals: Human Fertility, Human Reproduction, Fertility and Sterility, Journal of Andrology
6. Other relevant websites: www.bica.net www.fertilitynetworkuk.co.uk

ATSM UROGYNAECOLOGY & VAGINAL SURGERY (UGVS)

SECTION 1: CAPABILITIES IN PRACTICE

UGVS CiP 1: The doctor is able to clinically assess women with pelvic floor dysfunction.	
Key Skills	Descriptors
Uses independently standardised assessment tools when assessing patients	<ul style="list-style-type: none"> • Takes and presents a urogynaecological history, including impact of condition on quality of life. • Uses clinical history and bladder diary to make an initial diagnosis. • Selects appropriate standardised symptom and quality of life questionnaires.
Performs a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction	<ul style="list-style-type: none"> • Is able to describe stage of pelvic organ prolapse using a recognised method. • Puts clinical findings in the context of the patient's symptoms.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • TO2 (including SO) • Attend urogynaecology clinics • Case discussion and observation of senior medical staff 	<ul style="list-style-type: none"> • Feedback from trainer • CbD • Mini-CEX
Knowledge criteria	
<ul style="list-style-type: none"> • The terminology used for pelvic floor dysfunction • The relationship between pelvic floor symptoms and other medical conditions, including neurological conditions • Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis) • Objective methods for assessing pelvic organ prolapse 	

UGVS CiP 2: The doctor undertakes and interprets appropriate tests.	
Key Skills	Descriptors
Appropriately investigates pelvic floor dysfunction	<ul style="list-style-type: none"> • Assesses urinary residual by bladder scan. • Undertakes urodynamics according to the standards set down in the A1 module of the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net). • Explains the relevance of the test findings. • Is able to understand the impact of results on clinical management.
Refers for further investigation and	<ul style="list-style-type: none"> • Recognises indications for more advanced urodynamic assessment (i.e. video urodynamics, ambulatory urodynamics and urethral function studies) and refers appropriately.

management when appropriate	<ul style="list-style-type: none"> • Identifies available modalities and indications for imaging the urinary tract and makes appropriate requests. • Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.
Evidence to inform decision	
<ul style="list-style-type: none"> ○ Reflective practice ○ Direct observation of senior colleagues ○ Attendance at Local, Deanery and National Teaching & meetings <ul style="list-style-type: none"> ▪ Attendance at a national urodynamics course ▪ Attendance at a national or regional anatomy teaching/course 	<ul style="list-style-type: none"> ○ Confirmed participation in multidisciplinary team meetings and clinics ○ Leads critical incident review ○ OSATS <ul style="list-style-type: none"> ▪ Urodynamics ○ CbD ○ Mini-CEX ○ TO2 (including SO)
Knowledge criteria	
<ul style="list-style-type: none"> • Relevant anatomy and physiology • Indications for and methods of urodynamic testing, including: <ul style="list-style-type: none"> ○ Urine culture and cytology ○ Pad tests ○ Assessment of urinary residual ○ Uroflowmetry ○ Subtracted dual-channel cystometry • Modalities for imaging the urinary tract • Regional referral pathways and the role of regional subspecialist in the management of complex cases 	

UGVS CiP 3: The doctor manages pelvic floor dysfunction using non-surgical methods.	
Key Skills	Descriptors
Is able to oversee conservative management of pelvic floor dysfunction	<ul style="list-style-type: none"> • Recognises the importance of non-surgical management in the treatment pathway and explain this to patients. • Counsels patients on containment measures and support groups.
Is able to oversee conservative management of overactive bladder syndrome	<ul style="list-style-type: none"> • Recognises the role of drug therapy for women with overactive bladder symptoms including pharmacological action and interactions and adverse effects. • Implements drug therapy appropriately and counsels on success and adverse effects. • Manages patients with mixed urinary incontinence as part of a multidisciplinary team.
Recognises indications for anorectal investigation and treatment	<ul style="list-style-type: none"> • Counsels on simple treatments for faecal incontinence and obstructive defaecation, and refers appropriately.

Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist • Attend a continence clinic and observe continence nurse • Confirmed participation in multidisciplinary team clinics and meeting 	<ul style="list-style-type: none"> • CbD • Mini-CEX • Feedback with trainer • TO2 (including SO) • Local and Deanery Teaching
Knowledge criteria	
<ul style="list-style-type: none"> • Pharmacological action and adverse effects of antimuscarinics • Principles of pelvic floor muscle training and role of different physical therapies • Principles of bladder retraining • Non-surgical management of pelvic organ prolapse • Basic understanding of anorectal dysfunction 	

UGVS CiP 4: The doctor provides high quality surgery for incontinence and prolapse.	
Key Skills	Descriptors
Demonstrates safe surgical practice	<ul style="list-style-type: none"> • Recognises the indications and complications of surgical procedures in management of pelvic floor dysfunction. • Counsels on vaginal surgery for prolapse including non-surgical alternatives, surgical complications and outcome. • Selects patient appropriately for vaginal prolapse and/or continence surgery.
Performs incontinence and vaginal surgery and manages complications	<ul style="list-style-type: none"> • Recognises the clinical findings which need onward management from multidisciplinary team including Urology and sub-specialist Urogynaecologists. • Counsels on remaining NICE approved primary procedures for stress urinary incontinence.
Manages postoperative complications including voiding difficulty	<ul style="list-style-type: none"> • Instructs nursing staff on catheter management following continence surgery. • Supervises a patient undergoing a programme of intermittent self-catheterisation. • Recognises role of other specialists in the management of surgical complications.
Recognises indications for referral to sub-specialist teams	<ul style="list-style-type: none"> • Demonstrates an understanding of abdominal surgical procedures for apical prolapse, including their indication and how to refer on for them.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice 	<ul style="list-style-type: none"> • OSATS

<ul style="list-style-type: none"> • NOTSS • Attendance at Risk Management meetings 	<ul style="list-style-type: none"> ○ Anterior repair ○ Diagnostic cystourethroscopy (+ biopsy) ○ Continence surgery ○ Posterior repair ± perineorrhaphy ○ Vaginal hysterectomy ○ Vaginal repair ○ Sacrospinous fixation • CbD • Feedback from trainer • TO2 (including SO) • Mini-CEX
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Knowledge criteria

<ul style="list-style-type: none"> • The necessary equipment, diathermy instrumentation and theatre set-up • Potential surgical complications • How to manage major haemorrhage • The indications and complications of the following procedures: <ul style="list-style-type: none"> ○ Cystoscopy ○ Continence procedures in line with NICE guidance and as relevant to local services ○ Bladder neck injections ○ Sacrospinous fixation • Surgical management of detrusor overactivity • Treatment options for recurrent SUI and POP and ability to refer appropriately • Surgical management of faecal incontinence & appropriate referral • The surgical procedures for vault prolapse

SECTION 2: PROCEDURES

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP2</i>	<i>CIP 4</i>
Urodynamics	5	X	
Cystoscopy	5		X
Primary surgery for vaginal prolapse	5		X
Non-mesh anterior repair	5		X
Non-mesh posterior repair	5		X
Vaginal hysterectomy	5		X
Vaginal apical suspension surgery – sacrospinous fixation	5		X
Primary surgery for stress urinary incontinence in line with NICE guidance and as relevant to local services	5		X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO UGVS CiPs

UGVS CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to clinically assess women with pelvic floor dysfunction.		X	X		X	X
2: CiP 2: The doctor undertakes and interprets appropriate tests.	X	X	X		X	X
3: The doctor manages pelvic floor dysfunction using non-surgical methods.		X	X		X	X
4: The doctor provides high quality surgery for incontinence and prolapse.	X	X	X	X	X	X

Optional Laparoscopic Urogynaecology Module ASM (OLU)

This optional Advanced Skills Module (ASM) should be integrated into the ATSM delivery on an optional basis where the opportunity exists and this form of surgery is integral to patient service provision in the units that it is offered. The optional LU ASM for the ATSM can only be undertaken either concurrently with the UGVS ATSM or after completion of the ATSM. It is not possible to undertake the module as a standalone module with the exception of already accredited subspecialists in UG or those who have completed the UGVS ATSM but did not have the option of undertaking the module.

SECTION 1: CAPABILITIES IN PRACTICE

OLU CiP 1: The doctor has the knowledge, skills and attitudes required for the clinical assessment of women considering laparoscopic pelvic floor surgery.	
Key Skills	Descriptors
Demonstrates understanding of how history, investigations and careful counselling impact on patient selection	<ul style="list-style-type: none"> Recognises the indications and complications of surgical procedures in management of pelvic floor dysfunction. Formulates a management plan and modify if necessary. Selects suitable patients for surgical and laparoscopic procedures. Counsels patients on the different surgical options for prolapse and incontinence including non-surgical alternatives, surgical complications and outcome.
Counsels on benefits and risks of mesh use	<ul style="list-style-type: none"> Recognises the potential risks as well as benefits of mesh procedures and counsels patients accordingly. Counsels on an alternative non-mesh vault procedure such as Sacrospinous fixation.
Evidence to inform decision	
<ul style="list-style-type: none"> Reflective practice NOTSS Attendance at theatre lists Attendance at Risk Management meetings Direct observation / consultant supervision within the module 	<ul style="list-style-type: none"> CbD Mini-CEX TO2 (including SO)
Knowledge criteria	
<ul style="list-style-type: none"> Selection criteria for surgical and laparoscopic procedures, including SA score/fitness, impact of previous surgery/body mass Appropriate preoperative investigations Alternative options to surgery, alternatives and risk The role of and national guidelines for the use of synthetic mesh Potential mesh complications, including infection, erosion, extrusion and chronic pain Auditing surgical outcomes 	

OLU CiP 2: The doctor is competent to undertake laparoscopic treatment of pelvic floor disorders.

Key Skills	Descriptors
Performs laparoscopic urogynaecology surgery	<ul style="list-style-type: none"> • Performs laparoscopic urogynaecology surgery where appropriate. • Recognises when it is unsafe to continue with a procedure laparoscopically and the need to convert to a laparotomy, call for support, or when the procedure should be abandoned altogether.
Demonstrates safe surgical practice	<ul style="list-style-type: none"> • Recognises and is able to control haemorrhage until appropriate help, if required, is available. • Is able to inspect bladder, ureter, small and large bowel for perforation or damage and undertake appropriate special tests such as air insufflation and use of dyes. • Initiates management of viscus injury and demonstrates understanding of the principles of subsequent management.
Manages postoperative complications	<ul style="list-style-type: none"> • Recognises delayed onset complications such as peritonitis, ileus, faecal contamination or urinary leakage. • Recognises the role of other specialists in the management of surgical complications.
Management of mesh complications	<ul style="list-style-type: none"> • Recognises indications for referral to specialist mesh centres.
Actively participates in clinical audit	<ul style="list-style-type: none"> • Shows commitment to audit of procedures according to guidelines. • Uses nationally recommended databases, such as BSUG audit database. • Engages in local audits and leads a minimum of 1 laparoscopic audit during module.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • NOTTS • Attendance at theatre lists • Attendance at Post-operative Ward Rounds • Attendance at Risk Management meetings • Leads critical incident review • Direct observation / consultant supervision within the module • Appropriate postgraduate education courses and reading • Mini-CEX 	<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Sacrocolpexy ○ Suture using laparoscopic needle holders ○ Undertake intra-corporeal and extracorporeal knot tying • Recorded outcome on national databases (e.g. BSUG) • Participation and completion audits • Attendance at multi-professional team meetings • TO2 (including SO)
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- CbD

Knowledge criteria

- Relevant anatomy including anatomy of sacral promontory
- The various types of mesh available and their suitability for sacrocolpopexy and sacrohysteropexy
- How the Protack Stapling device works, and how to use it.
- Potential surgical complications, how to avoid them and how to initiate management
- How to manage major haemorrhage
- The principles underlying the repair of major vessels
- Use of imaging in assessment and management of postoperative complication
- Assessment and management of mesh complications, including visceral injury

In detail:

Laparoscopic surgical procedures

- Safe laparoscopic entry and choosing correct entry for each patients including use of veress needle, open entry, direct vision entry, palmer's point entry
- The principles of electrocautery, ultrasound and other future energy sources
- The principles of port site closure and the need to avoid port site hernia or damage underlying structures
- How to competently suture using laparoscopic needle holders
- How to undertake intra-corporeal and extracorporeal knot tying
- How to inspect bladder, ureter, small and large bowel for perforation or damage, recognise this and undertake appropriate special tests such as air insufflation and use of dyes

Urogynaecology specific laparoscopic procedures

- How to recognise bowel and bladder complications, assess them and, if appropriate, to perform primary repair, involving other surgical specialities as appropriate
- The principles of more complex repairs such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise delayed onset complications such as peritonitis, ileus, faecal contamination or urinary leakage
- The principles of management
- Preoperative and postoperative patient care

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 2
Sacrocolpopexy	5	X
Sacrohysteropexy	1	X
Suture using laparoscopic needle holders	5	X
Intra-corporeal and extracorporeal knot tying	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO OLU CiPs

OLU CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes required for the clinical assessment of women considering laparoscopic pelvic floor surgery.		X	X	x	X	X
2: The doctor is competent to undertake laparoscopic treatment of pelvic floor disorders.	X	X	X	x	X	X

ATSM VULVAL DISEASE (VD)

SECTION 1: CAPABILITIES IN PRACTICE

VD CiP 1: The doctor recognises and manages non-malignant disease affecting the vulva.	
Key Skills	Descriptors
Takes history, performs clinical examination and uses appropriate investigations to establish diagnosis	<ul style="list-style-type: none"> • Takes a detailed history with, if relevant, a focus on psychosexual, continence, skin and pain issues. • Carries out a general skin assessment and uses dermatology descriptors (e.g. ecchymosis, macule, ulcer).
Is able to recognise and manage common and less common vulval disease	<ul style="list-style-type: none"> • Demonstrates a clear understanding of the differential diagnoses for vulval pain and itch. • Is able to identify: <ul style="list-style-type: none"> ○ lichen sclerosus ○ lichen planus ○ vulval eczema ○ psoriasis ○ candida vulvitis ○ lichen simplex ○ vulvodynia ○ HPV ○ Herpes Simple Virus (HSV) ○ Malignant and non-malignant vulval lesions and ○ vulval intraepithelial neoplasia. • Investigates patients appropriately (e.g. biopsy, sexually transmitted infection screen, microscopy and culture, patch testing). • Diagnoses and manages common vulval disease and discusses initial assessment, follow up, risk stratification and self-management strategies with patient and GP. • Is able to describe less common diseases and the problems associated with vulval disease. • Demonstrates an understanding of second line treatments (e.g. imiquimoid, tacrolimus). • Demonstrates understanding of the benefits and limitations of surgical refashioning procedures of the vulva (e.g. Z-plasty, Fenton's). • Recognises that diagnoses can co-exist.
Recognises and manages vulvovaginal infections	<ul style="list-style-type: none"> • Considers infectious causes, e.g. HSV and HPV, and when to investigate.
Recognises and manages sexual and psychological	<ul style="list-style-type: none"> • Is able to provide basic psychosexual counselling (e.g. discussion of vaginal trainers for vaginismus).

dysfunction in the context of vulval disease	
Recognises, assesses and plans initial management of pre-malignant disease of the vulva, vagina, perineum (include Paget's disease and uncertain pigmented lesions)	<ul style="list-style-type: none"> • Differentiates between malignant, premalignant and benign disease. • Selects and counsels patients on initial medical, surgical options and the role of observational follow up (includes special scenarios, e.g. pregnancy). • Explains the importance of follow-up consultations.
Recognises and manages systemic diseases affecting the vulva	<ul style="list-style-type: none"> • Recognises features in the history and clinical signs. • Looks for and recognises dermatological clues elsewhere on the body, e.g. oral and perianal disease. • Plans and performs appropriate investigations, including investigations of related medical conditions.
Recognises and manages chronic pain disorders affecting the vulva	<ul style="list-style-type: none"> • Counsels on treatment options available including the multidisciplinary approach. • Counsels on the available drugs for pain management, the effectiveness, side effects and complications of treatment. • Manages vulvodynia subgroups including poor responders to treatment.
Is able to recommend or prescribe appropriate topical agents on the skin including emollients	<ul style="list-style-type: none"> • Counsels on the use of topical corticosteroids, lubricants, oestrogen and emollients.
Manages vulval procedures and histological reports	<ul style="list-style-type: none"> • Is able to assess patients for vulval biopsies (excisional vs incisional, site, size, importance of including adequate histology information). • Obtains appropriate written/verbal consent. • Manages complications of surgery. • Interprets histopathology reports and discuss appropriately.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • Attendance at vulval clinics • Attendance at dermatology clinics • Attendance at GUM clinic (female) • Attendance at pain management clinics with relevant case mix • Attendance at women's health physiotherapy sessions with relevant case mix • Attendance at psychosexual therapy sessions with relevant case mix • Attendance at patch testing clinic • Local and Deanery Teaching 	<ul style="list-style-type: none"> • RCOG e-learning • Attendance at vulval disease course • NOTSS • TO (including SO) • Mini-CEX • CbD • OSATS <ul style="list-style-type: none"> ○ Excision biopsy of vulval lesion ○ Directed diagnostic biopsies under local anaesthetic in an outpatient clinic
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Knowledge criteria

- Patient reported outcome measures
- The anatomy and physiology of the vagina and vulva and how it varies between prepubertal, reproductive and post-menopausal states (including female genital mutilation)
- Clinical photography – consent and governance
- The spectrum of pre-malignant disease and the genital tract to include multizonal disease
- Epidemiology, aetiology, diagnosis, prevention, management, prognosis, complications and anatomical considerations of pre-malignant conditions of the lower genital tract (with particular reference to VIN, Paget's disease and melanoma)
- Skin micro structure and pathology
- Examination techniques:
 - Biopsy techniques (incisional and excisional techniques)
 - Local anaesthetic properties
- The terms used to describe skin lesions (e.g. ecchymosis, macule, ulcer)
- Aetiology, epidemiology, natural history, associated medical conditions and prognosis of dermatoses, including:
 - Lichen sclerosus
 - Eczema
 - Contact dermatitis
 - Lichen planus
 - Psoriasis
 - Lichen simplex
- The manifestation of other dermatoses when affecting the vulval skin
- Topical agents on the vulva (e.g. emollients, benefits and risks of steroids)
- The difficulties of skin closure for different lesion sizes and different anatomical areas of the vulva
- The indication for local skin flaps to cover defects and when to liaise with plastic surgical colleagues
- Management of the complications of vulval disease, e.g. Lichen sclerosus (fissuring and shrinkage of the introitus, clitoral cysts and phimosis, pain management)
- The differential diagnoses for vulval pain and pruritus vulvae
- The role of biopsy assessment in management (why, where, when and how many?)
- The impact of comorbidities on vulval health, e.g. diabetes and immune suppression
- Available drugs for pain management, the effectiveness, side effects and complications of treatment
- Possible reasons for poor response to treatment
- Other pain syndromes, common pain pathways, modern neuropathic research findings and their influence on vulval pain
- The biopsychosocial model and its impact on clinical presentation
- Cancer waiting times and referral methods to gynaecological cancer team
- The female sexual response cycle and correlation with sexual dysfunction (e.g. vaginismus)
- Modern NHS service requirements

VD CiP 2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.

Key Skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> • Liaises with management teams and Clinical Commissioning Groups. • Has an understanding of financial considerations. • Participates in clinical governance experience. • Demonstrates involvement in quality improvement • Is able to undertake data analysis and collection related to outcomes
Is able to be part of a multidisciplinary team	<ul style="list-style-type: none"> • Liaises effectively with colleagues in other disciplines aligned to vulval disease (dermatology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, sexual therapy gynaecological oncology, histopathology, oral medicine and urogynaecology).
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> • Is aware of available sources of both written and web-based information. • Designs or adapts patient information for local use and understands local process. • Participates in writing protocols, clinical pathways, service development and evidence-based guidelines. • Establishes and/or enhances local clinical pathways. • Supports alignment of the vulval service to the national standards on vulval disease.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • Meeting attendance and membership of the British Society for the Study of Vulval Disease • TO2 (including SO) • Mini CEX • CbD 	<ul style="list-style-type: none"> • RCOG e-learning • Leadership questionnaire • Quality improvement project • Develops, enhances local clinical pathways • Attendance and presentation at vulval MDTs • NOTTS
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Knowledge criteria

<ul style="list-style-type: none"> • NHS service requirements and local procedures for service development / improvement. • Clinical governance issues in vulval skin services • The importance of the vulval multidisciplinary team and the different skills across different disciplines and roles, including: <ul style="list-style-type: none"> ○ Dermatology ○ GUM ○ Pain management ○ Physiotherapy

- Clinical psychology and / or sexual therapy
- Gynaecological oncology
- Histopathology
- National guidance on vulval disease
- The role of guidelines audit (including the analysis of workload) and how this influences practice
- The principles underlying evidence-based guidelines and audit and how they relate to patient outcome with vulval disease

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1
Microscopy and culture	1	X
Patch testing	1	X
Plastic surgical refashioning procedures of the vulva	1	X
Directed diagnostic biopsies under local anaesthetic in an outpatient clinic	5	X
Excision of vulval lesions under local or general anaesthetic with primary closure	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> ○ Practical skills ○ Communication and interpersonal skills ○ Dealing with complexity and uncertainty <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> ● Professional requirements ● National legislative structure ● The health service and healthcare system in the four countries <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>

SECTION 4: MAPPING OF ASSESSMENTS TO VD CiPs

VD CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises and manages non-malignant disease affecting the vulva.	x	X	X	x	X	X
2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.		X	X	x	X	X

SECTION 5: RESOURCES (OPTIONAL)

Recommended further reading

[RCOG Green-Top Guidelines](#) RCOG Green-top Guideline: management of vulval skin disorder

eLearning for Health Dermatology section/vulval disease <https://www.e-lfh.org.uk/programmes/dermatology/>

Standards of care for women with vulval conditions https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/standards_of_care_vulval_conditions_report.pdf

<http://vulvovaginaldisorders.com> and online resources supported by the BSSVD

The 2015 International Society for the Study of Vulvovaginal Disease (ISSVD) Terminology of Vulvar Squamous Intraepithelial Lesions. <https://www.ncbi.nlm.nih.gov/pubmed/26942352>

2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia. <https://www.ncbi.nlm.nih.gov/pubmed/27045260>

RCOG eLearning

The management of vulval itching caused by benign vulval dermatoses Nunns, Simpson, Watson, Murphy 2017;19:307–15 The Obstetrician & Gynaecologist

Obstetric ATSMs

The table below shows the CiP Grid and overview of how the CiPs fit into the different ATSMs and subspecialty curriculum.

	Advanced Obstetric Capabilities in Practice	FM ATSM	HRP ATSM	Obs Med ATSM	Ad LW ATSM	LW Lead ATSM	MFM SST 2019
CiP1	The doctor uses ultrasound to screen for, and manage, pregnancy complications, other than fetal abnormality						
CiP2	The doctor confirms fetal normality and manages the key conditions targeted by the Fetal Anomaly Screening Programme (FASP)						
CiP3	The doctor is able to manage a wide range of common conditions affecting the fetus						
CiP4	The doctor describes, obtains informed consent for and performs amniocentesis						
CiP5	The doctor is able to recognise and manage common medical conditions in the pregnant woman						
CiP6	The doctor safely manages pregnancy in women with mental health, social and lifestyle factors						
CiP7	The doctor manages intrapartum medical complications and pre-existing conditions						
CiP8	The doctor has obstetric medicine skills covering a wide range of maternal medical conditions						
CiP9	The doctor recognises key intrapartum scenarios and manages them using the necessary technical and non-technical skills						
CiP10	The doctor uses ultrasound to optimise outcomes during labour and the immediate puerperium						
CiP11	The doctor takes a key role of leadership, management and patient safety on labour ward						
CiP12	The doctor is able to lead in providing care to women with pregnancies complicated by the full range of fetal concerns						

CiP13	The doctor can independently manage, in conjunction with specialists from other disciplines, pregnancies complicated by the widest range and most complex of maternal medical conditions					
CiP14	The doctor can apply knowledge of clinical and molecular genetics to the management of complex pregnancy					

ATSM ADVANCED LABOUR WARD PRACTICE (ALWP)

SECTION 1: CAPABILITIES IN PRACTICE

AOCiP 7: The doctor manages intrapartum medical complications and pre-existing conditions.	
Key Skills	Descriptors
Diagnoses and manages hypertensive disorders of pregnancy	<ul style="list-style-type: none"> • Recognises these conditions when they present both classically, and in an atypical manner, and can formulate a differential diagnosis. • Institutes emergency care and makes a longer-term plan for management, considering both maternal and fetal risks and needs. • Applies clinical skills and investigations to monitor the condition and modifies plans accordingly. • Manages uncommon intrapartum complications of these conditions, with support from other specialist teams. • Liaises with consultants and other specialties and works effectively as part of a multidisciplinary team. • Communicates effectively with the woman and her support structure, to enable decision making. • Is able to discuss risks for future pregnancies and make plans for reducing these risks.
Manages the intrapartum care of a woman with diabetes	<ul style="list-style-type: none"> • Devises an individualised management plan using a targeted history and review of relevant investigations performed before and during pregnancy. • Counsels on the maternal and fetal risks associated with pre-existing and gestational diabetes in pregnancy and labour. • Liaises with the multidisciplinary team regarding blood sugar control, long-term complications of diabetes, and acute diabetic presentations (including ketoacidosis). • Makes an appropriate plan for labour and birth, and the postnatal period. • Provides contraceptive and pre-pregnancy planning advice.
Manages the intrapartum care of a woman with other pre-existing medical disorders	<ul style="list-style-type: none"> • Using a targeted history, and by reviewing results of investigations performed before and during pregnancy, manages the care of the woman during labour with pre-existing medical disorders, with particular emphasis on women with haemoglobinopathies, epilepsy, hepatitis B and C, HIV, herpes, cardiac, respiratory and renal disease, and previous thromboembolic disease, or elevated chance of VTE. • Devises a management plan accordingly. • Is able to recognise situations of greater complexity which require tertiary level and/or subspecialist care.

	<ul style="list-style-type: none"> • Counsels on the maternal and fetal risks associated with these conditions in pregnancy and labour. • Makes an appropriate plan for labour and birth, and the postnatal period, including managing acute presentations caused, or complicated, by these conditions. • Provides contraceptive and pre-pregnancy planning advice.
Can assess and manage a critically ill or collapsed woman	<ul style="list-style-type: none"> • Able to make a rapid differential diagnosis, institute investigations and commence immediate resuscitation while calling for specialist assistance from the multidisciplinary team. • Provides ongoing obstetric input to women who have been transferred to non-obstetric high dependency or critical care areas. • Debriefs the team and family after the event in a manner that is easy to understand.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 (includes SO) • CbD • Mini-CEX 	<ul style="list-style-type: none"> • RCOG e-learning • Local and Deanery Teaching • Attendance at appropriate conferences and courses • ITU/HDU attachment • Attendance at obstetric anaesthesia clinic • Relevant audit/ quality improvement project
Knowledge criteria	
<ul style="list-style-type: none"> • Best practice management for and the risks associated with the 12 key conditions/scenarios which complicate intrapartum care: <ul style="list-style-type: none"> ○ Severe pre-eclampsia ○ Eclampsia ○ HELLP syndrome ○ Pre-existing diabetes mellitus, with and without complications ○ Gestational diabetes ○ Renal disease ○ Haemoglobinopathies ○ HIV ○ Previous thromboembolic disease ○ Elevated chance VTE ○ Intrapartum pyrexia ○ Increased chance of early onset GBS in the neonate • The presentation, investigation, differential diagnosis, management and outcome of the following in pregnancy; <ul style="list-style-type: none"> ○ Acute renal impairment ○ Acute chest pain ○ breathlessness ○ Ketoacidosis ○ Altered consciousness 	

- Sickle cell crisis

In detail:

- The pathophysiology, definition, diagnosis, associated acute and longer term maternal and fetal complications, and best practice for management, of pre-eclampsia and its variants
- The pathogenesis and classification, prevalence and complications of pre-existing diabetes (metabolic, retinopathy, nephropathy, neuropathy, vascular disease)
- Monitoring and optimisation of glucose control during labour
- Management of hypoglycaemia and ketoacidosis in pregnancy and labour
- How haemoglobinopathy impacts upon the antenatal and intrapartum care of the woman the risk to the fetus and the genetic basis of the common haemoglobinopathies
- How to quantify thromboembolic risk and how best to mitigate this during labour and the immediate puerperium
- The effects of labour and the immediate postpartum period on chronic renal, cardiac and respiratory disease, and the effects they have on labour
- Management strategies to optimise the fetal and maternal outcomes of labour in women with renal, cardiac and respiratory disease
- Management of seizure disorders and eclampsia during labour and the postpartum period
- The impact of HIV, hepatitis B and C and herpes on intrapartum and immediate postpartum care of the woman
- The risks of viral vertical transmission and how these can be minimised
- Current pharmacological management of HIV, and drug side effects
- The structure and organisation of high dependency, intensive care and outreach teams
- Indications for high dependency and intensive care
- Methods of invasive monitoring for oxygenation, acid base balance, intraarterial pressure, cardiac output, preload and contractility
- The supportive therapies for multi-organ failure
- The altered presentation in pregnancy of respiratory, cardiac and renal impairment
- Risk factors, causes of and presentation of amniotic fluid embolism, pulmonary embolism, cerebrovascular accident and cardiac event during labour
- Other causes of acute maternal collapse
- Unique issues presented by collapse in pregnancy and labour, including timing and guidance for peri-mortem caesarean section

AOCiP 9: The doctor recognises key intrapartum scenarios and manages them using the necessary technical and non-technical skills.

Key Skills	Descriptors
Manages non-cephalic presentation safely	<ul style="list-style-type: none"> • Recognises non-cephalic presentation. • Communicates effectively to the parents the risks and benefits of different mode of deliveries for breech presentation. • Optimises the woman's care by effectively liaising with other health professionals and devising a safe birth plan.

Manages preterm labour safely	<ul style="list-style-type: none"> • Liaises effectively with neonatologists to arrange in utero transfer. • Liaises effectively with microbiologist to arrange the use of antimicrobial agents. • Communicates effectively to the parents the risks (short term and long term) associated with preterm labour and birth, and works with them to decide on the mode of birth.
Manages multiple pregnancy safely	<ul style="list-style-type: none"> • Formulates clear intrapartum care plans based on clear communication of all issues to the parents. • Runs a multiple pregnancy skills drill.
Manages rotational vaginal birth safely	<ul style="list-style-type: none"> • Communicates effectively to the parents the risks and benefits of all birth options. • Escalates to senior colleagues and other specialties when appropriate. • Debriefs following the birth.
Manages birth for the morbidly obese safely	<ul style="list-style-type: none"> • Works with a multidisciplinary team to minimise the intrapartum and postpartum risks. • Communicates effectively the optimum mode of birth.
Manages PPH safely	<ul style="list-style-type: none"> • Can provide acute resuscitation and definitive management for primary and secondary PPH. • Communicates effectively with and leads the multidisciplinary team. • Runs skills drills for major PPH.
Manages morbidly adherent placenta safely	<ul style="list-style-type: none"> • Recognises the potential for abnormal placental invasion and initiation of appropriate investigations and management planning. • Leads the multidisciplinary team in planning for safe birth and institutes specific measures to mitigate risk. • Assesses blood loss and institutes appropriate resuscitation. • Leads the team for management of massive PPH. • Debriefs and advises on plans for future pregnancies.
Manages maternal sepsis safely	<ul style="list-style-type: none"> • Recognises, assesses and manages sepsis in a timely manner. • Communicates effectively regarding the diagnosis and management of sepsis (including expediting birth if indicated) with the mother, family and the multidisciplinary team.
Manage antepartum stillbirth safely	<ul style="list-style-type: none"> • Communicates effectively with the mother and the relatives regarding diagnosis of stillbirth and appropriate investigations (including post-mortem) and follow up. • Conducts all stages of labour for stillbirth.
Communicates the risks and benefits of all analgesia and anaesthesia for labour and operative birth (vaginal or caesarean)	<ul style="list-style-type: none"> • Can explain the risks and benefits of the different forms of analgesia and anaesthesia for labour. • Explains the risks and benefits of the different forms of analgesia and anaesthesia for operative vaginal birth, caesarean section and other obstetric interventions. • Agrees intrapartum care plan.

Able to optimise care and subsequent investigation following an adverse intrapartum outcome	<ul style="list-style-type: none"> • Advises upon local support available and the investigations that may determine causation. • Debriefs family after adverse intrapartum outcome. • Debriefs staff after adverse intrapartum outcome.
Coordinates the daily running of the labour ward	<ul style="list-style-type: none"> • Coordinates the labour ward appropriately. • Communicates plans and decisions effectively to team members using SBAR or a similar tool. • Allocates workload and support staff and women.

Evidence to inform decision

<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Vaginal breech birth ○ manual rotation ○ rotational operative vaginal birth ○ ECV in labour ○ Caesarean section • Mini-CEX • Cbd • Log of cases • Reflective practice • NOTSS • TO2 (includes SO) 	<ul style="list-style-type: none"> • RCOG and other e-learning • Local and Deanery Teaching • Attendance at specialist courses and conferences • Confirmed participation in multidisciplinary team-based simulation training • Evidence of short attachment to obstetric anaesthesia, HDU/ITU • Relevant audit/ quality improvement project • Leads labour ward forum and risk management case review • Log of risk management cases
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Knowledge criteria

<ul style="list-style-type: none"> • The fetal and maternal risks and benefits associated with different modes of birth for breech presentation • The causes of non-cephalic presentation • The manoeuvres used during breech birth • Indication for ECV (External Cephalic version) in labour (for breech, transverse lie and second twin) and the techniques involved • Pathophysiology, investigation, risks and management of preterm labour and preterm prelabour rupture of membranes (PPROM) • The short and long term risks of prematurity • The diagnosis and management of chorioamnionitis • The indications, pharmacology and side effects of steroids, tocolysis and magnesium sulphate • The factors that influence mode of birth in twin pregnancy and the risks associated with either birth option • The role of intrapartum ultrasound and CTG monitoring for multiple pregnancies • Management of non-cephalic presentation in twin pregnancy, including internal podalic version (IPV) • The importance of fetal growth restriction, discordant growth, prematurity, chorionicity and malpresentation on the recommendation and successful conduct for all modes of birth for multiple pregnancies
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- The techniques available to facilitate both vaginal birth as well as caesarean section.
- Indications and contraindications for each form of operative vaginal birth
- The factors influencing success rates with each instrument, and options available if unsuccessful at any stage of their application
- The practical detail of 2 of the 3 techniques for safe rotational operative vaginal birth (manual rotation, rotational ventouse, kiellands forceps)
- The definition, diagnosis and outcomes of hypoxic ischaemic encephalopathy
- The principles of advanced neonatal resuscitation
- Neonatal acid-base balance
- The birth options that are most suitable for those who are morbidly obese and practical measures to minimise risk
- Chance of fetal macrosomia and its implications on birth options
- The cause, presentation, risks, investigations and management of maternal sepsis
- The antibiotics pharmacology and which are most suitable for use in pregnancy and postpartum.
- The risk factors for PPH and how to minimise the chance of PPH
- Pharmacological and surgical management of PPH, and treatments to reduce associated risks
- The consequences of massive acute PPH and how the situation may be investigated and monitored.
- Correction of uterine inversion
- Risk factors for abnormal placental invasion
- The investigation of possible placental morbid adherence and the pros and cons of each modality
- The features on ultrasound and MRI of morbid adherence
- Local/Regional guidelines and protocols for managing morbid placental adherence
- Intraoperative measures to limit blood loss in abnormal placental invasion
- Indications and timings of caesarean hysterectomy
- How to diagnose and manage intra-abdominal haemorrhage
- Effectiveness, contraindications, implications and side effects of different forms of analgesia and anaesthesia for labour and obstetric procedures
- How caesarean section and postpartum risks may be minimised and the operative strategies that may be used to overcome the difficulties that are often encountered
- The investigations that may determine causation of antepartum stillbirth including the option of post-mortem examination and karyotyping
- The labour ward staffing structure and minimum staffing number safety standards
- The governance structure within the obstetric department
- How serious untoward events are investigated and acted upon within the department and Trust
- The organisation and structure of high dependency, intensive care, surgical and medical outreach teams

AOCiP 10: The doctor uses ultrasound to optimise outcomes during labour and the immediate puerperium.	
Key Skills	Descriptors
Uses ultrasound safely and effectively to determine fetal position and presentation	<ul style="list-style-type: none"> Identifies the presenting part in labour, prior to induction of labour or in preterm/suspected preterm labour. Determines each presentation and lie for twin pregnancy at term.
Locates fetal heart beat safely intrapartum	<ul style="list-style-type: none"> Confirms fetal heart beat and intrapartum viability. Communicates the findings to the mother and the family.
Confirms intrauterine fetal demise	<ul style="list-style-type: none"> Explains the findings in a sympathetic manner and advises on a management plan.
Identifies fetal occiput orientation intrapartum	<ul style="list-style-type: none"> Is able to identify occipito anterior and occipito posterior positions in labour.
Recognises appearance of post-partum uterus safely	<ul style="list-style-type: none"> Recognises the normal appearances of post-partum uterus. Identifies and manages ultrasound features of retained products of conception.
Evidence to inform decision	
<ul style="list-style-type: none"> Mini-CEX NOTSS Reflective Practice CbD 	<ul style="list-style-type: none"> Local and Deanery Teaching Log of cases
Knowledge criteria	
<ul style="list-style-type: none"> How to identify fetal lie and presenting part (cephalic, breech flexed, extended and footling as well as shoulder presentation), placental location and amniotic fluid volume The intracranial landmarks (midline echo, thalami, head shape) and extracranial features (position of the ears, eyes, nose and fetal spine) which help with determination of the fetal head and the position of the occiput How to correctly orientate the probe to correctly determine orientation of fetal occiput How to determine fetal heart within the fetal chest and whether a fetal heart beat is present rapidly and accurately How ultrasound may be used to augment and confirm the clinical findings of abdominal palpation and vaginal examination. How to recognise and record the ultrasound features of fetal viability and intrauterine demise The physiological changes that occur postpartum to the uterus and the typical ultrasound appearances The ultrasound features that suggest retained products of conception 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 9	CIP10
Assisted breech birth or a breech extraction at vaginal and caesarean birth in singleton and multiple pregnancies	5	X	
Caesarean section with transverse lie	5	X	
Preterm vaginal birth	5	X	
Preterm caesarean section, including non-lower segment uterine incisions	5	X	
Preterm twin birth	5	X	
Vaginal birth or caesarean section for twin pregnancy	5	X	
Internal Podalic version	5	X	
ECV	5	X	
Manual rotation	5	X	
Rotational operative vaginal birth	5	X	
Caesarean section and operative vaginal birth for those with BMI >40	5	X	
Uterine balloon tamponade	5	X	
Brace suture	5	X	
Peripartum hysterectomy	1	X	
Laparotomy for intra-abdominal bleeding		X	
Repair of uterine rupture	1	X	
Determine the lie and presentation for each fetus in a multiple pregnancy at term using ultrasound	5		X
Determine the presenting part in (suspected)preterm labour using ultrasound	5		X
Locate fetal heart using ultrasound intrapartum	5		X
Intrapartum identification of occiput using ultrasound	5		X
Demonstration of the postpartum uterus and its endometrial echo using ultrasound	5		X
Repair of third degree tear	5	X	
Repair of fourth degree tear	1	X	
Insertion of brace suture	5	X	
Major placenta praevia	5	X	
Placenta accreta/percreta	1	X	
Classical caesarean section	5	X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills (<i>history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases</i>) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health service and healthcare systems in the four countries <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>

SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPs

AOCiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
7: The doctor manages intrapartum medical complications		X	X	X	X	X

AOCIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
and pre-existing conditions.						
9: The doctor recognises key intrapartum scenarios and manages them using the necessary technical and non-technical skills.	X	X	X	X	X	X
10: The doctor uses ultrasound to optimise outcomes during labour and the immediate puerperium.		X	X	X		X

ATSM FETAL MEDICINE (FM)

SECTION 1: CAPABILITIES IN PRACTICE

AOCiP 1: The doctor uses ultrasound to screen for and manage pregnancy complications, other than fetal abnormality.	
Key Skills	Descriptors
Uses ultrasound in pregnancy effectively and safely	<ul style="list-style-type: none"> • Safely optimises the image for 2D and Doppler ultrasound. • Performs appropriate Doppler investigations and scans.
Uses ultrasound to screen, diagnose and manage a range of pregnancy complications, including timely referral	<ul style="list-style-type: none"> • Defines, recognises, monitors and manages severe early onset and late onset fetal growth restriction. • Defines, recognises, monitors and manages a twin pregnancy with growth discordance and twin to twin transfusion syndrome. • Provides appropriate antenatal care for the pregnant woman with red cell alloimmunisation, recognising when surveillance for fetal anaemia is indicated, and referral to a tertiary unit. • Provides care to women who have experienced mid-trimester fetal loss and extreme preterm birth. • Defines, recognises, investigates and manages disorders of amniotic fluid volume. • Diagnoses and manages low lying placenta.
Uses ultrasound to assist with pregnancy procedures	<ul style="list-style-type: none"> • Uses ultrasound to optimise the safety and success of external cephalic version for breech presentation. • Uses ultrasound to help define fetal position in advanced stages of labour.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 (includes SO) • Cbd • Mini-CEX • OSATS <ul style="list-style-type: none"> ○ ECV 	<ul style="list-style-type: none"> • Local and Deanery Teaching • RCOG and other e-learning • Attendance at fetal medicine clinics • Attendance at relevant MDT meetings • Direct or virtual observation of fetal blood sampling/placental laser • Attendance at ultrasound/theory courses • Log of cases • Relevant audit/ quality improvement project
Knowledge criteria	
The risks associated with the different ultrasound modalities and how to limit them – mechanical index (MI) and thermal index (TI)	

How to use machine controls to optimise the image, including, power, gain, focal length, magnification, sector width, frame rate, pulse repetition frequency, colour and power Doppler modes.

Local policies for the use and interpretation of 3D/4D ultrasound

Doppler ultrasound: the pathophysiology, the physics, when to use it and its interpretation

How Doppler assessments are used to monitor growth restriction, time birth and detect fetal anaemia

National guidance on monitoring for fetal growth restriction, timing of birth and triggers for referral to a subspecialist when managing fetal growth restriction

How fetal anomalies may influence the Doppler waveforms (for example cardiac arrhythmias, fetal anaemia, hydrops, and twin-twin transfusion syndrome)

Which red cell antibodies may cause haemolytic disease of the fetus and newborn, when and how surveillance for fetal anaemia should be instituted, and triggers for referral to a tertiary level unit capable of performing intrauterine transfusion

How MCA velocities are used to monitor signs of anaemia

The causes, associations, recurrence risks and preventive strategies for mid-trimester fetal loss, and preterm labour

Recognise when cervical length measurement should be offered and know the criteria for doing so accurately

The indications, complications and types of cervical cerclage

Definition of significant growth discordance in twin gestations and the importance of chorionicity

Definition of oligohydramnios and polyhydramnios and the differential diagnosis

The clinical and ultrasound features of TTTS, and referral triggers for fetal medicine subspecialty input

The management of TTTS and follow up regimes following treatment

Definition of low lying placenta and how to make the diagnosis using ultrasound.

Management of placenta praevia

The risk factors for abnormal placental invasion and vasa praevia and how to diagnose them using ultrasound

The contraindications to ECV and the role of ultrasound in helping to assess the appropriateness of ECV

Be aware of the ultrasound features of TRAP (Twin reverse arterial perfusion sequence) and conjoined twins

AOCiP 2: The doctor confirms fetal normality and manages the key conditions targeted by the Fetal Anomaly Screening Programme (FASP).

Key Skills	Descriptors
Demonstrates normal structural findings in all trimesters and recognises if normality cannot be demonstrated	<ul style="list-style-type: none"> • Performs and records a detailed, systematic ultrasound of the fetus as per FASP guidance. • Understands the strengths and limitations of ultrasound for each system within each trimester. • Explains normal anatomy views to the woman. • Documents and records normal anatomy views. • Recognises when image quality is technically poor. • Is able to explain next steps if normal views cannot be obtained.
Counsels regarding prenatal investigations	<ul style="list-style-type: none"> • Explains the risks of each procedure and any alternatives. • Communicates the scope and the limitations of these tests. • Describes how prenatal samples are processed and when, and how, the results are given.
Manages the key conditions targeted by the Fetal Anomaly Screening Programme	<ul style="list-style-type: none"> • Takes an appropriate history and constructs, where appropriate, a family tree in women with or chance of genetic conditions. • Explains common modes of Mendelian inheritance. • Counsels for previous aneuploidy. • Offers other prenatal tests appropriately. • Recognises when to refer to tertiary centre and how best to share care and monitoring. • Liaises appropriately with the tertiary centre and the multidisciplinary team. • In collaboration with specialists, formulates, implements and where appropriate modifies management plan. • Counsels women and their partners regarding the fetal risks, implications for the pregnancy and the long-term outcome. • Signposts to external sources of information and support. • Constructs a follow-up plan for the pregnancy. • Plans birth and appropriate neonatal support in collaboration with fetal medicine specialist.

Counsels on and manages termination of pregnancy for fetal abnormality	<ul style="list-style-type: none"> • Raises the option of termination of pregnancy for fetal abnormality appropriately. • Counsels regarding the different methods of termination, when termination is offered and when fetocide is legally mandated. • Organises termination of pregnancy for fetal abnormality. • Adjusts care around termination of pregnancy in high risk situations. • Manages complications of termination of pregnancy.
Provides follow up and counselling after a pregnancy complicated by fetal abnormality	<ul style="list-style-type: none"> • Explains the role of the post-mortem and any other relevant post-birth tests. • Explains the findings and implications of any additional post-birth investigations. • Refers, where appropriate, to the wider multi-disciplinary team. • Counsels regarding chance of recurrence across the range of conditions targeted by FASP. • Proposes a plan for future pregnancy management.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • OSATs (Fetal ECHO) • TO2 (includes SO) • Mini-CEX • Cbd 	<ul style="list-style-type: none"> • RCOG and other e-learning • Local and Deanery Teaching • FASP on-line training • Attendance at appropriate courses and conferences • Attendance at local multi-disciplinary meetings (paediatric, perinatal mortality) • Log of cases • Attendance at specialist paediatric and clinical genetics clinics • Relevant audit/ quality improvement project
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Knowledge criteria

<ul style="list-style-type: none"> • The normal appearances on ultrasound scan in all trimesters of the fetal CNS, face and neck, thorax, cardiovascular system, abdominal wall and gastrointestinal tract, urogenital system and the fetal skeleton and extremities • Local protocols for follow up, if any, after an incomplete anatomy scan • Normal embryology of all body systems, and how errors in these processes result in the more common fetal abnormalities targeted by FASP. • Normal fetal behaviour and activity, and abnormalities of this • Fetal circulation, and how it adapts at birth • Diagnostic features of each condition targeted by FASP, their differential diagnosis and chance of structural, chromosomal and syndromic associations. These conditions are Trisomy 21, 18 and 13, anencephaly, spina bifida, congenital diaphragmatic hernia, gastroschisis, exomphalos, renal agenesis, facial cleft, hypoplastic right or left heart, lethal skeletal dysplasia

- The genetic basis for trisomy 21, 18 and 13 and the ultrasound features associated with them
- The range of tests available for screening and testing for the common trisomies and the organisation and quality control of the screening service
- When it is appropriate to offer invasive testing, and when not to
- The role of non-invasive testing
- The implications for the current pregnancy and the long-term prognosis for each condition, and recurrence risks for future pregnancies
- The limitations of ultrasound in detecting and diagnosing congenital abnormalities (e.g. cleft palate) or predicting prognosis (e.g. diaphragmatic hernia)
- The antenatal management, intrapartum care and immediate postnatal management of each condition.
- Triggers and diagnoses necessitating tertiary referral
- The impact of the diagnosis and individual circumstances on the timing, location and mode of birth
- The local prenatal, birth and post-birth pathways for care of the fetus and newborn with these conditions
- The legal framework under which termination of pregnancy by feticide may be offered
- Recognise which conditions are amenable to prenatal treatment (e.g. diaphragmatic hernia, spina bifida)

AOCiP 3: The doctor is able to manage a wide range of common conditions affecting the fetus.

Key Skills	Descriptors
Manages fetal abnormalities other than those targeted by FASP	<ul style="list-style-type: none"> • Experienced in the ultrasound diagnosis and management of pregnancies complicated by a wide range of fetal abnormalities (with the minimum listed in knowledge criteria). • Offers other prenatal tests appropriately. • Liaises appropriately with the tertiary centre and the multidisciplinary team. • In collaboration with specialists, formulates, implements and where appropriate modifies management plan. • Counsels women and their partners regarding the fetal risks, implications for the pregnancy and the long-term outcome. • Signposts to external sources of information and support. • Constructs a follow-up plan for the pregnancy. • Plans birth and appropriate neonatal support in collaboration with fetal medicine specialist. • Formulates management plan for future pregnancy in collaboration with specialists. • Explains common modes of Mendelian inheritance and how these determine chances of recurrence. • Recognises the need for referral to genetics services with rarer/unique aneuploidy.

	<ul style="list-style-type: none"> • Communicates without judgement the types of tests on offer, their scope and their potential complications and disadvantages. • Takes an appropriate history and constructs, where appropriate, a family tree in women with or at chance of genetic disease.
Manages infections in pregnancy which may have an impact on the fetus	<ul style="list-style-type: none"> • Investigates appropriately for common fetal infections (with the minimum listed in the knowledge criteria). • Is able to interpret laboratory results for each infection in liaison with virology. • Explains the potential fetal, newborn and long-term effects of fetal infections. • Recognises when to refer and how best to share care and monitoring. • Liaises appropriately with the tertiary centre and the multidisciplinary team.
Able to evaluate pregnancy complicated by red cell alloimmunisation	<ul style="list-style-type: none"> • Explains the potential fetal and maternal risks of red cell antibodies. • Liaises with blood transfusion and neonatal services. • Classifies the risks for any pregnancy complicated by red cell antibodies. • Performs and interprets MCA Doppler. • Refers to a fetal transfusion centre in a timely and appropriate manner.
Recognises and evaluates the pregnancy complicated by non-immune hydrops	<ul style="list-style-type: none"> • Recognises fetal hydropic change and constructs and investigates a differential diagnosis. • Liaises appropriately with the tertiary centre and multidisciplinary team. • In collaboration with specialists, formulates, implements and where appropriate modifies management plan. • Counsels women and their partners regarding the fetal risks, implications for the pregnancy and the long-term outcome.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • NOTSS • Mini-CEX • Cbd • TO2 (includes SO) 	<ul style="list-style-type: none"> • RCOG and other e-learning • Attendance at appropriate courses and conferences • Log of cases • Relevant audit/ quality improvement project
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Knowledge criteria

<ul style="list-style-type: none"> • Diagnostic features of each condition, their differential diagnosis and the chance of associated structural, chromosomal and syndromic associations • Antenatal management, intrapartum care and immediate postnatal management of each condition • Triggers and indications for tertiary referral
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- The impact of the diagnosis and individual circumstances on the timing, location and mode of birth
- The local prenatal, birth and post-birth pathways for care of the fetus and newborn with these conditions
- The legal framework under which termination of pregnancy by feticide may be offered
- The recurrence risk and management plan for future pregnancies for each condition
- The thresholds for diagnosing mild, moderate and severe ventriculomegaly measurements, and the potential implications of the different severities of ventriculomegaly
- The role of MRI for CNS lesions.
- The difference between Dandy Walker malformation, DW Variant and Mega cisterna magna, the implications of each and the pitfalls in prenatal diagnosis
- The common fetal tachy- and brady – arrhythmias and the role of the paediatric cardiologist in their management
- The different types of VSD and their association with cardiac, extracardiac and chromosomal anomalies. Understand the role of the paediatric cardiologist in their management
- The ultrasound features of transposition of the great arteries, atresia of either outflow tract, stenosis of either outflow tract, double outlet right ventricle or a common outflow tract (truncus arteriosus)
- The association of these conditions with further cardiac, extracardiac and chromosomal anomalies
- The role of the paediatric cardiologist in the management of fetal cardiac problems
- The ultrasound features of GI atresia, associations and surgical options following birth
- The spectrum of ultrasound findings of echogenic bowel and its association with chromosomal anomalies, cystic fibrosis, growth restriction and viral infections
- Urinary tract obstruction and MCDK: aetiology, spectrum of severity postnatal investigation and the likely short- and long-term impact of these conditions
- The local pathway for postnatal referral for talipes and the Ponsetti approach to treatment
- Limb reduction defects: associations and aetiology
- Findings suggestive of lethal skeletal dysplasia and the features of the more common non-lethal dysplasias, particularly certain types of osteogenesis imperfecta and achondroplasia
- A differential diagnosis for non-immune hydrops, the need for tertiary referral and the range of investigations likely to be offered
- Other aneuploidies: the implications of Turner syndrome (45XO), Klinefelter syndrome (47 XXY) and 47 XXX and appreciate the approach to managing pregnancies complicated by much rarer/unique chromosomal abnormalities
- The underlying genetic inheritance patterns and prenatal testing for cystic fibrosis, muscular dystrophy and fragile X, and the need for liaison with clinical genetics
- The clinical features, prevention, vertical transmission risk, ultrasound features, short- and longer-term implications for the fetus and newborn, laboratory investigation and pregnancy management of CMV, toxoplasmosis, parvovirus and varicella.
- The role of the clinical virologist and the limitations of any antenatal treatment options
- Red cell alloimmunisation: the blood group systems, pathophysiology and laboratory testing for Rhesus and other red cell antigens
- The role of DNA analysis from maternal plasma
- The neonatal implications of anaemia, hyperbilirubinaemia and hydrops

- The organisation & effectiveness of isoimmunisation screening and prevention programmes
- The pharmacology of Anti-D immunoglobulin administration

AOCiP 4: The doctor describes, obtains informed consent for and performs amniocentesis. (optional)

Key Skills	Descriptors
Manages and performs amniocentesis	<ul style="list-style-type: none"> • Obtains informed consent for amniocentesis. • Conducts the test independently in a safe manner in a singleton pregnancy. • Documents the procedure accurately, including use of anti-D where appropriate. • Describes how and when results will be given. • Recognises when a test is likely to be technically challenging. • Debriefs and provides advice following procedure. • Counsels following amniocentesis for both normal and abnormal results. • Manages complications of amniocentesis.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • OSATS <ul style="list-style-type: none"> ○ Amniocentesis • CbD • Mini-CEX 	<ul style="list-style-type: none"> • Simulation training • Log of cases • FASP e-learning resources • Relevant audit/ quality improvement project
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Knowledge criteria

<ul style="list-style-type: none"> • The indications for offering invasive testing, its risk and benefits • The types of analysis that may be applied (QF-PCR analysis, full karyotyping, array analysis and targeted molecular genetic examination for family history of genetic conditions) – and how to discuss these appropriately • The potential for sensitisation – Rhesus alloimmunisation – and the importance of maternal blood group • The implications of maternal blood born viruses

- When sample should be stored in case of further analysis
- Aseptic technique, how to optimize the ultrasound image, when amniocentesis is not likely to be straightforward and the options available
- What the test is not able to show, the significance of the result and the options available following an abnormal result
- The options following test failure, mosaicism, and the role of parental karyotyping in the interpretation of results

SECTION 2: PROCEDURES

Procedures	Level by end of training*	CIP 1	CIP 2	CIP 3	CIP 4
Umbilical artery Doppler	5	X			
Uterine artery Doppler	5	X			
Middle cerebral artery Doppler	5	X			
Ductus venosus Doppler	5	X			
Cervical length scan	5	X			
Amniocentesis	2/5	X (level 2)			X (level 5)
Scan during ECV	5	X			
CVS	1			X	
Therapeutic amniodrainage	1	X			
Fetal ECHO	5		X		

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPs

AOCiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses ultrasound to screen for and manage pregnancy complications, other than fetal abnormality.	X	X	X	X	X	X
2: The doctor confirms fetal normality and manages the key conditions targeted by the Fetal Anomaly Screening Programme (FASP).	X	X	X		X	X

AOCIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
3: The doctor is able to manage a wide range of common conditions affecting the fetus.		X	X	X	X	X
4: The doctor describes, obtains informed consent for and performs amniocentesis. (optional)	X	X	X			X

ATSM HIGH RISK PREGNANCY (HRP)

SECTION 1: CAPABILITIES IN PRACTICE

AOCiP 1: The doctor uses ultrasound to screen for and manage pregnancy complications, other than fetal abnormality.	
Key Skills	Descriptors
Uses ultrasound in pregnancy effectively and safely	<ul style="list-style-type: none"> • Safely optimises the image for 2D and Doppler ultrasound. • Performs appropriate Doppler investigations and scans.
Uses ultrasound to screen, diagnose and manage a range of pregnancy complications, including timely referral	<ul style="list-style-type: none"> • Defines, recognises, monitors and manages severe early onset and late onset fetal growth restriction. • Defines, recognises, monitors and manages a twin pregnancy with growth discordance and twin to twin transfusion syndrome. • Provides appropriate antenatal care for the pregnant woman with red cell alloimmunisation, recognising when surveillance for fetal anaemia is indicated, and referral to a tertiary unit. • Provides care to women who have experienced mid-trimester fetal loss and extreme preterm birth. • Defines, recognises, investigates and manages disorders of amniotic fluid volume. • Diagnoses and manages low lying placenta.

Uses ultrasound to assist with pregnancy procedures	<ul style="list-style-type: none"> • Uses ultrasound to optimise the safety and success of external cephalic version for breech presentation. • Uses ultrasound to help define fetal position in advanced stages of labour.
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Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 (includes SO) • CbD • Mini-CEX • OSATS <ul style="list-style-type: none"> ○ ECV 	<ul style="list-style-type: none"> • Local and Deanery Teaching • RCOG and other e-learning • Attendance at fetal medicine clinics • Attendance at relevant MDT meetings • Direct or virtual observation of fetal blood sampling/placental laser • Attendance at ultrasound/theory courses • Log of cases • Relevant audit/ quality improvement project
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Knowledge criteria

The risks associated with the different ultrasound modalities and how to limit them – mechanical index (MI) and thermal index (TI)

How to use machine controls to optimise the image, including, power, gain, focal length, magnification, sector width, frame rate, pulse repetition frequency, colour and power Doppler modes.

Local policies for the use and interpretation of 3D/4D ultrasound

Doppler ultrasound: the pathophysiology, the physics, when to use it and its interpretation

How Doppler assessments are used to monitor growth restriction, time birth and detect fetal anaemia

National guidance on monitoring for fetal growth restriction, timing of birth and triggers for referral to a subspecialist when managing fetal growth restriction

How fetal anomalies may influence the Doppler waveforms (for example cardiac arrhythmias, fetal anaemia, hydrops, and twin-twin transfusion syndrome)

Which red cell antibodies may cause haemolytic disease of the fetus and newborn, when and how surveillance for fetal anaemia should be instituted, and triggers for referral to a tertiary level unit capable of performing intrauterine transfusion

How MCA velocities are used to monitor signs of anaemia

The causes, associations, recurrence risks and preventive strategies for mid-trimester fetal loss, and preterm labour

Recognise when cervical length measurement should be offered and know the criteria for doing so accurately

The indications, complications and types of cervical cerclage

Definition of significant growth discordance in twin gestations and the importance of chorionicity

Definition of oligohydramnios and polyhydramnios and the differential diagnosis

The clinical and ultrasound features of TTTS, and referral triggers for fetal medicine subspecialty input

The management of TTTS and follow up regimes following treatment

Definition of low lying placenta and how to make the diagnosis using ultrasound.

Management of placenta praevia

The risk factors for abnormal placental invasion and vasa praevia and how to diagnose them using ultrasound

The contraindications to ECV and the role of ultrasound in helping to assess the appropriateness of ECV

Be aware of the ultrasound features of TRAP (Twin reverse arterial perfusion sequence) and conjoined twins

AOCiP 5: The doctor is able to recognise and manage common medical conditions in the pregnant woman.

Key Skills	Descriptors
Uses investigations to support diagnosis and surveillance of common medical conditions	<ul style="list-style-type: none"> • Is able to make a thorough assessment of the presenting problem with appropriate investigation and consideration of differential diagnoses. • Recognises and devises an appropriate management plan for the common medical conditions presenting in pregnancy. • Recognises complexity and the need for referral to tertiary and/or subspecialist services.
Liaises with midwives and other health-care professionals	<ul style="list-style-type: none"> • Optimises the woman’s care and patient journey.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • TO2 (includes SO) 	<ul style="list-style-type: none"> • RCOG and other e-learning • Local and Deanery Teaching

<ul style="list-style-type: none"> • CbD • Mini-CEX 	<ul style="list-style-type: none"> • Log of cases • Attendance at appropriate courses and conferences • Attendance at specialist medical clinics • Relevant audit/ quality improvement project
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Knowledge criteria

<ul style="list-style-type: none"> • The pathophysiology, presentation and implications for maternal and/or fetal health of common maternal conditions present at booking or that occur during pregnancy • The aetiology, incidence, diagnosis, management, the obstetric, medical and neonatal complications, and recurrence chance of each condition • The interpretation of ECGs, chest x-rays and blood gases analysis and how they are influenced by pregnancy • How pregnancy alters physiology and what impact this has on how medical conditions present, and how results of investigations should be interpreted during pregnancy • The impact of drug treatment on mother and fetus • Understand the presentation, investigation, differential diagnosis, management and outcome of the following in pregnancy; <ul style="list-style-type: none"> ○ Acute renal impairment ○ Acute chest pain ○ breathlessness ○ Ketoacidosis ○ Altered consciousness ○ Sickle cell crisis • Specific and detailed knowledge of the following: <ul style="list-style-type: none"> ○ Hypertension - Chronic and gestational hypertension ○ Renal - hydronephrosis ○ Gastrointestinal - obstetric cholestasis and hyperemesis gravidarum ○ Endocrinology - pre-existing diabetes without complications, hypothyroidism ○ Gestational diabetes ○ Respiratory - asthma ○ Dermatology - eczema ○ Neurological - headache ○ Epilepsy ○ Haematological - thrombocytopenia and previous thromboembolic disease
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AOCiP 6: The doctor safely manages pregnancy in women with mental health, social and lifestyle factors.

Key Skills	Descriptors
Manages the care of the pregnant woman with a	<ul style="list-style-type: none"> • Takes an appropriate history from a woman with psychiatric condition and makes an assessment of severity and risk.

<p>history or chance of mental conditions and optimises the wellbeing of both the woman and fetus</p>	<ul style="list-style-type: none"> • Is able to advise on the influence of the condition and medical treatments on the pregnancy and breastfeeding, and the pregnancy on the condition. • Is able to assess mental capacity. • Works with the general practitioner and local specialty teams in the community and hospital setting to optimise outcomes for mother and baby.
<p>Manages the care of the pregnant woman with a history of substance misuse and optimises the social and physical wellbeing of both the woman and fetus</p>	<ul style="list-style-type: none"> • Liaises and cooperates within the multidisciplinary team of dependency services, psychiatric, specialist medical and social services to risk assess and provide holistic care. • Is able to make a plan for care during the antepartum, intrapartum and postpartum periods, incorporating both maternal and fetal surveillance, and harm reduction. • Liaises with neonatal colleagues to plan for and optimise the care of the newborn. • Works within the multidisciplinary team to support conversion to opiate replacements. • Recognises if there are issues relating to child protection and where to seek advice. • Counsels appropriately about drinking/drug cessation – including maternal, fetal and neonatal risks; the long-term health implications such as viral and other infections; the impact on breast-feeding/contraception; and the effects of risk-taking behaviour.
<p>Manages the care of the pregnant woman with a history, or chance of obstetrically significant infections, and optimises the wellbeing of both the woman and fetus</p>	<ul style="list-style-type: none"> • Investigates and arranges initial management of women at chance of blood borne infections (especially HIV, HBV HCV), referring appropriately. • Gives appropriate advice to an HIV positive woman about interventions available to reduce vertical HIV transmission in pregnancy. • Assesses the risk for HBV or HCV infections and arranges HBV vaccination ± immunoglobulin appropriately for at risk groups. • Advises on the use of prophylactic or treatment aciclovir. • Counsels on and applies the recommendations for pregnancy and birth in the woman who is found to be a carrier of GBS.
<p>Manages the care of the pregnant teenager (<18 years old) and optimises the wellbeing of both the woman and fetus</p>	<ul style="list-style-type: none"> • Communicates effectively and responds to the hopes and concerns of the pregnant teenager.
<p>Manages the care of the pregnant woman who has recently arrived in the UK</p>	<ul style="list-style-type: none"> • Is sensitive to the contribution of ethnic and religious influences on obstetric expectations and outcome.

and optimises the wellbeing of both the woman and fetus	<ul style="list-style-type: none"> • Demonstrates sensitivity to the potential psychological and emotional traumas previously experienced by many asylum seekers. • Is able to work with the different agencies involved in processing claims for asylum status (Police, Home Office, Social Services). • Addresses the practical needs of pregnant women seeking asylum.
Manages the care of the pregnant woman with a BMI >40 and optimises the wellbeing of both the woman and fetus	<ul style="list-style-type: none"> • Provides appropriate nutritional advice and safe expectations of the management of weight reduction in pregnancy. • Provides specific practical advice to reduce the maternal and fetal risks of obesity during pregnancy and birth. • Plans appropriate antenatal (maternal and fetal) assessment of the obese woman. • Arranges and interprets appropriate investigations including screening for gestational diabetes. • Recognises and manages health risks associated with maternal obesity and understands the place of weight reduction strategies and nutrition. • Liaises with the multidisciplinary team to prepare an intrapartum obstetric and anaesthetic plan.
Manages the care of the pregnant woman who is at risk of domestic violence and optimises the wellbeing of both the woman and fetus	<ul style="list-style-type: none"> • Recognises the impact of domestic violence on the physical, psychological and emotional health of women and their families. • Involves appropriate agencies (Social Services, police, voluntary groups) in the investigation of suspected domestic violence and the protection of vulnerable women and children.
Manages the care of the pregnant woman who declines blood transfusion and optimises the wellbeing of both the woman and fetus	<ul style="list-style-type: none"> • Devises a care plan specific to individual circumstances, e.g. Jehovah's Witness. • Assists in the construction of an advanced directive detailing the acceptability or not of blood and blood products and their use in acute circumstances and explores the use of alternatives to blood products. • Optimises haemoglobin during pregnancy. • Explores the use of cell-salvage.
Provides safe care where there are child protection concerns	<ul style="list-style-type: none"> • Informs and empowers the woman so that she is able to make appropriate choices for herself and her family in pregnancy and childbirth. • Minimises harm in partnership with women. • Identifies and deals appropriately with domestic violence and child protection issues. • Uses appropriate referral pathways and local protocols.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • TO2 (includes SO) 	<ul style="list-style-type: none"> • RCOG and other e-learning • Local and Deanery Teaching

- CbD
- Mini-CEX

- Attendance at appropriate courses and conferences
- Attendance at specialist clinics
- Attendance at pre-birth planning meetings with safeguarding team
- Relevant audit/ quality improvement project

Knowledge criteria

- The legal issues around mental health – Mental Health Act and consent, child protection
- The prevalence, effects of pregnancy, management strategies and prognosis of:
 - Chronic psychotic condition
 - Mood disorder: chronic depression / anxiety
 - Bipolar condition
 - Postpartum psychosis
- Recurrence risk and the management of pregnancies in women with a history of pregnancy induced/related psychiatric disease
- The pharmacology and the maternal, fetal, neonatal and long-term effects of tricyclics, SSRIs, phenothiazines, butyrophenones (e.g. haloperidol), benzodiazepines, lithium and carbamazepine
- Local psychiatric services for pregnant women, or those who have recently given birth, including mother and baby unit
- The incidence, pharmacology, the maternal, fetal and neonatal complications and legal consequences for the abuse of: alcohol, cannabis, opiates, cocaine and crack cocaine, heroin, benzodiazepines, amphetamines, LSD, phencyclidine (angel dust), solvent misuse and cigarette smoking
- The interaction between substances of misuse and prescribed drugs and labour analgesia/anaesthesia
- The organisation of dependency services and links with psychiatric and social services
- The theories of addiction and self-harming behaviours and the prevalence of psychiatric co-morbidity and how to detect it
- The legal and social care implications of use of class A and class B drugs
- Local and national strategies for reduction in drug and alcohol misuse
- How a multidisciplinary team can assist conversion to an opiate replacement programme
- Neonatal management and outcome (including management of withdrawal and long-term effects)
- The incidence, risk factors, transmission risks, neonatal consequences, long-term prognosis and management strategies to reduce vertical transmission of and harm from bacterial and viral infections: Herpes Simplex (HSV), HIV, Hepatitis B & C (HBV, HCV), Group B Streptococcus (GBS) and varicella zoster
- When and how to refer for further assessment or treatment (especially HIV, HBV HCV)
- The medical and neonatal complications, and legal consequences, of social disadvantage with respect to: domestic violence, teenage pregnancy and asylum seekers
- The influence of ethnic and religious background on obstetric expectations and outcome
- The law in relation to seeking asylum

- When and how to use different agencies involved in processing claims for asylum seekers and meeting their practical needs
- The incidence, associated obstetric, medical and neonatal complications of the pregnant obese woman
- The endocrinology of obesity
- The place of weight reduction strategies and appropriate nutrition in managing the pregnant obese woman
- The risks associated with increased BMI in pregnancy and postpartum and how these may be minimised
- The steps that can be taken pre-pregnancy to reduce the risks of morbid obesity during pregnancy
- The role of different agencies (Social Services, Police, Voluntary groups) in the investigation of suspected domestic violence and the protection of vulnerable women and children
- The law in relation to physical and sexual assault, bodily harm and rape
- UK and international laws and directives regarding Female Genital Mutilation (FGM)
- FGM procedures and their consequences, including for pregnancy and birth
- Child protection issues associated with FGM
- Religious beliefs and customs that may affect healthcare or consent for medical interventions
- Knowledge of the alternatives to blood transfusion
- The potential for haemolytic disease of the newborn, the antenatal monitoring required and investigations needed after birth
- The set up and use of cell-salvage during surgery
- How to weight evidence as it relates to the woman's previous obstetric history for common late pregnancy complications
- The effect of extreme prematurity on survival and development

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1
Umbilical artery artery Doppler	5	X
Uterine artery Doppler	5	X
Middle cerebral artery Doppler	5	X
Ductus venosus Doppler	5	X
Cervical length scan	5	X
ECV	5	X
Ultrasound assessment of placental site (transvaginal)	5	X

Procedures	Level by end of training	CIP 1
Ultrasound assessment of chorionicity	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills (<i>history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases</i>) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health service and healthcare systems in the four countries <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>

SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPS

AOCiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor uses ultrasound to screen for and manage pregnancy complications, other than fetal abnormality.	X	X	X	X	X	X
5: The doctor is able to recognise and manage		X	X		X	X

AOCIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
common medical conditions in the pregnant woman.						
6: The doctor safely manages pregnancy in women with mental health, social and lifestyle factors.		X	X		X	X

ATSM LABOUR WARD LEAD

SECTION 1: CAPABILITIES IN PRACTICE

AOCiP 11: The doctor takes a key role of leadership, management and patient safety on labour ward.	
Key Skills	Descriptors
Sets the standards and leads by example for effective communication with the multidisciplinary team	<ul style="list-style-type: none"> Promotes good practice with regard to communication with colleagues, confidentiality, respect and inclusion of all team members. Can recognise and positively influence a dysfunctional team or clinical scenario by being assertive but respectful and positive.
Leads on the setting and maintenance of clinical standards on the labour ward	<ul style="list-style-type: none"> Has a key role in the interpretation, introduction and adherence to current national standards and accepted good practice. Is able to lead on a programme of audit of labour ward practice. Contributes significantly to training, education and maintenance of skills on labour ward. Is actively involved in maintaining staff and patient safety on labour ward.
Promotes innovation and improvements in care on labour ward	<ul style="list-style-type: none"> Follows and interprets new clinical research evidence and translate this into new local guidelines. Adopts new national guidance and introduces this effectively into local practice. Leads on education and training of medical and midwifery staff on labour ward issues.
Promotes a good birth on the labour ward	<ul style="list-style-type: none"> Promotes a good birth by optimising the birth environment, promoting safe and personalised care for women and supporting decision making. Avoids negative and unnecessary influences. Minimises potential for undermining and bullying on the labour ward.
Sets standards for the debriefing of parents/family following adverse pregnancy maternal or fetal outcome	<ul style="list-style-type: none"> Supports and guides other senior clinical staff in the debriefing of parents/family following adverse maternal or fetal pregnancy outcomes. Advises on local support available and the options for further discussion.
Supports staff following adverse pregnancy outcome	<ul style="list-style-type: none"> Discusses the clinical scenarios in an open, honest and informative manner while respecting confidentiality. Provides effective summative and formative workplace-based assessments. Provides constructive written feedback.

Participates in a multidisciplinary team serious untoward event investigation and formulates recommendations following root cause analysis (maternal)	<ul style="list-style-type: none"> • Is able to participate in a multidisciplinary team serious untoward event investigation. • Is able to formulate recommendations following an RCA. • Understands how to raise concerns and how to progress new guidelines, protocols and new innovations.
Runs skills drills	<ul style="list-style-type: none"> • Constructs useful skills drills across a range of scenarios and provides constructive feedback. • Runs shoulder dystocia, eclampsia and crash emergency caesarean skills drills.

Evidence to inform decision

<ul style="list-style-type: none"> • NOTSS • TO2 • Reflective Practice • Mini-CEX • CbD 	<ul style="list-style-type: none"> • Record and feedback from skills drills • RCOG e-learning • Attendance at relevant course or conferences • Record of work-based assessment tickets completed for others • Relevant audit, quality improvement project or guideline • Attendance and chairing of labour ward forum • Principal for risk management case/critical incident review
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Knowledge criteria

<ul style="list-style-type: none"> • The role of human factors for team dynamics and various clinical scenarios • The Trust complaints procedure • When and how to best support staff following an adverse pregnancy outcome • How departments and the Trust manage serious untoward incidents (SUI) • The role of labour ward forums, risk management meetings and critical incident review • How to respond to advanced patient directive or religious beliefs that can impact on intrapartum care • The governance meeting's structure within the Trust and department • The labour ward staffing structure and the minimum staffing number safety standards • How staffing-level concerns are dealt with locally and how duties are prioritised and allocated • The equipment needs for the unit, the chain of command and the MDT pathways, involving neonatologists, anaesthetists and other allied professionals • The physiology and mechanisms of labour and birth and the role of the midwife as an expert in the process • The tools that may be used for effective handover (for example SBAR). • How to triage clinical cases according to local guidelines.
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- How to recognise basic competencies and deficiencies.
- The stages of clinical training and how progress is assessed. Understand the benefits of mentoring.
- How an educational plan and supervisor report are used to inform ARCP.
- The RCOG *Undermining Toolkit* and the GMC's *Building a supportive environment: a review to tackle undermining and bullying in medical education and training*
- The local guidance of how concerns are dealt with in the department, Trust and the School of Obstetrics and Gynaecology
- The structure and organisation of high dependency, intensive care and outreach teams
- Indications for high dependency and intensive care
- Methods of invasive monitoring for oxygenation, acid base balance, intraarterial pressure, cardiac output, preload and contractility
- The supportive therapies for multi-organ failure
- The altered presentation in pregnancy of respiratory, cardiac and renal impairment
- The impact on pregnancy and timing of birth (including termination of pregnancy before fetal viability)
- The principles of appropriate transfer to HDU or ITU
- The principles of resuscitation in pregnancy when related to pregnancy collapse or massive post-partum haemorrhage
- The governance structure within the obstetric and neonatal departments
- The principles of neonatal resuscitation taking into account antenatal and intrapartum factors
- The requirements and process for neonatal admission
- Neonatal acid-base physiology and blood gas interpretation and the influence of intrapartum factors
- The morbidity and mortality related to prematurity and birth weight in the context of international and local outcome data
- How best to diagnose hypoxic ischaemic encephalopathy and understand its short and long term consequences
- How to escalate concerns and progress new guidelines, protocols and new innovations
- The differences between skills training, scenario training and fire drills, when and how to deliver and assess them
- The requirements of the workforce for CPD and the role of skills drills in maintaining high standards of care on the labour ward

SECTION 2: PROCEDURES – Not applicable

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPs

AOCiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
11: The doctor takes a key role of leadership, management and patient safety on labour ward.		X	X	X	X	X

ATSM OBSTETRIC MEDICINE (OM)

SECTION 1: CAPABILITIES IN PRACTICE

AOCiP 5: The doctor is able to recognise and manage common medical conditions in the pregnant woman.

Key Skills

Descriptors

Uses investigations to support diagnosis and surveillance of common medical conditions	<ul style="list-style-type: none"> • Is able to make a thorough assessment of the presenting problem with appropriate investigation and consideration of differential diagnoses. • Recognises and devises an appropriate management plan for the common medical conditions presenting in pregnancy. • Recognises complexity and the need for referral to tertiary and/or subspecialist services.
Liaises with midwives and other health-care professionals	<ul style="list-style-type: none"> • Optimises the woman's care and patient journey.

Evidence to inform decision

<ul style="list-style-type: none"> • Reflective practice • TO2 (includes SO) • CbD • Mini-CEX 	<ul style="list-style-type: none"> • RCOG and other e-learning • Local and Deanery Teaching • Log of cases • Attendance at appropriate courses and conferences • Attendance at specialist medical clinics • Relevant audit/ quality improvement project
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Knowledge criteria

<ul style="list-style-type: none"> • The pathophysiology, presentation and implications for maternal and/or fetal health of common maternal conditions present at booking or that occur during pregnancy • The aetiology, incidence, diagnosis, management, the obstetric, medical and neonatal complications, and recurrence chance of each condition • The interpretation of ECGs, chest x-rays and blood gases analysis and how they are influenced by pregnancy • How pregnancy alters physiology and what impact this has on how medical conditions present, and how results of investigations should be interpreted during pregnancy • The impact of drug treatment on mother and fetus • Understand the presentation, investigation, differential diagnosis, management and outcome of the following in pregnancy; <ul style="list-style-type: none"> ○ Acute renal impairment ○ Acute chest pain ○ breathlessness ○ Ketoacidosis ○ Altered consciousness ○ Sickle cell crisis • Specific and detailed knowledge of the following: <ul style="list-style-type: none"> ○ Hypertension - Chronic and gestational hypertension ○ Renal - hydronephrosis ○ Gastrointestinal - obstetric cholestasis and hyperemesis gravidarum ○ Endocrinology - pre-existing diabetes without complications, hypothyroidism ○ Gestational diabetes ○ Respiratory - asthma
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- Dermatology - eczema
- Neurological - headache
- Epilepsy
- Haematological - thrombocytopenia and previous thromboembolic disease

AOCiP 7: The doctor manages intrapartum medical complications and pre-existing conditions.

Key Skills	Descriptors
Diagnoses and manages hypertensive disorders of pregnancy	<ul style="list-style-type: none"> ● Recognises these conditions when they present both classically, and in an atypical manner, and can formulate a differential diagnosis. ● Institutes emergency care and makes a longer-term plan for management, considering both maternal and fetal risks and needs. ● Applies clinical skills and investigations to monitor the condition and modifies plans accordingly. ● Manages uncommon intrapartum complications of these conditions, with support from other specialist teams. ● Liaises with consultants and other specialties and works effectively as part of a multidisciplinary team. ● Communicates effectively with the woman and her support structure, to enable decision making. ● Is able to discuss risks for future pregnancies and make plans for reducing these risks.
Manages the intrapartum care of a woman with diabetes	<ul style="list-style-type: none"> ● Devises an individualised management plan using a targeted history and review of relevant investigations performed before and during pregnancy. ● Counsels on the maternal and fetal risks associated with pre-existing and gestational diabetes in pregnancy and labour. ● Liaises with the multidisciplinary team regarding blood sugar control, long-term complications of diabetes, and acute diabetic presentations (including ketoacidosis). ● Makes an appropriate plan for labour and birth, and the postnatal period. ● Provides contraceptive and pre-pregnancy planning advice.
Manages the intrapartum care of a woman with other pre-existing medical disorders	<ul style="list-style-type: none"> ● Using a targeted history, and by reviewing results of investigations performed before and during pregnancy, manages the care of the woman during labour with pre-existing medical disorders, with particular emphasis on women with haemoglobinopathies, epilepsy, hepatitis B and C, HIV, herpes, cardiac, respiratory and renal disease, and previous thromboembolic disease, or elevated chance of VTE. ● Devises a management plan accordingly.

	<ul style="list-style-type: none"> • Is able to recognise situations of greater complexity which require tertiary level and/or subspecialist care. • Counsels on the maternal and fetal risks associated with these conditions in pregnancy and labour. • Makes an appropriate plan for labour and birth, and the postnatal period, including managing acute presentations caused, or complicated, by these conditions. • Provides contraceptive and pre-pregnancy planning advice.
Can assess and manage a critically ill or collapsed woman	<ul style="list-style-type: none"> • Able to make a rapid differential diagnosis, institute investigations and commence immediate resuscitation while calling for specialist assistance from the multidisciplinary team. • Provides ongoing obstetric input to women who have been transferred to non-obstetric high dependency or critical care areas. • Debriefs the team and family after the event in a manner that is easy to understand.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 (includes SO) • CbD • Mini-CEX 	<ul style="list-style-type: none"> • RCOG e-learning • Local and Deanery Teaching • Attendance at appropriate conferences and courses • ITU/HDU attachment • Attendance at obstetric anaesthesia clinic • Relevant audit/ quality improvement project
Knowledge criteria	
<ul style="list-style-type: none"> • Best practice management for and the risks associated with the 12 key conditions/scenarios which complicate intrapartum care: <ul style="list-style-type: none"> ○ Severe pre-eclampsia ○ Eclampsia ○ HELLP syndrome ○ Pre-existing diabetes mellitus, with and without complications ○ Gestational diabetes ○ Renal disease ○ Haemoglobinopathies ○ HIV ○ Previous thromboembolic disease ○ Elevated chance VTE ○ Intrapartum pyrexia ○ Increased chance of early onset GBS in the neonate • The presentation, investigation, differential diagnosis, management and outcome of the following in pregnancy; <ul style="list-style-type: none"> ○ Acute renal impairment ○ Acute chest pain ○ breathlessness 	

- Ketoacidosis
- Altered consciousness
- Sickle cell crisis

In detail:

- The pathophysiology, definition, diagnosis, associated acute and longer term maternal and fetal complications, and best practice for management, of pre-eclampsia and its variants
- The pathogenesis and classification, prevalence and complications of pre-existing diabetes (metabolic, retinopathy, nephropathy, neuropathy, vascular disease)
- Monitoring and optimisation of glucose control during labour
- Management of hypoglycaemia and ketoacidosis in pregnancy and labour
- How haemoglobinopathy impacts upon the antenatal and intrapartum care of the woman the risk to the fetus and the genetic basis of the common haemoglobinopathies
- How to quantify thromboembolic risk and how best to mitigate this during labour and the immediate puerperium
- The effects of labour and the immediate postpartum period on chronic renal, cardiac and respiratory disease, and the effects they have on labour
- Management strategies to optimise the fetal and maternal outcomes of labour in women with renal, cardiac and respiratory disease
- Management of seizure disorders and eclampsia during labour and the postpartum period
- The impact of HIV, hepatitis B and C and herpes on intrapartum and immediate postpartum care of the woman
- The risks of viral vertical transmission and how these can be minimised
- Current pharmacological management of HIV, and drug side effects
- The structure and organisation of high dependency, intensive care and outreach teams
- Indications for high dependency and intensive care
- Methods of invasive monitoring for oxygenation, acid base balance, intraarterial pressure, cardiac output, preload and contractility
- The supportive therapies for multi-organ failure
- The altered presentation in pregnancy of respiratory, cardiac and renal impairment
- Risk factors, causes of and presentation of amniotic fluid embolism, pulmonary embolism, cerebrovascular accident and cardiac event during labour
- Other causes of acute maternal collapse
- Unique issues presented by collapse in pregnancy and labour, including timing and guidance for peri-mortem caesarean section

AOCiP 8: The doctor has obstetric medicine skills covering a wide range of maternal medical conditions.

Key Skills	Descriptors
Manages the care of the pregnant woman with co-existing medical problems	<ul style="list-style-type: none"> ● Is able to use a focused history, examination and results of investigations to risk assess a pregnant woman with a co-existing medical problem.

- Is able to gather important information and liaise with specialist teams.
- Interprets common investigations including ECG, echocardiogram and blood gas results.
- Communicates effectively with women with medical problems.
- Devises a preconception, antenatal, intrapartum and postpartum plan for surveillance and treatment in women with pre-existing medical disorders, or those presenting for the first time during pregnancy.
- Devises an antenatal, intrapartum and neonatal plan for fetal and newborn surveillance in pregnancies complicated by pre-existing medical disorders, or those presenting for the first time during pregnancy.
- Recognises cases with greater chance of complexity and refer appropriately for tertiary and/or subspecialist care.
- Is able to recognise and manage obstetric complications arising as a result of the maternal medical condition.
- Works effectively with the multidisciplinary team to optimise care.

Evidence to inform decision

- Attendance at specialist courses and conferences
- Attendance at adult medical clinics
- Reflective practice
- Local and Deanery Teaching
- TO2 (includes SO)
- CbD
- Mini-CEX
- RCOG and other e-learning
- Anonymised examples of pregnancy care plans for women with medical disorders
- Relevant audit/ quality improvement project

Knowledge criteria

- The normal functional and anatomical changes of the various body systems during pregnancy (cardiovascular, respiratory, gastrointestinal, endocrine, haematological)
- The pathology, prevalence, presentation, diagnosis, risks and best practice management (pre, during and post pregnancy), for the following conditions:
 - Renal: Chronic hypertension, glomerulonephritis, reflux nephropathy, renal transplant
 - Cardiac: congenital heart disease, ischaemic heart disease, artificial valve, peripartum cardioimypathy
 - Gastrointestinal: acute fatty liver of pregnancy (AFLP), Crohn's disease and ulcerative colitis
 - Endocrine: Hypo and hyperthyroidism, pre-existing diabetes with complications, other pituitary and adrenal diseases
 - Neurological: Multiple sclerosis, Bell's palsy

- Haematological: Sickle cell disease, thrombophilia, acute thrombosis
- Dermatological: Psoriasis, Pemphigoid, polymorphic eruption of pregnancy, prurigo, pruritic folliculitis
- Rheumatological: SLE, Rheumatoid arthritis, APLS
- History of, or active, breast cancer and other malignancies
- How a medical condition may change during pregnancy and the postpartum period, and how the pregnancy may be affected by it
- How medical investigations and treatments might negatively impact on the pregnancy
- The pharmacology of drugs used to manage these conditions
- The pregnancy and breastfeeding safety profile of drugs, chemotherapy and radiotherapy used to manage these medical conditions
- How pregnancy can influence the findings of investigations and may alter treatment effects
- How the medical problem may deteriorate during pregnancy, how this might present, and how it would be managed
- Local team structures, networks and guidelines for the management of these problems outside of pregnancy
- The principles and practice of palliative care
- Criteria for tertiary referral
- When to seek specialist input
- Recurrence risks for future pregnancies
- The optimal forms of contraception for women with these specific medical disorders
- Mendelian genetics and how this relates to maternal conditions such as inherited thrombophilia and sickle cell disease

SECTION 2: PROCEDURES – Not applicable

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (*history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases*)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO AOCiPs

AOCiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
5: The doctor is able to recognise and manage common medical conditions in the pregnant woman.		X	X		X	X
7: The doctor manages intrapartum medical complications and pre-existing conditions.		X	X	X	X	X
8: The doctor has obstetric medicine skills covering a wide range of maternal medical conditions.		X	X		X	X

ASM SAFE PRACTICE IN ABORTION CARE (SPAC)

SECTION 1: CAPABILITIES IN PRACTICE

SPAC CiP 1: The doctor communicates and manages effectively to provide safe abortion care.	
Key Skills	Descriptors
Provides accurate information, without judgement, on the appropriate methods for termination of pregnancy for the gestational age	<ul style="list-style-type: none"> • Counsels on all options and associated health issues should termination of pregnancy be chosen, including: <ul style="list-style-type: none"> ○ support for continuation of the pregnancy ○ adoption ○ medical and surgical methods for termination of pregnancy • Demonstrates understanding of the benefits, risks and alternatives for surgical and medical methods including manual vacuum aspiration (MVA) outside of a theatre setting. • Clearly explains treatment regimes, potential side effects of drugs and complications of procedures.
Communicates and constructs an appropriate management plan, taking into account the woman's preferences and the urgency required	<ul style="list-style-type: none"> • Identifies reason for consultation and allows the woman to elaborate, presenting problem fully. • Deals sensitively with embarrassing and/or disturbing topics. • Phrases questions simply and clearly. • Structures interviews in logical sequence. • Involves others as appropriate, respects and observes confidentiality, displays tact, empathy, respect and concern for the patient. • Discusses potential consequences of not completing treatment regime.
Plans management for high risk and protected groups appropriately	<ul style="list-style-type: none"> • Ascertains social support, encouraging parental involvement where patient under 16 years' old. • Respects religious and cultural diversity and beliefs. • Is aware of women under coercive control of partner or family and the need for privacy in interviews. • Shows appreciation of the range of human sexuality, lifestyles and culture, and how this may reflect in their presentation and impact on their management. • Checks patient/carer is aware of procedure, analgesia requirements, support, and expected course of recovery. • Ensures everyone knows what constitutes abnormal signs and symptoms after abortion including whom to contact in an emergency. • Works effectively as part of a multidisciplinary team in high-risk situations.

Ensures STI screening, post abortion contraception and appropriate follow-up care.	<ul style="list-style-type: none"> • Discusses and documents a plan for STI screening, post-abortion contraception, indications for and availability of a post-abortion follow-up care. • Prescribes contraception and provides sexual health advice appropriate to the circumstances.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CBD • Reflective practice • NOTSS 	<ul style="list-style-type: none"> • Local and Deanery Teaching • RCOG e-learning • TO2 (including SO)
Knowledge criteria	
<ul style="list-style-type: none"> • The UK legal and regulatory aspects of abortion care – the Abortion Act 1967 and Statutory Instrument 2002 No. 887. The Abortion (Amendment) (England) Regulations 2002 • The role of the doctor in completion of the necessary forms for authorisation and notification of abortion • Understand the benefits, risks and alternatives for surgical and medical methods including manual vacuum aspiration (MVA) outside of a theatre setting, for appropriate to the gestational age, medical and social history • Understand how these options change after 12 weeks and after approximately 19 weeks, depending on local policies. • Familiarity with local and national guidelines. • Local care pathways for high risk and protected groups, including any safeguarding issues. • Department of Health’s <i>Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health</i> (2004) 	

SPAC CiP 2: The doctor has the required ultrasound skills to provide safe abortion care.	
Key Skills	Descriptors
Performs ultrasound	<ul style="list-style-type: none"> • Is able to date the pregnancy. • Recognises normal and abnormal uterine anatomy.
Uses ultrasound to guide and confirm completion of evacuation of the uterus.	<ul style="list-style-type: none"> • Identifies the endocervical canal and its instrumentation during dilatation of the cervix. • Directs others to provide effective ultrasound guidance during uterine evacuation. • Recognises successful completion of the procedure.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Dating pregnancy by ultrasound ○ Ultrasound assisted guidance of termination of pregnancy • Mini-CEX 	<ul style="list-style-type: none"> • NOTSS • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning

<ul style="list-style-type: none"> • Reflective practice 	
Knowledge Criteria	
<ul style="list-style-type: none"> • Cervical, uterine and placental anatomy • The use of ultrasound dating based upon CRL or from 14 weeks HC, AC and FL • The ultrasound features of normal and abnormal uterine anatomy and implantation (e.g. cervical or scar pregnancy) • The ultrasound appearances during termination and on successful completion of the procedure 	

SPAC CiP 3: The doctor has the procedural skills required to provide safe abortion care.	
Key Skills	Descriptors
Manages safe abortion procedural skills	<ul style="list-style-type: none"> • Prescribes appropriately for medical abortion, including abortifacients and analgesia. • Prescribes appropriately for cervical priming before surgical abortion. • Prescribes appropriately to minimise the risk of complications (eg. infection, haemorrhage, alloimmunisation).
	<ul style="list-style-type: none"> • Performs cervical preparation and is able to appropriately identify indications for and demonstrate ability to safely insert and remove osmotic cervical dilators. • Safely performs mechanical dilatation of the cervix.
	<ul style="list-style-type: none"> • Performs completion of procedure and investigations by: <ul style="list-style-type: none"> ○ Confirming complete evacuation of products on inspection of the products ○ Safely and sensitively disposing of fetal tissue ○ Arranging investigations as indicated in case of fetal or placental anomaly or forensic examination as identified ○ Correct placing of intrauterine contraceptive if chosen ○ Producing a suitable report of the procedure
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Performing termination MVA ○ Performing termination EVA ○ Performing termination D&E (only required if taken up to 18+6 or 23+6 weeks gestation) • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • NOTSS • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	

- The pain management options for MVA:
 - local cervical anaesthesia
 - oral analgesia
 - mild-moderate (conscious) sedation
- The environmental, staffing, supplies and set-up required to safely and effectively provide:
 - office-based uterine evacuation
 - theatre-based uterine EVA
 - theatre-based dilation and evacuation, including theatre set up, patient positioning and necessary equipment
- The indications, contra-indications and cautions for the use of mifepristone and/or misoprostol or other prostaglandin analogue (e.g., Gemeprost)
- The evidence-based recommendations for the prescribing of antibiotics, uterotonics and Rhesus anti-D immunoglobulin
- The indications, contra-indications and cautions for the use of osmotic cervical dilators [not required for Surgical skills to 13+6 weeks]
- Familiarity with the Human Tissue Authority Guidance on the disposal of pregnancy remains following pregnancy loss or termination (2015)
- The indications for post mortem examination and karyotyping in the context of termination for fetal anomaly. Understand documentation and follow up for gestational trophoblastic disease.
- Best practice including:
 - *Pain control in first trimester surgical abortion*, Cochrane Database Syst Rev 2009;(2): CD006712;
 - *Immediate postabortal insertion of intrauterine devices*, Cochrane Database Syst Rev 2010;(6): CD001777
 - Department of Health's *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health* (2004)

SPAC CiP 4: The doctor is able to safely manage the complications associated with abortion care.	
Key Skills	Descriptors
Manages cervical trauma	<ul style="list-style-type: none"> • Recognises when to call for assistance. • Communicates and works effectively with a multidisciplinary team.
Manages uterine trauma	<ul style="list-style-type: none"> • Recognises when to call for assistance. • Communicates and works effectively with a multidisciplinary team.
Manages post-abortion haemorrhage and collapse	<ul style="list-style-type: none"> • Recognises and manages immediate complications of surgical abortion (eg. cervical laceration, uterine perforation, acute haemorrhage, vasovagal episode) and medical abortion (eg. retained placenta, acute haemorrhage, uterine rupture).

	<ul style="list-style-type: none"> Recognises and manages delayed complications of medical and surgical abortion (eg. endometritis, incomplete abortion/retained products of conception, emotional difficulties).
Manages complex cases requiring medical or surgical abortion	<ul style="list-style-type: none"> Recognises when a transcervical approach is not feasible and appropriately refers for hysterectomy or hysterotomy, for example, women with medical comorbidities, uterine or placental anomalies. Identifies and manages immediate complications with insertion of osmotic cervical dilators (e.g. vasovagal, false passage) or removal (e.g. 'hourglassing').
Evidence to inform decision	
<ul style="list-style-type: none"> OSATS <ul style="list-style-type: none"> Acute complications relating to termination of pregnancy Late complications relating to termination of pregnancy Mini-CEX CbD Reflective practice Local and Deanery Teaching 	<ul style="list-style-type: none"> TO2 (including SO) NOTSS RCOG e-learning Confirmed participation in multidisciplinary team-based simulation training Leads critical incident review
Knowledge criteria	
<ul style="list-style-type: none"> How to recognise and manage the complications of surgical abortion (eg. cervical laceration, uterine perforation, acute haemorrhage, vasovagal episode) and medical abortion (eg. retained placenta, acute haemorrhage, uterine rupture) How to recognise and manage delayed complications of medical and surgical abortion (eg. endometritis, incomplete abortion/retained products of conception, emotional difficulties) 	

SECTION 2: PROCEDURES

Procedures	Level by end of training	CIP 1	CIP 2	CIP 3	CIP 4
Ultrasound	5		x		
Manual vacuum aspiration (MVA)	5			x	
Electric vacuum aspiration (EVA)	5			x	
Dilation and evacuation	5			x	
Acute complications relating to termination of pregnancy (includes: Basic life support, managing major haemorrhage, EUA, repairing uterine or cervical tear, Hysterotomy, Hysterectomy)	5				X
Late complications relating to termination of pregnancy (including: Basic life support,	5				X

Procedures	Level by end of training	CIP 1	CIP 2	CIP 3	CIP 4
managing major haemorrhage, EUA, repairing uterine or cervical tear, Hysterotomy, Hysterectomy)					

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills (<i>history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases</i>) <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health service and healthcare systems in the four countries <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> • Patient safety • Quality improvement <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>

SECTION 4: MAPPING OF ASSESSMENTS TO SPAC CiPs

CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor communicates and manages effectively to provide safe abortion care.		X	X	X	X	X
2: The doctor has the required ultrasound skills to provide safe abortion care.	X	X		X	X	X
3: The doctor has the procedural skills required to	X	X	X	X	X	X

CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
provide safe abortion care.						
4: The doctor is able to safely manage the complications associated with abortion care.	X	X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Abortion Act 1967. London: HMSO. www.legislation.gov.uk/ukpga/1967/87/contents
2. Statutory Instrument 2002 No. 887. The Abortion (Amendment) (England) Regulations 2002. London: HMSO (2002) www.legislation.gov.uk/uksi/2002/887/made
3. Department of Health. Abortion Notification Forms www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4063863
4. [Termination of Pregnancy for Fetal Abnormality in England, Scotland & Wales](#). Report of a Working Party. RCOG (2010)
5. General Medical Council. Consent guidance: patients and doctors making decisions together. (2008)
6. RCOG Presenting Information on risk. Clinical Governance Advice No. 7. (2008)
7. RCOG: Patient leaflet: Information about abortion care (2012)
8. Medical versus surgical methods for first trimester termination of pregnancy. Cochrane Database Syst Rev 2005;(1):CD003037
9. Rowlands S, ed. Abortion Care. Cambridge: Cambridge University Press, 2014
10. Paul M, Lichtenberg S, Borgatta L, et al. eds. Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care. 2nd ed. Chichester: Wiley-Blackwell, 2009.
11. Kelly T, Suddes J, Howel D, Hewison J, Robson S. Comparing medical versus surgical termination of pregnancy at 13-20 weeks of gestation: a randomised controlled trial. BJOG. 2010 Nov;117(12):1512-20.
12. Grimes DA. The choice of second trimester abortion method: evolution, evidence and ethics. Reprod Health Matters. 2008 May;16(31 Suppl):183-8.
13. Harris LH. Second trimester abortion provision: breaking the silence and changing the discourse. Reprod Health Matters. 2008 May;16(31 Suppl):74-81.
14. Kerns J, Steinauer J. Management of postabortion hemorrhage: release date November 2012 SFP Guideline #20131. Contraception. 2013 Mar;87(3):331-42.
15. Fox MC, Krajewski CM. Cervical preparation for second-trimester surgical abortion prior to 20 weeks' gestation: SFP Guideline #2013-4. Contraception. 2014;89:75-84.

16. Newmann S, Dalve-Endres A, Drey EA; Society of Family Planning. Clinical guidelines. Cervical preparation for surgical abortion from 20 to 24 weeks' gestation. *Contraception*. 2008;77:308-14.
17. Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH, Chen BA, Dutton C, McKetta S, Maurer R, Winikoff B, Fitzmaurice GM. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. *Obstet Gynecol*. 2015 Sep;126(3):599-609.
18. Lichtenberg ES. Complications of osmotic dilators. *Obstet Gynecol Surv*. 2004 Jul;59(7):528-36.
19. Darney PD, Sweet RL. Routine intraoperative ultrasonography for second trimester abortion reduces incidence of uterine perforation. *J Ultrasound Med*. 1989 Feb;8(2):71-5.
20. Kerns J, Steinauer J. Management of postabortion hemorrhage: November 2012 SFP Guideline #20131. *Contraception*. 2013 Mar;87(3):331-42.
21. Department of Health. Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. (2004)
22. Faculty of Sexual and Reproductive Healthcare. Clinical Effectiveness Unit. Clinical Guidance. Intrauterine contraception. (2007) www.fsrh.org/news/new-fsrh-guideline--contraception-after-pregnancy/
23. Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH, Chen BA, Dutton C, McKetta S, Maurer R, Winikoff B, Fitzmaurice GM. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. *Obstet Gynecol*. 2015 Sep;126(3):599-609.
24. Lichtenberg ES. Complications of osmotic dilators. *Obstet Gynecol Surv*. 2004 Jul;59(7):528-36.
25. Darney PD, Sweet RL. Routine intraoperative ultrasonography for second trimester abortion reduces incidence of uterine perforation. *J Ultrasound Med*. 1989 Feb;8(2):71-5.
26. Kerns J, Steinauer J. Management of postabortion hemorrhage: November 2012 SFP Guideline #20131. *Contraception*. 2013 Mar;87(3):331-42.
27. Department of Health. Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. (2004)
28. Faculty of Sexual and Reproductive Healthcare. Clinical Effectiveness Unit. Clinical Guidance. Intrauterine contraception. (2007) www.fsrh.org/news/new-fsrh-guideline--contraception-after-pregnancy/

APM CLINICAL RESEARCH (CR)

SECTION 1 CAPABILITIES IN PRACTICE

CR CiP 1: The doctor will have an understanding of and be able to apply the principles of clinical research methodology	
Key Skills	Descriptors
Is able to develop a research idea and write a research protocol	<ul style="list-style-type: none"> • Critically appraises papers or research proposals involving a prospective clinical study • Evaluates published literature • Obtains, receives and incorporates advice • Pays attention to detail and accuracy • Is sensitive to ethical issues
Is able to develop and review a study or trial protocol	<ul style="list-style-type: none"> • Explains justification for study • Is aware of potential risks and risk minimisation • Develops database/data management strategy • Develops operating procedures
Is able to present research	<ul style="list-style-type: none"> • Contributes to writing grant proposal or a peer-reviewed paper • Prepares an oral or a poster presentation • Writes letters to journals • Organises and presents data • Critically appraises literature • Pays attention to detail and accuracy • Interprets and defines clinical relevance of data
Is able to use statistical techniques and carry out data analysis	<ul style="list-style-type: none"> • Familiar with general statistical and scientific skills • Pays attention to detail and accuracy • Interprets and defines clinical relevance of data
Is able to use epidemiological methods to carry out medical research	<ul style="list-style-type: none"> • Familiar with epidemiological methods • Can design, analyse and write reports using epidemiological data • Uses different sampling techniques • Pays attention to detail and accuracy • Interprets and defines clinical relevance of data
Evidence to inform decision	
<ul style="list-style-type: none"> • Online or face to face Journal Club • Presentation of research paper at a journal club/departmental clinical meeting x • Participation in an oral/poster submission and/or presentation at regional national or international forum • Documentary evidence of BJOG/TOG-based research appraisal e.g. publication in BJOG/correspondence section • Evidence of participation in critical evaluation of BJOG articles, e.g. responses to CPD questions on BJOG articles in TOG • Written critical appraisal of a clinical research protocol • Draft/published manuscript/poster/presentation 	

- Attendance at appropriate course
 - basic research methodology
 - medical statistics

Knowledge criteria

- Aware of hierarchy/strength of evidence
- Appreciates the need for high quality proposals
- Knowledge of regulations governing research
- Descriptive statistics
- Data distribution
- Parametric and non-parametric tests
- Generalised linear modelling
- Survival data
- Multivariate analysis
- Simple random sampling, stratification
- Sample sizes, practical issues in sample surveys
- Strengths, limitations and weaknesses of different study designs and sources of epidemiological data, e.g. prospective and retrospective studies
- Measures of health and disease incidence (risk, rate, odds)
- Prevalence, measures of effect (e.g. relative and absolute risk)
- Understanding standardisation, causality in non-randomised studies

CR CiP 2: The doctor will be able to carry out clinical studies

Key Skills	Descriptors
Is able to prepare research project submissions	<ul style="list-style-type: none"> • Completes appropriate documentation including: IRAS submission (incorporating ethics), R&D submission, Home Office personal or project licence – CTA application; data access application • Understands service user/patient involvement (PPI) in research • Respect for patient’s rights • Awareness of cultural diversity • Communicates the rationale of the research and ethical considerations
Is able to develop study documentation and maintain appropriate licences and approvals for research	<ul style="list-style-type: none"> • Develops patient information leaflet, consent form, case report form, data collection • Performs ethical research • Reports on adverse events, Serious Adverse events and SUAS report • Works with site files (SOPs) • Awareness of the requirements of clinical governance especially probity • Adheres to appropriate standards and legislation
Is able to carry out research ethically and with integrity	<ul style="list-style-type: none"> • Awareness of issues surrounding fraud/scientific misconduct • Awareness of complex issues in scientific research • Awareness of plagiarism and can use plagiarism software • Reports concerns about research conduct • Develops ethical research practice

Is able to close a study	<ul style="list-style-type: none"> • Takes responsibility for end of study procedures • Applies ethical, R&D, CTA requirements for end of study • Archives consent, data and tissues • Completes reports and notifications • Ensures anonymization of data and samples • Pays attention to detail
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Evidence to inform decision

- Evidence of personal involvement in, and competence at, recruitment into a portfolio research study relevant to specialty/subspecialty, to include personal listing on the delegation log of a portfolio clinical trial AND evidence of personally recruiting reasonable and appropriate numbers of participants into such a trial(s)
- Participation in the local administration of a clinical trial/research study (entry in a delegation log/site file)
- Acknowledgement of approval to carry out research from the ethics committee and R&D
- Good Clinical Practice certification to cover the following objectives
 - Demonstrate an understanding of the importance of the interwoven laws, frameworks and guidelines which govern the set up and conduct of clinical research
 - Demonstrate an understanding of the roles and responsibilities of different individuals and organisations in clinical research
 - Understand the regulatory applications required before clinical research can be started in the UK
 - Identify a range of essential documents and the purpose of maintaining a trial master file
 - Understand the process of receiving informed consent and the roles and responsibilities of those involved in this process
 - Demonstrate the ability to correctly and accurately complete case report forms and other relevant documentation and understand the process for data query resolution
 - Demonstrate an awareness of the correct safety reporting requirements that ensure patient safety
 - Know where to go for further advice and support and how to keep updated
- Reflective evidence-based summary of relevant clinical research challenge encounter during a Clinical Research Study during the APM (about 5,000 words). Examples of potential themes to be covered could include:
 - Actual/potential adverse events
 - Ethical issues/challenges posed
 - Potential modifications to trial design that could have been addressed differently
 - Factors that militated against optimal recruitment at site and how addressed
 - Potential clinical translation/benefits of study findings
- Attendance at PPI meeting
- Forms approved by Ethics Committee including:
 - Study consent form
 - Patient information leaflet
 - Data collection form
- Attendance at appropriate course
 - Research methodology

- Local research network
- MRC online resources
- Good Clinical Practice
- Local specialty group or clinical study group
- Use of appropriate plagiarism software
- Documents demonstrating appropriate closure of study
- Archiving of data

Knowledge criteria

- Understands trial design
 - Controls
 - Protocols
 - Blind and double-blind arrangements
 - Cross-over trials
 - Meta-analysis
- Understands research project approval requirements
 - Sponsorship
 - Research and development
 - Clinical Trial Authority
 - Home Office
 - Caldicott Guardian
 - NIHR Portfolio adoption
- Ethical Committee regulations and requirements
- Good Clinical Practice
- Understands research infrastructure
 - NIHR structure and function – local, national, clinical study groups
 - Utilisation of research networks and support
- Understands issues around misuse of research
- Knows how to report concerns about research conduct
- Understands plagiarism
- Understands ethical, R&D, CTA requirements for end of study

SECTION 2: PROCEDURES

This module does not have any procedures.

SECTION 3 MAPPING TO GMC GENERIC PROFESSIONAL CAPABILITIES

APM Clinical Research - Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 9: Capabilities in research and scholarship

SECTION 4 MAPPING OF ASSESSMENTS TO CiPs – Not applicable

SECTION 5 RESOURCES (OPTIONAL)

APM Clinical Research - Suggested learning resources

- MRC online researches
- R&D Office
- MHRA
- Research Councils
- NIHR
- GMC
- MRC Clinical Trials Toolkit