



Consultation Document

Advanced Training Review

March 2023



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This document has been produced to provide a summary of RCOG proposals for the current advanced and subspecialty training curricula and change to the training structure, to enable RCOG Fellows, Members, Associates, Trainees, Specialist Societies, Service Users, other Royal Colleges and Faculties, related charities and employers to feedback views during the consultation period running from 15 March – 13 April 2023. All feedback received will be carefully considered by the College and will inform any necessary changes to the curricula and support the submission of the proposals to the General Medical Council for approval. The consultation feedback survey can be found [here](#) and more detail on the process is available on our [website](#).

1. Introduction

The Core Curriculum for Obstetrics & Gynaecology (O&G) constitutes the main programme of training for all doctors wishing to obtain a certificate of completion of training (CCT) in O&G, and runs throughout the whole length of training. In order to achieve a certificate of completion of training (CCT) in O&G trainees must also complete the advanced training component of the O&G training programme, currently consisting of two Advanced Training Skills Modules (ATSMs), or one subspecialty programme, which is undertaken alongside the last two years of core training.

The O&G training programme produces generalists with skills to manage emergency care, an ability to work collaboratively with other specialties and to deliver patient centred care. In addition, through the completion of ATSMs or subspecialty training, it produces CCT holders with special interest skills that all clinical services and women in general require. Not all CCT holders can develop all special interest skills due to the diversity in O&G which requires expertise in a wide range of practice. However, all obstetrics and gynaecology services rely on a team approach where all consultants can provide general and emergency acute care whilst simultaneously bringing one or more elements of special interest that ensure this diverse skill and expertise can be provided locally.

The advanced training component of the O&G Training Programme (ATSMs and subspecialty curricula) was reformatted into high-level learning outcomes as required by the General Medical Council's (GMC) standards for postgraduate medical curricula [Excellence by design](#) for the 2019 core curriculum revision where the scope of practice has been clearly defined.

As required by the GMC the [Generic Professional Capabilities](#) (GPCs) were incorporated into the core curriculum and the advanced training curricula component (current ATSMs and subspecialty) of the O&G training programme. At that time no changes could be made to the content of the advanced training component and it was agreed that a thorough revision of the structure and content of the advanced training component would be undertaken after the implementation of the 2019 Curriculum as the advanced training component has not been holistically reviewed since its inception in 2007.



The purpose of this document is to outline the changes to the structure of the advanced training component including the revisions and development of the content of the RCOG advanced training element of the O&G training programme, which includes the subspecialty curricula.

This document addresses the rationale for the proposed revisions. The detail of how the curriculum, assessment and syllabus will work has not changed since its implementation in 2019 and the organisation of the curriculum, the programme of assessment and principles of the curriculum will not change, which are outlined in the respective Definitive Documents:

[Core Curriculum Definitive Document](#)

[Advanced Training Definitive Document](#)

[Subspecialty Training Definitive Documents](#)

RCOG commissioned the Advanced Training Review in 2020 in direct response to the GMC's feedback of the 2019 curricula submission and approvals process. This recognised the need to substantially review and update both the advanced and subspecialty training component.

The review of the advanced component of training was conducted by an Advanced Training Steering Group, under the governance of RCOG Education Board. The group determined the direction of travel and comprised of Chairs of the relevant curriculum committees (Curriculum Committee, Advanced Training Committee, Subspecialty Committee, Specialty Education Advisory Committee (SEAC), Trainees' representatives and Vice Presidents for Education and Professionalism & Workforce).

An obstetric subgroup, gynaecology subgroup and subspecialty subgroups for each subspecialty comprised of relevant clinicians undertook the revision of the ATSMs and subspecialty curricula. Particular effort was made to engage consultants working in both smaller and larger tertiary hospitals, in both special interest and subspecialty posts, and lay representation was facilitated and encouraged. The subgroups met on a monthly basis until the revised modules had been finalised.

The development of the revised curricula and recommended training pathway changes have been produced collaboratively with educationalists, trainees, Heads of School and specialists.

The Steering Group reported to the Advanced Training Project Board. The outputs from the project have been reported to the Curriculum Committees, SEAC and ultimately RCOG Council via Education Board. The review has been undertaken over the last two years.



2. Drivers

A review of advanced training (both its content, structure and how it relates to core training) has been motivated by a wide and complex series of drivers. A thorough review of the advanced training component of the core curriculum is now long overdue but was put on hold whilst the 2019 Curriculum, including the reformatted advanced training component (which complies with the GMC's standards for postgraduate medical education 'Excellence by Design' and the incorporation of the Generic Professional Capabilities) was introduced. The most important of these drivers are summarised below.

2.1 Outdated curricula

Many elements of the current advanced curricula component had previously been written and developed in isolation from one another, and from the core curriculum, often by subspecialists and specialist societies within obstetrics and gynaecology. Technical skills and knowledge have advanced and changed, meaning that some of the content is no longer relevant or appropriate. There is a need for new elements within the special interest curricula to train doctors in emerging skills and modernised ways of working, for example multi-professional networks. Furthermore, the special interest curricula needed to reflect more effectively the needs of women and the service. Although the special interest curricula had been revised in 2019 so that they matched the format of the newly designed 2019 Core Curriculum, there was little change to the content of the Advanced Training Skills Modules (ATSMs), with the expectation that a full review of the advanced training component of the core curriculum, would be forthcoming. This inevitably left duplication and overlap between the core curriculum and the current ATSMs, and furthermore the ever-increasing complexity of ATSMs, Advanced Skills Modules (ASMs), Advanced Professional Modules (APMs) and subspecialty training (SST) was not addressed.

Much of the duplication between the core and the advanced training curricula component fell within the domain of general, acute, skills and capabilities, required by all CCT holders in obstetrics and gynaecology. This led to uncertainty about what was required for meaningful completion of core (generalist) training and meant some trainees were at risk of not acquiring an appropriate level of core skill, whilst others, especially where some schools mandated certain more generic ATSMs for CCT, were limited in taking forward their special interest skills which clinical services and women require.

There is recognition that the current training pathway and O&G curricula can be perceived as overly complex and difficult to navigate. The intention has been to streamline and simplify the structure to increase its accessibility.

2.2 The changing needs of the population

The development of non-surgical and outpatient management of many gynaecological conditions has reduced major surgical training opportunities, and the major surgery offered has become more complex and dependent on a wider range of surgical modalities (e.g.

laparoscopic, robotic). In obstetrics there has also been a notable increase in the medical complexity of patients, alongside a very significant increase in expectations and scrutiny. Patients expect high quality care and decision making but delivered as close to home as is safely possible. Care provided in one geographical region needs to match that of all others. The demographics of the population have changed greatly, and the advanced training component within the core curriculum in obstetrics and gynaecology needs to move with these changes and be flexible to further evolution. The changes to the management of gynaecological problems, and the reduction in surgical training opportunities means more advanced gynaecological surgical training has moved steadily into the current advanced training component, leaving many trainees only two years to develop these higher surgical skills. There is a need also to consider what proportion of O&G trainees need advanced gynaecological surgical skills training, and at what point in the training programme this should begin given that, even now, not all consultants undertake major gynaecological surgery.

3. Summary of the current advanced training component

Figure 1 below describes how advanced training currently sits within the overall O&G training programme. It is very important to recognise that core training continues throughout the entire training programme from ST1 to ST7 (completion). Core training is divided into basic training (ST1-2), intermediate training (ST3-5) and advanced training (ST6-7). Currently, advanced training is comprised of the following:

1. Advanced Core Training
2. Advanced Training Skills Modules (ATSMs)
3. Advanced Skills Modules (ASMs)
4. Subspecialty Training (SST)
5. Advanced Professional Modules (APMs)

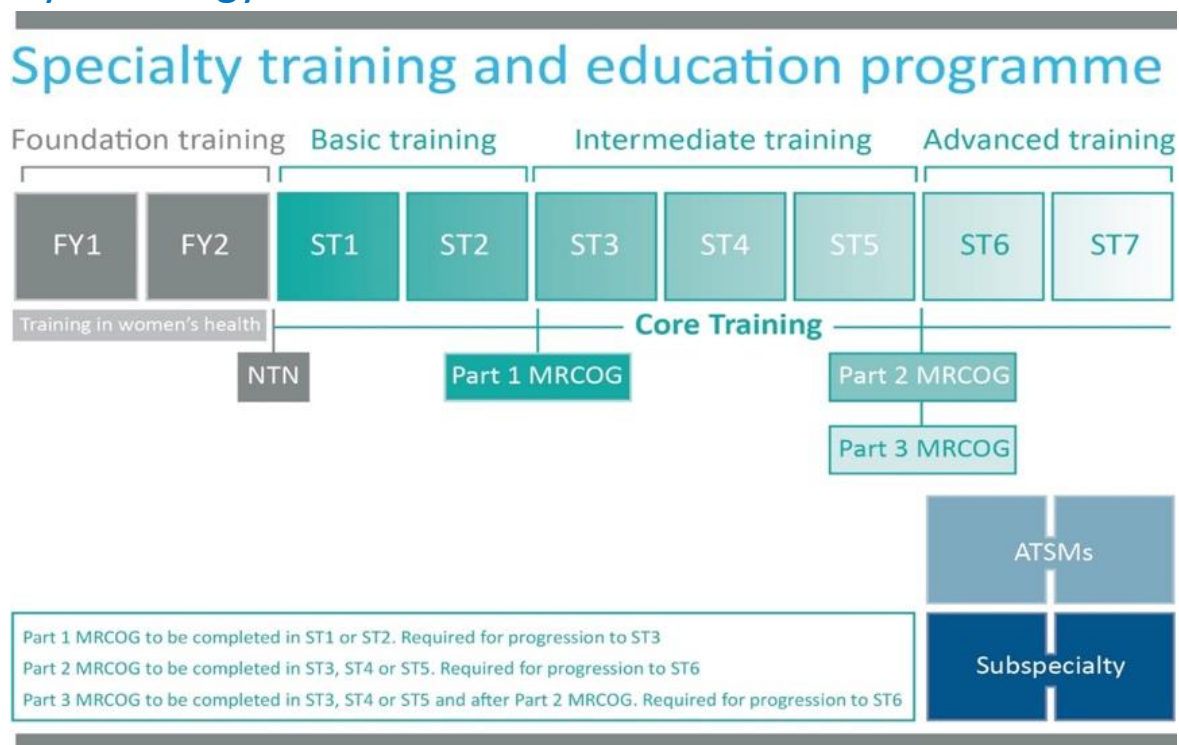
All pre-CCT trainees must complete advanced core training and will take a combination of the other curricula elements to satisfy the award of CCT (with or without subspecialty accreditation). The non-core elements of advanced training (items 2, 3, 4 and 5) can also be undertaken post-CCT. Of note for those not familiar with the specialty, these non-core elements are fundamental to the effective running of all O&G departments and cannot be exclusively, or even in the main, undertaken post-CCT as significant gaps in service would occur whilst post-CCT doctors developed these necessary skills. The vast majority of consultant posts are advertised with a special interest component in the job specification.

To note, the non-core elements of advanced training (items 2, 3 and 5) can also be undertaken by Specialty and Associate Specialist Doctors (SAS Doctors) and Locally Employed Doctors (LE Doctors).

Advanced training begins following a satisfactory Annual Review of Competency Progression (ARCP) outcome at the end of ST5. There are currently 18 different ATSMs, one ASM, one APM and 4 separate subspecialty training programmes (see appendix 1). Each ATSM has its own work intensity score, and there are rules to follow with respect to how many ATSMs can be undertaken over the two years of advanced training component. The APM can be taken as additional training by any postgraduate doctor and are not restricted to ST6 and 7.

There are four subspecialty training programmes. The training time is an indicative two years if the research requirement has been met prior to entry into the subspecialty programme. If it has not, then the subspecialty programme will be an indicative three years. Trainees currently need to complete Advanced Core Training and two ATSMs or a single subspecialty programme to be awarded a CCT in Obstetrics and Gynaecology.

Figure 1: The current structure of training in Obstetrics and Gynaecology



4. Summary of proposed changes

These proposed changes align with the drivers outlined earlier in this document.

The general principles required by the GMC's standards for postgraduate medical curricula [Excellence by design](#) have been followed, and the [GPCs](#) have been incorporated.



The standard followed is for the new curricula to result in feasible, practical and sustainable training programmes that can be implemented by organisations responsible for training and service provision. In addition, the curriculum and development process must make sure education and training is fair and is based on principles of equality and diversity.

4.1 Changes to the advanced component of the curriculum

The advanced training curricula are presented as a series of High Level Learning Outcomes, and the scope of practice is clearly defined. Obstetrics and Gynaecology shares less interdependency and overlap with other training programmes, professions and areas of practice than is the case for some specialties, particularly at an advanced level, however these considerations have been duly recognised, as has the need for flexibility and transferability of learning outcomes. The new advanced curricula component will better address the needs of patients and services and will continue to support a flexible training approach.

4.1.1 Renaming of ATSMs: The ATSMs have been renamed Special Interest Training Modules (SITMs) to emphasise that all CCT holders in O&G need to develop a special interest as these skills are fundamental to core services and the effective running of all O&G departments across the UK, and thus avoid gaps occurring in the clinical service. There will be 21 in total (see appendix 2). Trainees will be required to complete a minimum of 2 SITMs in addition to completing all aspects of the core curriculum which runs throughout the whole O&G training programme. A detailed careers guide will be developed and published giving guidance to trainees and trainers about suggested combinations of SITMs.

The SITMs have been written by groups comprising general O&G consultants, consultants with a special interest in the area, subspecialists and trainees with a special interest in the area. Following the stakeholder consultation, modifications, based on feedback, will be made to the curricula if required prior to formal submission to the GMC. The defining aim of the SITM structure has been to sit alongside advanced core training (and not to overlap) and produce a workforce that can deliver a high-quality service for women across the four nations, in all types of provider units, as outlined in the RCOG 2022 Workforce Report: <https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/og-workforce-report-2022/>

New SITMs have been written to embrace changes in the care required by women and the technical aspects of care and its delivery. For example, the new Robotic Surgery SITM is designed to equip a proportion of trainees with the core skills in using a surgical robot, and the new Care for Prematurity SITM has been designed to furnish a doctor with the skills to run a clinic focused on preterm birth prevention, and to interact with a network of providers to optimise care for women and babies at risk of preterm labour.

The SITMs have been designed to support the future service needs for more general O&G consultants working in smaller units, where special interest skills are required in both obstetrics and gynaecology.



4.1.2 ASM: The one ASM within the current curriculum (Safe Practice in Abortion Care) has been converted to an SITM, to simplify the structure of special interest training and can contribute to CCT but no change to the curriculum has been made.

4.1.3 APMs: The single APM in 'Clinical Research' has been joined by the 'Medical Education' APM (previously an ATSM) and its content has been updated. A new APM in 'Leadership and Management' has been developed. The APMs will be renamed to Special Interest Professional Modules (SIPMs). Although all these generic skills form part of the core curriculum requirements, it is clear that many trainees wish to further develop their skills/capabilities in one of these areas. The SIPMs do not carry a work intensity score and do not count towards CCT. They can be undertaken in addition to SITMs or SST. Furthermore, they can be started prior to entering the advanced training stage of the core curriculum, i.e. at any stage during the O&G training programme.

To note, SITMs and SIPMs can also be undertaken by Specialty and Associate Specialist Doctors (SAS Doctors) and Locally Employed Doctors (LE Doctors), in the same way they can undertake ATSMs, the APM and the ASM currently.

4.2 Changes to the core curriculum

The skills within two previously very 'popular' ATSMs have been incorporated into the core curriculum. The 'Advanced Labour Ward Skills' ATSM and the emergency aspects of the 'Acute Gynaecology and Early Pregnancy' ATSM overlapped very significantly with core CiPs. Trainees told us they felt conflicted about taking these ATSMs because their perception was they were needed on their CVs to evidence their more general acute skills, but this inevitably restricted what other ATSMs they could then pursue. The core CiPs, containing the majority of the key skills duplicated in these ATSMs, have been strengthened and no general skills will have been lost through this change. It also ensures that all O&G trainees must achieve the same advanced level in these core acute skills covering the breadth of the specialty and therefore equipping them to function effectively as a specialist delivering quality care. A new SITM has been written that recognises the very important role of delivering complex early pregnancy and emergency gynaecology care.

4.3 Changes to the subspecialty curricula

The four subspecialties remain. The content of the curricula has been updated in line with changing practice. The key development here is that each subspecialty programme is now made up of one or more relevant SITMs (with the constituent Capabilities in Practice (CiPs) PLUS further additional CiPs that differentiate a subspecialist consultant from a special interest consultant. For example, subspecialty training (SST) in Reproductive Medicine (RM) is made up of the four CiPs of the Management of Subfertility SITM, plus five additional CiPs

that are confined to subspecialty training in RM. This has simplified the curricula, helped to define the clinical differences between the special interest consultant and subspecialist and means that trainees who have started or completed a relevant SITM before entering subspecialty training have already achieved and evidenced some of the subspecialty curriculum. The writing groups for the SITMs and SST CiPs have worked together with higher level guidance to ensure that the CiPs, key skills and descriptors match the requirements of consultants working in different environments.

Significantly, the need for ‘research accreditation’ has been removed from subspecialty training and a subspecialty specific research CiP relevant to all SSTs has been produced which builds on the requirements of the research CiP within the core curriculum.

4.4 Commencement of special interest training component at the start of ST5

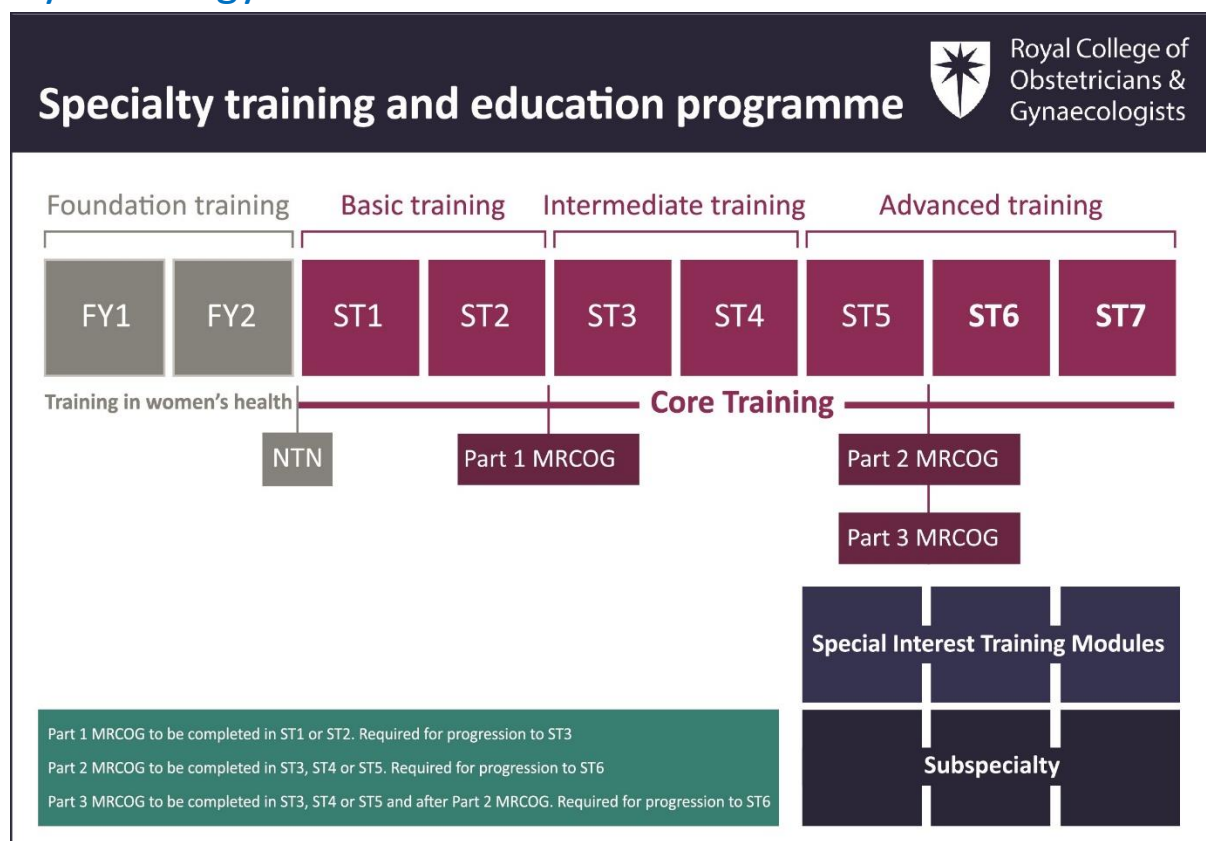
Some modifications of the current model of training are being proposed and these have broad support. One key change is that the special interest training component of the O&G training programme would commence following a satisfactory ST4 ARCP (rather than ST5). There are no changes planned for the critical progression points at the end of ST2 and ST5. Core training would continue during ST5, 6 and 7 at higher level, but a doctor in training would be able to develop other aspects of their training in a direction that will ultimately map to the kind of O&G consultant they wish to be and that the service requires. In particular, doctors aiming for a career with significant gynaecological surgery will be able to begin SITMs appropriate to this goal earlier, meaning they can access three, rather than just two years of adequate surgical opportunities. Those trainees planning a more obstetric or outpatient/community gynaecology practice will have their focus elsewhere, whilst still acquiring the core acute skills in both O&G required by following the core curriculum in ST5, 6 and 7.

Trainees may undertake relevant SITMs in ST5 meaning they are already ‘upskilled’ when entering subspecialty training at ST6, or indeed may apply for subspecialty training to start in ST5, giving them an indicative three years for the clinical skills acquisition. The need for longer time in subspecialty training has been an ongoing concern and demand of the subspecialists, and this will provide a solution without increasing the overall length of training. Starting special interest training at ST5 will ensure that generic skills are still achieved but will mean a better matching of the skills of new CCT holders to the requirements of the consultant posts that are being advertised, and the service needs. Moving subspecialty training post-CCT has been explored by the RCOG with other stakeholders, and the conclusion of our review does not support this.

There are no plans to alter the timing at which O&G trainees sit the MRCOG examinations. MRCOG Part 1 is a written examination, testing basic sciences related to O&G will remain a ‘critical progression point’ at the end of year 2 of training. MRCOG Part 2 is a written examination assessing application of knowledge and MRCOG Part 3 is a clinical assessment to evaluate ability to apply core clinical skills, knowledge, and competency across key skill domains. Both exams are aimed at the standard of a trainee who has completed five years of training and will remain a ‘critical progression point’ at the end of ST5. The MRCOG has never been an ‘exit’ examination.

The Examination and Assessment Committee does not believe it appropriate to encourage candidates to take the examination earlier in training when they have less clinical experience. This would diminish the ability of the examination to assess readiness for unsupervised practice. Nor is it appropriate to reduce the level of clinical experience being assessed.

Figure 2: The proposed structure of training in Obstetrics and Gynaecology



5. Implementation

The intention is to launch the revised curricula from 1 December 2023 with a flexible approach to implementation that will see it fully rolled out by August 2024, subject to GMC



approval. The College is committed to working with employers, service providers, educators and the Statutory Education Bodies to ensure training programmes can be adapted to deliver the new curricula and accommodate the changes to rotations required to facilitate ST5 entry for SITMs.

The proposed implementation and transition plan can be viewed [here](#), including for CESR applicants. It details how trainees will be affected by the changes depending on their stage of training and gives guidance on who needs to switch to the revised modules and who can stay on the current ones, in line with GMC requirements.

Necessary development and enhancement of the Training ePortfolio has been considered in order to accommodate the revised curricula, and integrate these into individual ePortfolios. The required changes have been scoped and timelines developed to ensure readiness for launch. Both the 2019 and 2023 curricula will be available on the Training ePortfolio during the transition phase.

Support packages for trainees and trainers are being developed which will include career guidance based on the career aspirations of trainees which will also consider service needs. In addition, curriculum guides for the SITMs, SIPMs and subspecialty curricula will be developed which outlines the aim, purpose and requirements in more detail.

6. Summary

The purpose of the consultation is to collect invaluable feedback on our proposal and inform any necessary changes to the curricula. The outcome will support our final submission to the GMC for approval. We hope that you will engage with this important work, the time you take to provide high-quality feedback to this consultation is much appreciated.

The consultation feedback survey can be found [here](#) and more detail on the process is available on our [website](#).

For any questions, please email: curriculum@rcog.org.uk



Appendix 1: List of current ATSMs, ASM, APM and Subspecialty curricula

Gynaecology Advanced Training Skills Modules

- Acute Gynaecology and Early Pregnancy
- Advanced Laparoscopic Surgery
- Benign Abdominal Surgery: Open and Laparoscopic
- Benign Abdominal Surgery: Hysteroscopy
- Colposcopy
- Menopause
- Oncology
- Paediatric and Adolescent Gynaecology
- Sexual Health
- Subfertility and Reproductive Health
- Urogynaecology and Vaginal Surgery
- Vulval Disease

Obstetric Advanced Training Skills Modules

- Advanced Labour Ward Practice
- Fetal Medicine
- High Risk Pregnancy
- Labour Ward Lead
- Obstetric Medicine

Other Advanced Training Skills Module

- Medical Education

Advanced Skills Module

- Safe Practice in Abortion Care

Advanced Professional Module

- Clinical Research

Subspecialty Curricula

- Gynaecological Oncology
- Maternal and Fetal Medicine
- Reproductive Medicine
- Urogynaecology



Appendix 2: List of proposed SITMs/SIPMs and subspecialty curricula

Gynaecology Special Interest Training Modules

- **Gynaecological Surgical Care** (includes skills and knowledge common to many areas of gynaecological practice, reflects the need for pre-operative planning consent, management of post-operative complications, includes Human Factors and the management of the theatre team, OSATS for both open and laparoscopic surgery; no major surgery as those aspiring to become gynaecological surgeons undertake either the Oncology Care, Endometriosis Care or Management of Subfertility SITM in addition to the Gynaecological Surgical Care SITM)
- **Endometriosis Care** (known as Advanced Laparoscopic Surgery)
- **Oncology Care**
- **Management of Subfertility**
- **Urogynaecology and Vaginal Surgery**
- **Management of the Endometrium** (known as Benign Abdominal Surgery: Hysteroscopy)
- **Paediatric and Adolescent Gynaecology**
- **Vulval Disease**
- **Colposcopy**
- **Menopause**
- **Safe Practice in Abortion Care** (already approved by the GMC and no changes made)
- New: **Complex Early Pregnancy and Emergency Gynaecology**
- New: **Chronic Pelvic Pain**
- New: **Robotic Surgery**

Obstetric Special Interest Training Modules

- **Fetal Care**
- **Pregnancy Care** (skills and knowledge to manage the commonest medical issues encountered in obstetric care)
- **Maternal Medicine** (must be undertaken in conjunction with the Pregnancy Care SITM)
- **Care for Prematurity**
- **Perinatal Mental Health**
- **Prenatal Diagnosis** (must be undertaken in conjunction with the Fetal Care SITM)
- **Supportive Obstetrics** (looking after the pregnancies of those with additional needs and vulnerabilities)



Special Interest Professional Modules

- **Clinical Research** (already approved by the GMC and no changes made)
- **Medical Education** (content revised/updated and rebadged as a special interest professional module)
- NEW: **Leadership and Management**

Disbanded ATSMs

- **Advanced Labour Ward Practice:** capabilities are covered in core and descriptors in relevant core key skills have been strengthened as every CCT holder needs to achieve these
- **Acute Gynaecology and Early Pregnancy:** many of the emergency capabilities from this ATSM are covered in core and descriptors in relevant core key skills have been strengthened as every CCT holder needs to achieve these. The SITM in Complex Early Pregnancy and Emergency Gynaecology has been developed to cover the non-core capabilities from the ATSM.
- **Labour Ward Lead:** the revision of the obstetric ATSMs into SITMs resulted in the skills from the Labour Ward Lead ATSM being covered across the obstetric SITMs and core. Any doctor hoping to develop a leadership role in any area of O&G could consider undertaking the Leadership and Management SIPM.
- **Sexual Health:** content is suitably covered in core.

Subspecialty Curricula

- **Gynaecological Oncology:** consists of SITM in Oncology Care CiPs 1-3, SST GO CiPs 1-4 and the subspecialty specific research CiP
- **Maternal and Fetal Medicine:** consists of SITMs in Pregnancy Care CiPs 1-2, Maternal Medicine CiPs 1-2, Prenatal Diagnosis CiPs 1-3, Fetal Care CiPs 1-3, SST MFM CiPs 1-3 and the subspecialty specific research CiP
- **Reproductive Medicine:** consists of SITM in Management of Subfertility CiPs 1-4, SST RM CiPs 1-5 and the subspecialty specific research CiP
- **Urogynaecology:** consists of SITM in Urogynaecology and Vaginal Surgery CiPs 1-4, SST UG CiPs 1-4 and the subspecialty specific research CiP

Core Curriculum

- **Summary of changes to 2019 core curriculum**
- **Full 2019 core curriculum with changes**

Find out more at

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