

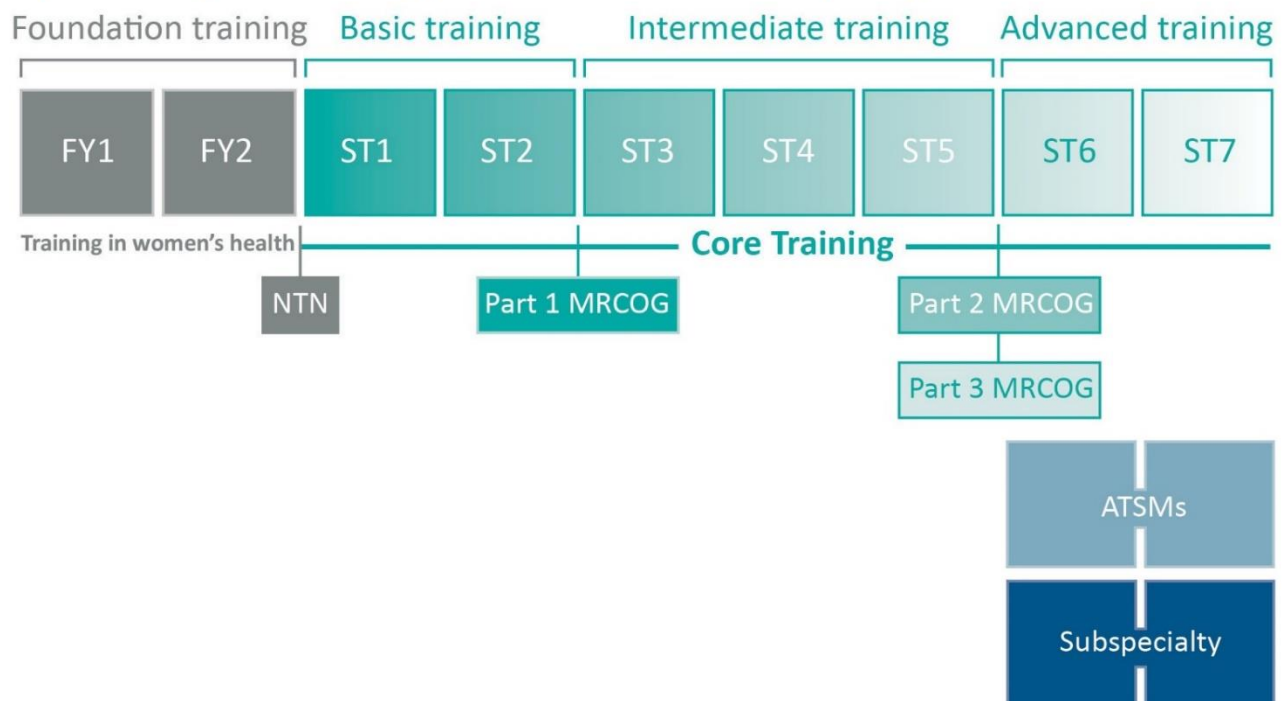


Royal College of  
Obstetricians &  
Gynaecologists

# Trainees' Guide to the O&G Curriculum and Specialty Training



# Specialty training and education programme



## INTRODUCTION

This section gives a general overview of the obstetrics and gynaecology (O&G) postgraduate medical education training programme. It contains brief information about assessment and progression, regulations, ARCP and certification, as well as the detailed curriculum for core and advanced training in O&G.

*You can find detailed information on the RCOG website for each topic by clicking on the topic title.*

UK training in O&G typically requires 7 years of specialty training in the specialty. Following successful completion of the programme, the trainee will be awarded a Certificate of Completion of Training (CCT) by the General Medical Council (GMC).

The content and structure of the training programme is determined by the Royal College of Obstetricians and Gynaecologists (RCOG) and approved by the GMC.

## CURRICULUM

### Core curriculum

The curriculum is comprised of 14 Capabilities in Practice (CiPs) organised into four Professional Identities (PIs). CiPs are the high-level learning outcomes within each of the four PIs.

The CiPs are divided into generic (Developing the doctor) and specialty (Developing the obstetrician & gynaecologist), with a set of four clinical CiPs within the clinical expert professional identity – managing emergency and non-emergency care (laid out in the table below and mirrored in the ePortfolio).

Each CiP is supported by key skills expected to be demonstrated by a CCT holder.



## Professional Identities and Capabilities in Practice

<b>Developing the doctor (generic)</b>	
<i>PROFESSIONAL IDENTITY: HEALTHCARE PROFESSIONAL</i>	
CiP 1	The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care
CiP 2	The doctor is able to successfully work within health organisations
CiP 3	The doctor is a leader who has vision, engages and delivers results
CiP 4	The doctor is able to design and implement quality improvement projects or interventions
CiP 5	The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels
<i>PROFESSIONAL IDENTITY: RESEARCHER, SCHOLAR AND EDUCATOR</i>	
CiP6	The doctor takes an active role in helping self and others to develop
CiP7	The doctor is able to engage with research and promote innovation
CiP8	The doctor is effective as a teacher and supervisor of healthcare professionals
<b>Developing the Obstetrician &amp; Gynaecologist (specialty-specific)</b>	
<i>PROFESSIONAL IDENTITY: CLINICAL EXPERT</i>	
CiP9	The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy
CiP10	The doctor is competent in recognising, assessing and managing emergencies in obstetrics
CiP11	The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care
CiP12	The doctor is competent in recognising, assessing and managing non-emergency obstetrics care
<i>PROFESSIONAL IDENTITY: CHAMPION FOR WOMEN'S HEALTH</i>	
CiP13	The doctor is able to champion the healthcare needs of people from all groups within society.
CiP14	The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.

Each CiP needs to be signed off by your educational supervisor. Throughout your training, you will collate evidence to show that you can undertake the key skills (or competencies), and thus in turn fulfill the criteria for a CiP.

At points throughout your training, you will undertake a self-assessment of your progress in each CiP and ask your clinical trainer/educational supervisor to confirm your assessment in the ePortfolio.

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 at the end of training.

Key skills repeatedly refer to the need to demonstrate professional behaviour with regard to individuals and their families, colleagues and others. Effective communication in its multiple forms is fundamental to being a high quality specialist in obstetrics and gynaecology.



Appropriate professional behaviour should reflect the principles of the GMC’s *Good Medical Practice* and the *Generic Professional Capabilities* (GPCs). Therefore, all 14 CiPs that provide the framework for this curriculum have been mapped to the nine GMC GPC domains. This will also continue into your professional life as a consultant and underpin the appraisal process.

The Core Curriculum CiPs continue throughout your training, from ST1 to ST7. It is not intended that CiPs are completed in isolation. Each CiP has a set of expectations for each stage of training in the form of key skills that need to be attained in order to progress. The important waypoints are between ST2 and ST3, and ST5 and ST6 – both these progression points not only require the successful completion of the CiPs, but success in all parts of the MRCOG. The *Matrix of Educational Progression* contains information about all the requirements for trainee progression between each year of training.

Each CiP has a Guide on the ePortfolio and provides further information on ideas for evidence and particular expectations at different stages of training.

### Clinical CiPs

The Clinical CiPs (CiPs 8-12) relating to emergency and non-emergency care in obstetrics and gynaecology are assessed using the five supervision levels shown in the table below that are based on an entrustability scale.

A trainee near to the beginning of training would be expected to be at Level 1 or 2; whereas ST6 or ST7 might be approaching Level 5.

### 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

### Procedural skills

There are a number of procedural skills required as part of the curriculum which are outlined in the table below.

<b>Gynaecology</b>	Endometrial biopsy Cervical smear Vulval biopsy Insertion/removal of IUCD/IUS
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	<p>Surgical &amp; medical management of miscarriage or surgical &amp; medical termination of pregnancy</p> <p>Hysteroscopy</p> <p>Endometrial ablation</p> <p>Diagnostic laparoscopy</p> <p>Simple operative laparoscopy</p> <p>Laparoscopic management of ectopic pregnancy</p> <p>Ovarian cystectomy</p> <p>Transabdominal ultrasound examination of early pregnancy</p> <p>Ultrasound examination of early pregnancy complications (optional)</p> <p>Ultrasound examination in gynaecology (optional)</p>
<b>Obstetrics</b>	<p>Perineal repair</p> <p>3<sup>rd</sup> degree tear perineal repair</p> <p>Non-rotational instrumental delivery</p> <p>Rotational instrumental delivery</p> <p>Caesarean section</p> <p>Manual removal of placenta</p> <p>Surgical management of PPH</p> <p>Surgical management of retained products of conception</p> <p>Surgical wound debridement</p> <p>Transabdominal ultrasound scan examination of late pregnancy</p> <p>Transabdominal ultrasound examination of normal fetal anatomy and biometry (optional)*</p>

*\*Must be completed and signed off as competent prior to undertaking the Fetal Medicine ATSM*

Competency in these procedural skills is assessed by use of the summative OSAT assessment tool.

The matrix of progression outlines when competency in these procedural skills is expected (add link to matrix of progression) at which particular year of training.

### **Making satisfactory progress through CiPs**

The key to making good progress in the curriculum is to acquire good evidence which can be used to substantiate your self-assessment. The emphasis should always be on the quality rather than on the quantity of evidence provided. This approach is also useful for trainees finding it difficult to acquire key skills in some rarer clinical presentations contained within the curriculum. In these circumstances evidence from alternative training methods (e.g. drills, simulation or eLearning) may be used, together with case-based discussion (CbD) assessments can be used as evidence of acquisition of a key skill. The Core Training tutorials in *eLearning* can also be used.

### **Guidance on evidence required for CiPs**

The philosophy of the new curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace based assessments (WPBAs) and the tick box approach.

The new training matrix demonstrates this *Matrix of Educational Progression*.

The CiP guides developed are available for trainers and trainees to give information about what would



be appropriate evidence at different stages of training *CiP guides*.

1. There must be some evidence linked to each CiP in each training year to show development in the CiP area.
2. In each stage of training (Basic ST1-2, Intermediate ST3-5, Advanced ST6-7) the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical and non-clinical CiPs. This evidence needs to be appropriate for the stage of training.

## Training courses

Some CiPs recommend attendance at a course (see *Matrix of Educational Progression*). For example, the Basic Practical Skills in O&G Course is mandatory and must be attended by the end of Year 2. Evidence of completion will need to be provided at the ARCP Year 2, and will be a prerequisite for entry to ST3. A certificate confirming attendance and, where relevant, documented confirmation of satisfactory completion of the course should be uploaded to the ePortfolio before the CiPs can be completed.

### *Advanced Training Skills Modules*

In the final 2 years of the training programme, you will be expected to develop professional interests commensurate with your skills and interests and future needs of the health service.

While you will need to complete the CiPs in the Core Curriculum, you will also be expected to complete at least two Advanced Training Skills Modules (ATSMs) in order to gain CCT. The combination of ATSMs should reflect the interests of the trainee and should be seen as training for a desired specialist post after CCT. 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.

In some instances, ATSMs may be oversubscribed, in which case trainees will be 'selected' competitively (for example, by structured interview). For further details, including how to register and the full list of ATSMs, please refer to the *RCOG website*. All the necessary forms and information for each ATSM are on the ePortfolio. The ePortfolio for ATSMs should be used to record progress in exactly the same way as for the core modules.

### *Subspecialty training*

Some trainees will choose to subspecialise, and there are four subspecialties open to trainees: Gynaecological Oncology, Maternal & Fetal Medicine, Reproductive Medicine and Urogynaecology. Entry is usually through competitive interview. Trainees follow the specific subspecialty curriculum undertaking assessments as they progress, including a midterm review organised by the secretariat of the Subspecialty Committee at RCOG. The assessment is usually scheduled so that the outcome can be used to inform the ARCP process.

## KEY RESOURCES FOR ALL TRAINEES

### *ePortfolio*

All trainees are required to use the RCOG ePortfolio, which provides the trainee with a comprehensive record of training and documents to demonstrate progression from the beginning of their training.



The 'Profile' section of the Training ePortfolio allows the trainee to access their post/supervisor details. At the start of each new post, the trainee should enter their post details and the name of their educational supervisor in the 'Post/Supervisor Details' section. Supervisors can be searched by their full name, GMC number or email. This will then allow your educational supervisor to access your e-portfolio and assess your progress.

Any clinical trainer can complete assessments for you and these can also be requested through the e-Portfolio.

Details of any overseas or supplementary training received can be entered. Details of and certificates of courses and regional training days attended can be entered in the 'Courses' area of the ePortfolio.

The website contains comprehensive user guides for trainees, trainers and administrative staff.

### *eLearning*

The RCOG has developed a large series of core tutorials on its eLearning platform that specifically support the core curriculum. While completion of these is not a mandatory element of the training programme, it is strongly recommended that trainees use these resources to supplement their learning. eLearning can be used at times to demonstrate knowledge. The ePortfolio contains direct links to the relevant core training tutorials for each competency.

## **INDUCTION AND APPRAISAL FOR TRAINEES**

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 – this can be completed by supervisor or trainee.

### **Induction**

Ideally, you should meet with your Educational Supervisor within 2 weeks of starting a new post. In this meeting, you may discuss and decide on learning objectives for this period of training.

### **Preparing for your induction**

You'll get the most out of your placement in any unit if you know what you want to achieve and ask the people who work there to help you achieve it. The induction interview allows you to do this. To prepare for your induction:

- Make contact to arrange your induction interview in advance of your start date. This is especially important if you are rotating during a holiday period, as your Educational Supervisor may be away when you start, in which case you might prefer your induction or an informal meeting before your first day.
- Ensure you have all the relevant information from your previous posts ready for the induction. If some of the information is complex, it might be helpful to give your Educational Supervisor time to read it before your induction meeting.
- If this is not your first post, review your last assessment and list your objectives for your next placement.



- Review progress you have made with the curriculum and update your Personal Development Plan.
- Look at relevant websites, such as this one and your local school's site, for relevant information that you want to discuss.

### The induction meeting

At your induction, you should:

- Review your Personal Development Plan
- Set achievable goals for further progress
- Identify additional educational objectives, e.g. quality improvement projects and study leave, and set realistic timescales for completion

You will need to record this meeting on the meeting form in your ePortfolio – either you or your supervisor can do this.

### Regular educational meetings

It is not mandatory for you to have monthly meetings with your Educational Supervisor but these are encouraged. They are particularly important if either you or your Educational Supervisor has training concerns, or if you have been set specific targeted training objectives at your ARCP. At these meetings you should check your progress with the CiPs and the PDP with your supervisor using the evidence you have uploaded into the ePortfolio. These meetings allow you to review your progress and achievements, review your learning plan and plan ongoing plans. These meetings can be used to for careers advice or any concerns regarding your training or work.

### Preparing for your educational meeting

- Make sure you keep your ePortfolio up to date and orderly, and use your ePortfolio and the *curriculum* to plan your next stage of learning
- Think about the various requirements of training: knowledge, key skills – and how you are making progress towards achieving the Capabilities in Practice
- Think about any obstacles to your progress and how these might be addressed
- Collate the relevant evidence and documentation of your progress and achievements
- Set an agenda of points you would like to cover

### At your educational meeting:

- Be prepared to value your successes explicitly and to discuss tough issues thoroughly
- Accentuate the positive but have a critical and constructive approach to progression
- Set SMART goals:
  - Specific (clearly defined; clear aims for a particular time period)
  - Measurable (divided into components so progress against each component can be monitored)
  - Achievable (be realistic, to avoid a sense of failure and/or despondency)
  - Relevant (stay focused on the *curriculum* and its requirements, including the *Matrix of Educational Progression*)
  - Time-bound (agree a time period for anticipated achievement)

You'll need to note the dates of your educational meetings and record the discussions on the





educational meeting form in your [ePortfolio](#). Remember these meetings are confidential but not legally privileged, and any issues that raise safety concerns for patients and trainees may be disclosed. Some of the meetings may be short and therefore your documentation can be brief. Other meetings may be longer and may cover many areas and will review your progress through the CiPs and your documentation of your discussions should reflect this.

### End of attachment educational meeting

At the end of your attachment, you should review the PDP and curriculum progress with your Educational Supervisor using evidence from the ePortfolio. Specific concerns may be highlighted from this meeting. Use the end of attachment form to 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 these should be recorded. If there are significant concerns following the end of attachment appraisal, then the Training Programme Director/Head of School should be informed.

## WORKPLACE-BASED ASSESSMENTS (WPBAs)

### What are workplace-based assessments?

Workplace-based assessments (WPBAs) are used to evidence your progression through the specialty training programme and, combined with the MRCOG, form the Programme of Assessment. The assessments aim to link teaching, learning and assessment and reflection in a structured way.

WPBAs are not necessarily used to demonstrate that you are completely competent in a procedure, but rather to identify strengths and weaknesses. This helps your Educational Supervisor give you the necessary support. To gain an accurate picture of your abilities, several WPBAs will be evaluated together at your routine appraisals.

You should take assessments throughout the training year as they will provide you with valuable feedback. You should complete all assessment forms via your [ePortfolio](#).

You will 'own' the event which means that you will initially complete the WBA (describe the event, do an analysis, provide a learning plan), get feedback from your trainer on this (trainer's analysis plus any additional actions) and provide explicit written reflection to close the WBA. There are four types of WBA in O&G training – further guidance is available on the RCOG website.

- OSATS (objective structured assessment of technical skill)
- Mini-CEX (mini-clinical evaluation exercise)
- Cbd (case-based discussion)
- NOTSS (non-technical skills for surgeons)

### Formative vs summative WBA

WPBAs are either:

- Formative (assessments for learning), used to provide feedback
- Summative (assessments of learning), used to allow you to demonstrate competence in a given clinical situation



The O&G training programme includes both formative and summative OSATS. Mini-CEX, NOTSS and CbDs are formative only.

## WPBAs and progression

The *Matrix of Educational Progression* details the assessments you will need to complete each year. There are no maximum numbers as the focus should be on the quality of the assessment rather than the quantity. However, each trainee will develop at a different rate, and some trainees will need to carry out more supervised procedures than others before their trainer is satisfied that competence has been achieved and the trainee can practice independently.

You should discuss with your Educational Supervisor how many of each type of assessment you need to complete, based on your progress.

## Organising the assessments

As the trainee, you're responsible for organising your WPBAs. Discuss with your Educational Supervisor the areas that require assessment at different stages; this will depend on the unit in which you're working.

Plan ahead so you are not completing all of the necessary assessments in the lead-up to your *appraisal* or *ARCP*. If you are struggling to have assessments completed in your unit, speak to your Educational Supervisor as soon as possible. Do not wait for your appraisal or ARCP to explain the difficulties you are having.

### *Team observations (TO1 & TO2)*

Trainees need feedback from a range of healthcare professionals, and the TO1 form is to be used for this purpose. This multisource feedback tool will form part of the assessment and informs the ARCP. The process is undertaken through the Training ePortfolio and is fully outlined on the RCOG website. It initially involves a self-assessment and then gaining feedback from those whom you work with.

### *Annual Review of Competency Progression (ARCP)*

The RCOG and deaneries/LETBs have agreed the standards for progression through training, as outlined in the *Gold Guide*. These standards are described in the *Matrix of Educational Progression*. This is updated by the College's Specialty Education and Advisory Committee (SEAC) and is published on the website at the beginning of August each year.

At the end of each training year, a formal assessment of the trainee's progress (ARCP) will be conducted to determine whether they can progress to the next year of the Specialty Training Programme. This is the responsibility of the postgraduate dean in conjunction with the deanery/LETB school of O&G. The RCOG also publishes *guidance on ARCP outcomes* that is updated each year. Academic and subspecialty trainees have separate arrangements for ARCP. Each year prior to your ARCP you will need to populate an Educational Supervisors Report (ESR) which will be completed by your educational supervisor and will be reviewed at your ARCP. This form summarises your progress over the training year

### *MRCOG examinations*

Trainees will need to pass three examinations in order to progress through training. Further detail on the *regulations for the MRCOG*, including currency of result and number of attempts allowed,



are available on the RCOG website.

### *Part 1 MRCOG*

This examination assesses basic sciences relevant to O&G and consists of two written papers containing single best answer (SBA) questions (as of March 2015). Trainees need to pass the Part 1 MRCOG to progress from ST2 to ST3.

### *Part 2 MRCOG*

This examination can be sat at any time after the attainment of Part 1. The Part 2 MRCOG exam assesses the application of knowledge in clinical scenarios. It is held in the British Isles and at selected overseas centres. The exam, which is in English, comprises two written papers consisting of single best answer questions (SBAs) and extended matching (EMQ) questions. Each paper counts for the same amount of marks (i.e. paper 1 counts for 50% of the mark, and paper 2 also counts for 50% of the mark). Trainees who are successful in the written papers can progress to the Part 3 MRCOG.

### *Part 3 MRCOG*

Candidates are eligible to sit the Part 3 examination once they have passed the Part 2 exam and satisfied all other eligibility requirements regarding currency and attempts. The aim of the Part 3 exam is to assess the candidate's ability to demonstrate core clinical skills in the context of the skills, knowledge, attitudes and competences as defined in the MRCOG Part 2 curriculum. The exam will assess the following five core skill domains in the context of the 14 modules:

- Patient safety
- Communicating with patients and families
- Communicating with colleagues
- Information gathering
- Applied clinical knowledge

Each task will assess up to four of the five core skill domains. Candidates who pass all parts of the examination are awarded the MRCOG. The Core Training tutorials in eLearning are an essential resource for candidates.

## **RECORDING DEVELOPMENT AND EXPERIENCES THROUGHOUT TRAINING**

### **Reflective practice**

All trainees are expected to actively engage in reflective practice. The ePortfolio provides a template for reflection. While trainees must meet the minimum requirements of the *Matrix of Educational Progression*, trainees are strongly encouraged to complete regular reflection to foster their own personal and intellectual development.

Trainees involved in serious incidents or complaints must always complete a reflective practice and discuss this, as well as electronically share it, with their Educational Supervisor; and, in some cases, the discussion would need to extend to other senior doctors directly involved with the case. If the case has been particularly distressing for you as a trainee, please seek help and support from your educational supervisor or College Tutor.



### **Log of procedures**

You will be able to record the procedures you undertake on the ePortfolio.

### **Quality improvement (audit, research, publications and formal presentations)**

Involvement in quality improvement (QI) is a crucial part of training. Evidence of a successfully completed QI will be expected at each annual assessment. Failure to demonstrate involvement in QI may hold up progress to the next year of training.

## **ACADEMIC TRAINING**

Academic trainees are expected to complete the core and advanced curricula requirements at the same time as acquiring their academic and research experience. Guidance for academic trainees has been developed and replaces the previous RCOG academic curriculum.



## GUIDANCE REGARDING TRAINING REGULATIONS

### *Regulations for CCT/CESR(CP)*

The regulations for CCT/CESR(CP) are available on the [GMC website](#). This is a useful source of information if there is a query concerning the CCT/CESR(CP). College Tutors can also give advice.

### *Out of programme*

Some trainees wish to take time out of programme (OOP) to undertake a period of additional training or research. There are four varieties of OOP. The Core Training tutorials in [eLearning](#) will be an essential resource for some taking OOP.

- OOP(C): this is used for trainees taking time OOP for personal reasons that are not relating to their competency progression. This time cannot be counted towards [CCT](#) or [CESR\(CP\)](#).
- OOP(E): the trainee is having experiences and competency progression that are related to the curriculum but not part of the curriculum. For instance, experience in IVF or overseas in a vesico–vaginal fistula service. This time cannot be counted towards CCT or CESR(CP).
- OOP(T): the trainee is undertaking competency progression but not in a GMC prior-approved training post. The GMC requires that the RCOG gives prior agreement of such requests for any time to be counted towards CCT. In exceptional circumstance OOP(T) can be in an overseas post, assuming that appropriate educational supervision is in place and matrix requirements can be met. Prior to the RCOG reviewing such application, agreement in principle is required from the responsible Postgraduate Dean (usually initially considered by the Head of School). An example would be subspecialty training in an RCOG approved post in Eire.
- OOP(R): the trainee is taking time out to undertake research. Trainees should always discuss any application to go OOP(R) with the Head of School before applying for the research post. Time does not count towards CCT unless prior GMC approval is recommended by the RCOG.

### *Acting up as a consultant*

Trainees who wish to act up as a consultant within the deanery/LETB that their training number belongs to can do so with prospective agreement of the Head of School who will inform the Postgraduate Dean. However, appropriate prior OOP(T) processes will need to be completed for trainees wishing to act up as a consultant outside their home deanery.



## Common terms in postgraduate O&G training

ALSO	Advanced Life Support in Obstetrics
ARCP	Annual Review of Competency Progression: the process whereby trainees have evidence of their progress reviewed by a Deanery panel
AUC	Acting up as a consultant
CbD	Case-based discussion
CCT	Certificate of Completion of Training
CESR	Certificate Confirming Eligibility for Specialist Registration
CEX	Clinical evaluation exercise
CLT	Clinical Trainer: the consultant assigned to a trainee who provides training during episodes of 'direct clinical care'
CoPMeD	Conference of Postgraduate Medical Deans in the UK
CT	College Tutor: a consultant with at least 2 years' experience as educational supervisor who is appointed by the NHS Trust and is responsible for the delivery of the training within the unit/hospital/trust
DFFP	Diploma of the Faculty of Family Planning
ES	Educational Supervisor: consultant assigned by the College Tutor to supervise a trainee's period of training. The supervisor is responsible for the process of appraisal
FRCOG	Fellow of the Royal College of Obstetricians & Gynaecologists
FTSTA	Fixed-term specialty training appointment
FTTA	Fixed-term training appointment
GMC	General Medical Council
Gold Guide	Guide to Postgraduate Specialty Training in the UK
HoS	Head of School (of O&G in a LETB/deanery)
LAS	Locum Appointment for Service
LAT	Locum Appointment for Training
LETB	Local Education Training Board (in England) previously Deanery
MOET	Managing Obstetric Emergencies and Trauma
MRCOG	Member of the Royal College of Obstetricians & Gynaecologists
MSF	Multisource Feedback
NICE	National Institute for Health and Care Excellence
NTN	National Training Number
OOP	Out of Programme
OOP(C)	Out of Programme for Career Break
OOP(E)	Out of Programme for Experience
OOP(R)	Out of Programme for Research
OOP(T)	Out of Programme for Clinical Training that has been prospectively approved by the GMC and can be counted towards training
OSATS	Objective Structured Assessment of Technical Skills
SANDS	Stillbirth and Neonatal Death Society
SEAC	Special Education Advisory Committee: the RCOG Committee responsible for all aspects of the specialty training programme and responsible for recommendations to the GMC for the award of the CCT
SIGN	Scottish Intercollegiate Guidelines Network
SpR	Specialist Registrar
StR	Specialty Registrar
TO	Team observation



TPD Training Programme Director: this is an executive post appointed by the Deanery/LETB to organize and manage the delivery of training within that Deanery

USS Ultrasound scanning

WPBA Workplace-based assessment