****

**RCOG MTI SCHEME 2026 – HEAD OF DEPARTMENT FORM**

**IMPORTANT INFORMATION – PLEASE READ BEFORE SUBMITTING THIS REFERENCE**

By completing this form and submitting it via email to MTI@rcog.org.uk, you are providing a summary of clinical ability for a doctor wishing to apply for the RCOG Medical Training Initiative.

Please ensure that you enter the doctor’s full name and RCOG number which the doctor has given you.

**YOU MUST:**

* Realise that under the Medical Training Initiative (MTI), if the trainee is assessed in the UK as not meeting the required clinical competencies, the UK employing hospital has the right to terminate the trainee’s contract after commencing the post.
1. Have personal knowledge of the candidate’s clinical obstetrics and gynaecology work, character and suitability for the MTI.
2. Select the candidate on merit, training potential and be able to say that the candidate is of high calibre to meet exemption from the GMC’s PLAB test.
3. Be able to confirm that there are opportunities for the doctor to be re-employed on his/her return home and to provide details.

|  |
| --- |
| **I confirm that I have read the criteria and guarantee that the doctor fulfils these requirements.** |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants RCOG number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When did the applicant start working in your department? Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The applicant should be currently working in your department)*

CLINICAL EXPERIENCE

|  |
| --- |
| **A. In the box next to each procedure, please insert a number (score) which corresponds to the appropriate level of competency on this scale:** ***0 = Observed / assisted******1 = Able to perform under direct supervision******2 = Able to perform independently***Please note that it is NOT mandatory that doctors are able to perform all the following procedures without direct supervision to gain placement through the MTI scheme |
| **Caesarean section** |  | **Rotational ventouse or rotational forceps delivery** |  |
| **Caesarean section at full dilatation**  |  | **Hysteroscopy** |  |
| **Manual removal of placenta** |  | **Diagnostic laparoscopy:** |  |
| **Evacuation of retained products of conception** |  | **Surgical management of ectopic pregnancy (laparotomy)** |  |
| **Ventouse or forceps delivery (non rotational):** |  | **Repair of third and fourth degree vaginal tears** |  |
| **Repair of episiotomy and 2nd perineal tear:** |  | **Experience of CTG fetal monitoring:** |  |
| **Insertion of intrauterine contraceptive device** |  | **Adult resuscitation:** |  |
| **Obtaining cervical cytology** |  | **Obtaining endometrial biopsy** |  |
| **Further comments:** |
|  |
| **B. Do you have any concerns about this applicant’s level of knowledge compared with other doctors at this level?** |
| **[ ]**  I have no concernsI have some concerns which relate to:  |
| **C. Do you have any concerns about the applicant’s awareness and insight into knowing when it is necessary to seek help/advice?** |
| **[ ]**  I have no concernsI have some concerns which relate to:  |

#### PROFESSIONAL VALUES

|  |
| --- |
| **A. Personal and professional integrity (displays honesty, is not discriminatory, maintains the trust of patients and colleagues). Do you have any concerns about this applicant’s ability in the above areas?** |
| **[ ]**  I have no concernsI have some concerns which relate to: |

**PERSONAL SKILLS**

|  |
| --- |
| A. Decisiveness/accountability/ability to take responsibility, makes decisions and asserts appropriate authority. Do you have any concerns about this applicant’s ability to act decisively and take responsibility? |
| **[ ]**  I have no concernsI have some concerns which relate to: |
| B. Interpersonal skills (Respects patients and works co-operatively with others). |
| **[ ]**  I have no concernsI have some concerns which relate to:  |
| **C. Flexibility/ability to change and adapt to new country/working environment, responds appropriately to rapidly changing circumstances.****Do you have any concerns about this applicant’s ability to demonstrate flexibility in day-to-day work?** |
| **[ ]**  I have no concernsI have some concerns which relate to: |
| D. Resilience/ability to operate under pressure, copes with stress. Do you have any comments about this applicant’s ability to demonstrate resilience in day-to-day work? |
| **[ ]**  I have no concernsI have some concerns which relate to: |
| E. Thoroughness (is well-prepared, shows self-discipline and commitment).Do you have any concerns about this applicant’s ability to demonstrate thoroughness in their approach to work? |
| **[ ]**  I have no concernsI have some concerns which relate to:  |
| F. Drive/enthusiasm (is a self-starter, motivated, keen to learn and improve). Do you have any concerns about this applicant’s commitment, enthusiasm and drive for the specialty? |
| **[ ]**  I have no concernsI have some concerns which relate to:  |
| G. Probity (displays honesty, integrity, aware of ethical dilemmas). Do you have any concerns about this applicant’s probity in the approach to patient care and in dealing with colleagues? |
| **[ ]**  I have no concernsI have some concerns which relate to:  |
| H. Absence record. Has the applicant, to your knowledge, had any period of sickness absence longer than 5 consecutive days?  |
| **[ ]**  Yes **[ ]** No If yes please give details below: |
| I. Punctuality. Is the applicant, to your knowledge, punctual at work and when attending organised teaching sessions? |
| **[ ]**  Yes **[ ]** No I have some concerns which relate to:  |
| **Please provide an overview of this applicant’s strengths and weaknesses, and an assessment of his/her suitability for further training in the UK.** |
|  |

## Your details

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualifications:** |  |
| **Hospital:** |  |
| **RCOG Number:**  |  |
| **Telephone Number:** |  |
| **Email:**  |  |
| **Address:** |  |

## Please note you may be contacted by the RCOG to verify your report.

I confirm that I am Head of Department in Obstetrics and Gynaecology at the above-mentioned hospital and that this is an authentic report of this candidate.

Signed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dated: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## How we use your information

In accordance with the UK General Data Protection Regulation (“UK GDPR”) and Data Protection Act (DPA) 2018, the RCOG uses personal data to fulfil our regulatory and statutory obligations, establish professional expertise and status, as well as to confirm identities for legal or regulatory purposes. We also use the information provided by individuals to deliver the tailored services and benefits of the RCOG membership package and/or O&G specialist-training programme.

**How we handle your information safely and securely**

Our [Data Protection Policy](https://rcog.org.uk/media/v3ddqus1/data-protection-policy-and-procedures-2023.pdf) outlines how we comply with the UK Data Protection legislation.

Our [Privacy Policy](https://rcog.org.uk/media/jq5aasyk/privacy-policy-2023.pdf) contains further information on how the RCOG will use, store and delete your data in accordance with the [RCOG Retention Schedule.](https://rcog.org.uk/media/3vfhhetz/retention-schedule-2023-web-version.pdf)

**Your rights**

You have a right to access any personal data which the College holds about you, and also the right to correct this data and to request for the data to be erased. If you would like to exercise these rights or challenge the processing of your personal data by the College, please follow our [Individual Rights Requests guidance.](https://www.rcog.org.uk/about-us/policies/data-protection-policy-and-procedures/individual-rights-requests/)

If you are unhappy with how we are processing your data, you can complain to the RCOG directly using our [Complaints Policy and Procedure](https://www.rcog.org.uk/about-us/policies/complaints-policy-and-procedure/) or contact the Information Commissioner’s Office (ICO). Please see the ICO website for details <https://ico.org.uk/make-a-complaint/your-personal-information-concerns>