Core Curriculum for Obstetrics & Gynaecology

Definitive Document 2019

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Changes log: 3 June 2020: removal of OSATs for surgical wound debridement
Changes log: 15 June 2022: removal of OSATs for endometrial ablation and move of surgical evacuation of retained products of conception (Obstetrics) OSATS moved from ST4 to ST7

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. The Definitive Document only addresses the purpose, learning outcomes, content of learning, process of training and the programme of assessment for the core curriculum, and not the further requirements for CCT (advanced training modules and subspecialty). The core curriculum covers ST1-7, i.e. the whole training programme.

It is important to note that the Definitive Document only outlines the high-level principles for the curriculum, and that the detailed Knowledge Areas (based on the current MRCOG syllabus) will be contained in a separate document which will be published on the RCOG website after GMC approval of the curriculum. Comprehensive guidance documentation on the implementation of the programme of assessment will be drafted for trainees and trainers.

O&G is a run-through training programme lasting seven years. The fundamental training structure and waypoints remain the same in the new curriculum.
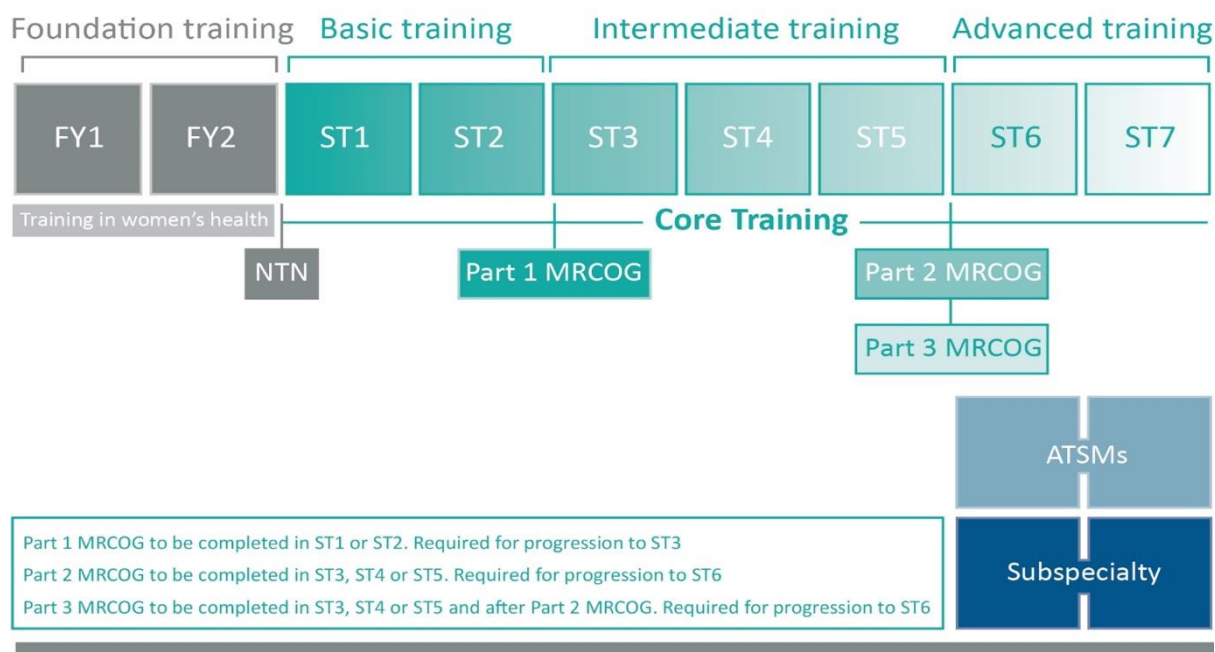
2   Purpose of the new curriculum

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 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.

2.2 General description of the new curriculum

The purpose of the O&G core curriculum is 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. The curriculum provides a framework for training by defining the standards required to work at consultant level and at key progression points during training. It also encourages 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 curriculum acknowledges 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 curriculum 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 core curriculum does not include any changes to the 19 Advanced Training Skills Modules (ATSMs) or the four subspecialty curricula. These are detailed in a companion document, New Advanced Training Curricula for Obstetrics & Gynaecology.

The new curriculum consists of 14 Capabilities in Practice (CiPs) (high-level statements setting out what a doctor should be able to do at the end of training) grouped by four

Professional Identities (PIs). The PIs 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.

Table 1 – Professional Identities and Capabilities in Practice

Developing the doctor (generic)	
PROFESSIONAL IDENTITY: HEALTHCARE PROFESSIONAL	
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
PROFESSIONAL IDENTITY: RESEARCHER, SCHOLAR AND EDUCATOR	
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
Developing the Obstetrician & Gynaecologist (specialty-specific)	
PROFESSIONAL IDENTITY: CLINICAL EXPERT	
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
PROFESSIONAL IDENTITY: CHAMPION FOR WOMEN'S HEALTH	
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.

In parallel with the introduction of a new curriculum we are reviewing our 'assessment at work' methods. We are piloting and collating evidence for modified versions of our existing workplace-based assessment tools, the modification being the addition of a reflective element for each tool. We will submit this evidence in our full submission to the General Medical Council (GMC) to show that the new tools reflect both the new generic professional capabilities (GPCs) mandated by the GMC, as well as our own aspirations for developing a

lifelong reflective practitioner. The current workplace-based assessments will be available on the ePortfolio.

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 curriculum 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. A fundamental aim of this curriculum is therefore to develop consultants who work and lead multidisciplinary teams, from a range of professional groups in a variety of hospital and community settings. Our curriculum design has been informed by the output from workstream 5 (workforce) of the Maternity Transformation Programme in England to which the RCOG has contributed. The RCOG also has a Workforce task group with representatives from the devolved nations and Royal College of Midwives whose work has been reflected in the curriculum design.

During its development the curriculum has undergone 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 has been 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 Capabilities in Practice (CiPs) – that is, high-level statements setting out the general professional skills that any doctor should have at the end of training – within the curriculum will enable easier transfer between specialties, as the CiPs have also been mapped to the GMC's Generic Professional Capabilities (GPC). 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 curriculum 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 adept at 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 this curriculum 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 regardless of their ATSMs or subspecialty training will therefore have demonstrated achievement of a range of generic and specialty-specific capabilities.

3   The organisation and content of the curriculum

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 Curriculum to incorporate all these elements, as demonstrated in Figure 1 below.

Figure 1 - Curriculum design structure

Professional Identity (4)

Capability in Practice (14)

Key Skills

Descriptors
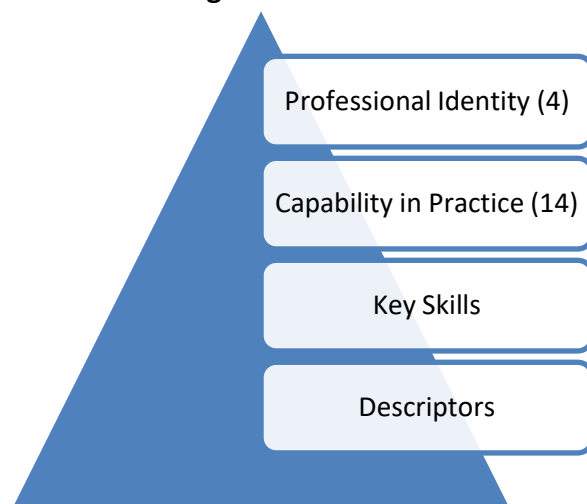
3.1 Curriculum framework

As can be seen from Table 1, CiPs are the high-level learning outcomes within each of the four PIs. Each CiP is supported by the key skills expected to be demonstrated by a CCT holder. The CiPs are divided into generic (Developing the doctor) and specialty (Developing the obstetrician & gynaecologist), with a set of four clinical CiPs within the specialist category. The Curriculum Framework is laid out in detail in section 3.2.

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. Descriptors may be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for their year of training. They are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance.

Additionally, the 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. Team working is a key focus. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their condition, illness or disability.

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.

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.

Assessment of the CiPs will be underpinned by the descriptors and judged against the performance and behaviour, as articulated in the statement of expectations for that year or stage of training. The 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. For generic and non-clinical CiPs, satisfactory sign off will be required at the end of each stage of training to demonstrate that, for each of the CiPs, the doctor in training meets or exceeds the minimum level of performance expected for completion of that stage of O&G training.

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 in all clinical specialty CiPs and that they meet the minimum requirements for each of the generic CiPs.

What follows is the curriculum framework, which articulates the detail for each of the 16 CiPs, including the mapping to the GPCs.

3.2 Developing the Doctor - generic CiPs

This section is divided into two – firstly the CiPs that are purely generic; and secondly the CiPs that are specialty specific.

The 8 generic CiPs describe the key skills which develop trainees as a doctor and are essential for a CCT holder in O&G. Educational Supervisors will make a global judgement based on whether the trainee has made satisfactory progress for the defined stage of training. If this is satisfactory for the stage of training, the trainee can progress. More detail is provided in the programme of assessment section of the curriculum.

Professional Identity 1: Healthcare Professional	
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.	
Key Skills	**Descriptors**
Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis	• Can take a detailed, focused history including details of current medication. • Conducts appropriate clinical examinations. • Documents clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal requirements. • Can select appropriate investigations and interpret results. • Lists possible diagnoses and applies clinical judgement to arrive at a working diagnosis.
Facilitates discussions	• Uses empathy, respect and compassion when communicating with a patient to build trust and independence. • Modifies their approach to the patient when cultural background or personal values may have an impact on engagement and care.
Ability to facilitate women's decision making	• Considers views, preferences and expectations when working with patients and their families to establish patient-centered management plan. • Shares information with patients and their families clearly, in a timely, non-judgmental fashion and facilitates communication (including use of a translator, advocate or supporter when needed). • Recognises limitations and escalates care where appropriate. • Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment.
Provides treatment	• Demonstrates a commitment to high quality care, which is safe and effective and delivers a good patient experience. • Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance.

	• Demonstrates ability to deal with complex situations including drug contra-indications and side effects
	• Determines responsibility for follow up, including appropriate intervals for monitoring, location of care, instructions on accessing emergency help and changing or cancelling appointments.
	• Works effectively within a multiprofessional team to meet the needs of the individual
	• Can make referrals for complex cases.

Evidence to inform decision

• CbD	• TO2 (includes SO)
• Mini-CEX	• NOTSS
• Reflective practice	• MRCOG Part 3

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

Domain 5: Capabilities in leadership and teamworking

Domain 6: Patient safety and quality improvement
- Patient safety

CiP 2: The doctor is able to work effectively within health organisations.

Key Skills	Descriptors
Aware of the healthcare systems in the four nations of the UK	• Understands the NHS constitution and its founding principles. • Understands how healthcare services are currently commissioned and funded and the key organisational structures. • Understands the role of government and the agencies and public bodies who work with the department of health. • Appreciates the role of third sector organisations in healthcare. • Demonstrates an awareness of budget and resource management
Aware of and adheres to legal principles and professional requirements	• Understands the legislative and regulatory framework within which healthcare is provided in the four nations of the UK. • Follows GMC guidance on professionalism and confidentiality (Adheres to GMC Good Medical Practice) • Understands the human rights principles and legal issues surrounding informed consent and respectful care– including key legal rulings.

Aware of ethical principles	• Understands ethical principles and how these underpin practice. • Acts professionally in difficult ethical situations.
Participates in clinical governance processes	• Follows safety processes that exist locally and nationally. • Actively engages in a culture that promotes safety. • Understands the ways in which incidents can be investigated and the theory that underpins this. • Participates in incident investigations and links recommendations to quality improvement. • Discloses harmful patient safety incidents to patients and their families accurately and appropriately (exercises within the Duty of Candour). • Demonstrates humanity and empathy for both first and second victims of adverse incidents. • Actively engage with and learn from women and families in improving patient safety and experience
Works effectively within the digital environment	• Understands the principles of data governance and the legislation around data protection • Understands the need for proactive and responsible interaction with digital platforms. • Effectively signposts patients and health professionals to patient support websites and newsletters. • Is able to work with patients to interpret information in the public domain. • Maintains an appropriate digital persona. • Demonstrates ability to interact appropriately with women's concerns and public campaigns

Evidence to inform decision	
• CbD • TO2 (includes SO) • Local and Deanery Teaching • RCOG eLearning • Audit	• Quality improvement • Incident reporting and investigation • Complaint management • Attendance at governance meetings • Debrief • MRCOG Part 2

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 3: Professional knowledge
• Professional requirements
• National legislative structure
• The health service and healthcare systems in the four nations
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 8: Capabilities in education and training
Doman 9: Capabilities in research and scholarship

CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results.	
Key Skills	**Descriptors**
Comfortable influencing and negotiating	• Evaluates own preferred negotiation style. • Can handle a variety of negotiation challenges. • Understands and is able to secure and consolidate agreements.
Manages conflict	• Understands the concept of conflict in the healthcare setting. • Understands the challenges and negative effects of conflict within teams and organisations. • Understands and implements the methods and tools used to manage conflict and its resolution.
Understands human behaviour and demonstrates leadership skills	• Actively contributes to culture and respectful care by role modelling appropriate language and behaviour and challenge when does not happen • Understands the basic principles and importance of emotional intelligence. • Reflects on own leadership style and how this can impact on patient and colleague interactions. • Demonstrates the ability to adapt leadership style to different situations. • Continues to enhance leadership skills.
Demonstrates insight	• Demonstrates insight into own knowledge and performance. • Adapts within the clinical environment. • Can provide evidence that they reflect on practice and demonstrate learning from it
Manages stress and fatigue	• Understands stress, its impact on personal wellbeing and its potential effect on delivering high quality patient care. • Develops personal strategies to maintain mental strength and resilience. • Shows how they are improving resilience as part of their personal development.

	• Recognise the impact of stress and fatigue in their team and offer / signpost to support
Able to make effective use of resources and time management	• Can prioritise effectively. • Demonstrates effective time management in clinical settings. • Effectively delegates tasks to other members of the multiprofessional team • Demonstrates awareness of budget and resource management

Evidence to inform decision

- Reflective practice
- NOTSS
- Local and Deanery Teaching
- TO2 (includes SO)
- RCOG e-learning

- Confirmed participation in multidisciplinary team-based simulation training
- Leadership questionnaire
- Leads critical incident review

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 8: Capabilities in education and training

Doman 9: Capabilities in research and scholarship

CiP 4: The doctor is able to design and implement quality improvement projects or interventions.	
Key Skills	**Descriptors**
Understands quality improvement (quality is safety, experience and efficacy)	• Understands the difference between quality improvement and research. • Understands QI methodology such as Plan, Do, Study, Act cycles (PDSA). • Understands the concepts of big data and national clinical audit. • Appreciates the importance of stakeholders in QI work encouraging involvement with patient groups eg Maternity Voices Partnership.
Undertakes and evaluates impact of QI interventions	• Is actively involved in QI initiatives (examples include: clinical audit, guideline development, implementation of national guidance, service improvement). • Considers the best way to share learning. • Evaluates quality improvement projects and how these can work at a local, regional and national level.

Evidence to inform decision

- Local and Deanery Teaching
- Quality improvement project

• RCOG eLearning	• Guideline development and implementation

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
• Communication and interpersonal skills
• Dealing with complexity and uncertainty
Domain 3: Professional knowledge
• Professional requirements
• National legislative structure
• 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

CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels.	
Key Skills	**Descriptors**
Maintains situational awareness	• Understands and applies the three critical stages of situation awareness. • Understands and applies the techniques to maintain situation awareness, both team and individual factors – e.g. minimising interruptions and distractions. • Maintains situation awareness in safety-critical environments.
Demonstrates insight into decision making	• Understands the psychological theories on how we make decisions under pressure. • Understands the different types of decision making (intuitive, rule-based, analytical and creative). • Demonstrates insight into own decision-making process. • Can review and analyse the decisions of others. • Progresses from analytical to intuitive decision making and is able to articulate this as experience develops. • Reflects on unconscious biases which may influence our interaction and behaviour • Demonstrates when making clinical decisions the ability to consider a person's perspective and the reasons for choices and perception of safety.
Ability to respond to human performance within adverse clinical events	• Demonstrates knowledge and effects of various types of human error/violations on outcomes. • Demonstrates knowledge and effects of unconscious and cognitive biases (e.g. fixation, normalcy, confirmation etc.). • Reviews effects of human error and biases in clinical practice.
Team working	• Understands team working in complex dynamic situations.

	- Ability to adapt to changing teams. - Works effectively as part of a multiprofessional team in different roles. - Communicates effectively within the multiprofessional team and with patients, relatives and members of the public. Understands that multiple methods of communication are required - Demonstrates appropriate assertiveness and challenges constructively. - Reflects on breakdowns in team working and communication. - Recognises and celebrates effective multiprofessional team working
Understands systems and organisational factors	- Recognises how equipment and environment contribute to outcomes and patient safety. - Is aware of latent and active failures within healthcare systems and the effects on safety eg. Reason's model (Swiss cheese). - Promotes a safety culture by role modelling ideal behaviours. - Knows how to escalate safety concerns. - Understands the concept of 'high reliability' organisations and the relevance to improving outcomes in healthcare.

Evidence to inform decision

- Reflective practice
- TO2 (including SO)

- NOTSS
- Local and Deanery Teaching
- RCOG e-learning

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 systems in the four countries

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Professional Identity 2: Researcher, Scholar and Educator	

CiP 6: The doctor takes an active role in helping self and others to develop themselves	

Key Skills	Descriptors
Demonstrates a commitment to continued learning	• Understands own learning styles. • Identifies opportunities for learning and development through regular reflection and feedback. • Implements personal development plans to enhance and progress professional practice. • Applies learning to professional practice.
Develops people	• Acts as a supportive colleague and critical friend. • Encourages career development in others. • Understands concepts of formal mentoring and coaching.
Promotes excellence	• Encourages and support colleagues in their endeavours. • Signposts to professional networks to promote high quality and innovative practice.
Provides pastoral care	• Identifies and creates a safe and supportive working environment. • Demonstrates an awareness of the characteristics of a colleague in difficulty. • Supports and guides a colleague in difficulty using the processes which exist within the NHS.
Provides support to second victims	• Sensitively debriefs after an adverse incident. • Is aware that traumatic events may lead to psychological effects which may need professional intervention and support. • Understands the importance of signposting colleagues to psychological support services either through employer or doctors support service.
Demonstrates performance management	• Understands the basic principles of performance management. • Uses SMART objectives to set personal development goals. • Understands the use of competency frameworks as a performance management and development tool.

Evidence to inform decision	
• PDP • Reflective practice • TO2 (including SO) • NOTSS	• Local and Deanery Teaching • RCOG eLearning • Leads a debrief • MRCOG Part 1

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
- Patient safety

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

CiP 7: The doctor is able to engage with research and promote innovation.	
Key Skills	**Descriptors**
Demonstrates research skills	• Understands principles of healthcare research and different methodologies. • Understands the principles of ethics and governance within research, follows guidelines on ethical conduct and consent for research. • Understands the use of informatics, statistical analysis and emerging research areas. • Performs literature searches, interrogates evidence and communicates this to colleagues and patients. • Has the ability to translate research into practice.
Demonstrates critical thinking	• Critically evaluates arguments and evidence. • Can communicate and interpret research evidence in a meaningful, unbiased way to support informed decision making.
Innovates	• Open to innovative ideas and considering views of women. • Shows initiative by identifying problems and creating solutions. • Supports change by ability to reach a consensus. • Understands the value of failure in innovation.

Evidence to inform decision

- Local and Deanery Teaching
- RCOG eLearning
- Critical appraisal / journal club presentation
- GCP certificate
- Involvement in recruitment for multicentre trials
- APM in Clinical Research
- Peer reviewed publications
- Oral and poster presentations

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

- Promoting a culture of learning and academic and professional critical enquiry

Domain 6: Capabilities in patient safety and quality improvement
- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

CiP 8: The doctor is effective as a teacher and supervisor of healthcare professionals.	
Key Skills	**Descriptors**
Delivers effective teaching	- Understands learning theories relevant to medical education. - Plans and delivers effective learning strategies and activities. - Promotes a safe learning environment and ensures patient safety is maintained. - Understands techniques for giving feedback and can provide it in a timely and constructive manner. - Evaluates and reflects on the effectiveness of their educational activities.
Embraces interprofessional learning	- Understands the value of learning in teams. - Facilitates interprofessional learning. - Participates in interprofessional learning.
Involves stakeholders in education	- Commits to learning from patients and stakeholders. - Demonstrates commitment to patient education.
Supervises and appraises	- Contributes towards staff development and training, including supervision, appraisal and workplace assessment. - Demonstrates ability to act as a Clinical Supervisor. - Understands the appraisal and revalidation process.

Evidence to inform decision

- Feedback on teaching
- Reflective practice
- Multidisciplinary labour ward skills session facilitation
- TO2 (including SO)
- Local and Deanery Teaching
- RCOG eLearning
- MRCOG Part 3

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills
- Practical skills
- Communication and interpersonal skills

Domain 3: Professional knowledge
- Professional requirements

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement
- Patient safety

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

3.3 Developing the Obstetrician & Gynaecologist - clinical specialty CiPs

The 4 clinical specialty CiPs describe the clinical tasks or activities, both clinical and non-clinical, which are essential for women's healthcare. Satisfactory sign off will require Educational Supervisors to make decisions on the level of supervision required for each CiP and if this is satisfactory for the stage of training, the trainee can progress. More detail is provided in the programme of assessment section of the curriculum.

Trainees with conscientious objection to abortion are expected to demonstrate a non-judgmental attitude to women seeking abortion and make arrangement for them to receive timely and appropriate care from colleagues. Competencies not attempted because of conscientious objections should be clearly recorded in the eportfolio (using the letters CO) and signed by the trainer. See CiP 11 below and Section 10 of this Definitive Document for further information.

Professional Identity 3: Clinical Expert	
CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.	
Key Skills	**Descriptors**
Manages acute pelvic pain in the non-pregnant woman	• Performs a focused history, appropriate examination and orders appropriate investigations. • Formulates a differential diagnosis. • Discusses diagnosis in a sensitive manner.
Manages vaginal bleeding in the non-pregnant woman	• Formulates an appropriate individualised management plan taking into account a person's preferences and the urgency required. • Recognises limitations and escalates care to senior colleagues and other specialities when appropriate.
Manages acute infections	• Performs surgery where appropriate.
Manages acute complications of gynaecological treatment	• Ensures continuity of care, effective handover and appropriate discharge plan. • Ensures appropriate risk management procedures are undertaken.
Manages vaginal bleeding and pain in early pregnancy	• Performs focused history, appropriate examination and orders appropriate investigations. • Formulates a differential diagnosis. • Discusses diagnosis in a sensitive manner. • Formulates an appropriate and individualised management plan taking into account a person's preferences and the urgency required. • Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. • Performs surgery where appropriate. • Ensures continuity of care, effective handover and appropriate discharge plan. • Demonstrates understanding of the psychological impact of pregnancy loss.

Manages other early pregnancy complications	• Performs focused history, appropriate examination and orders appropriate investigations. • Formulates a differential diagnosis. • Discusses diagnosis in a sensitive manner. • Formulates an appropriate and individualised management plan taking into account a person's preferences and the urgency required. • Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. • Performs surgery where appropriate. • Ensures continuity of care, effective handover and appropriate discharge plan.
Manages the acute gynaecological workload	• Is able to prioritise according to clinical need. • Is able to escalate appropriately according to clinical need and workload. • Is able to delegate appropriately to other members of the team. • Demonstrates prompt assessment of the acutely deteriorating patient. • Is able to give a gynaecological opinion for another specialty. • Makes safeguarding referrals where appropriate.

Evidence to inform decision

• OSAT • CbD • Mini-CEX • MRCOG • Discussion of correspondence Mini-CEX	• Reflective practice • TO2 (including SO) • NOTSS • Local and Deanery Teaching • RCOG eLearning • MRCOG Part 2

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

CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.	
Key Skills	**Descriptors**
Manages pain and bleeding in the obstetric person	• Performs focused history, appropriate examination and orders appropriate investigations. • Establishes fetal wellbeing. • Formulates a differential diagnosis. • Discusses diagnosis in a sensitive manner. • Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required.
Manages concerns about fetal wellbeing prior to labour	• Appropriately assesses concerns regarding fetal movements. • Can use appropriate investigations to confirm the loss or death of a baby. • Discusses the diagnosis in a sensitive manner and recognises in cases where a baby has died the psychological impact on an individual and their family. • Is able to sensitively discuss management options where the death of a baby has occurred. • Can provide a supportive environment and signpost to relevant support services for an individual and her partner who have suffered the loss of a baby.
Manages suspected pre-term labour/ruptured membranes	• Performs focused history, appropriate examination and orders appropriate investigations. • Establishes fetal wellbeing. • Discusses findings in a sensitive manner.

	• Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required. • Aware of additional issues at extremes of viability including ethical concerns and additional therapies which may be of benefit.
Manages labour	• Demonstrates understanding of the physiology of labour. • Is aware of situations where labour may be more complex such as multiple pregnancy. • Uses history and clinical signs to anticipate possible problems. • Can formulate safe management plans taking into account the woman's preferences. • Can succinctly explain management plans to women and birthing partners.
Manages intrapartum fetal surveillance	• Can use intrapartum fetal surveillance strategies to help assess risk. • Can recognise abnormal fetal heart rate patterns, perform and interpret related tests. • Communicates concerns effectively and sensitively with colleagues, women and birthing partners.
Manages induction and augmentation of labour	• Can formulate safe management plans for induction and augmentation taking into account the woman's preferences.
Manages emergency birth and immediate postpartum problems	• Can recognise when birth may need to be expedited. • Communicates concerns and recommendations effectively and sensitively with colleagues, women and birthing partners. • Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required. • Demonstrates the skills needed to facilitate safe operative birth. • Demonstrates skills in managing problems arising immediately postpartum.
Manages maternal collapse and people who are acutely unwell in pregnancy	• Demonstrates prompt assessment of acutely deteriorating patient. • Performs procedures necessary in emergency situations. • Escalates to senior colleagues and other specialities.
Manages labour ward	• Demonstrates leadership skills within the multidisciplinary team, anticipating problems, prioritising and managing obstetric care. • Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. • Ensures continuity of care, effective handover and appropriate discharge plan. • Manages complex problems, including liaison with, and referral to, other specialties where appropriate. • Demonstrates the skills to sensitively explain unexpected events of labour and birth and anticipates where later debrief may be necessary.

Evidence to inform decision	
• OSAT	• TO2 (including SO)
• CbD	• NOTSS

• Mini-CEX	• Local and Deanery Teaching
• MRCOG	• RCOG eLearning
• Reflective practice	• MRCOG Part 2

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 structure
- 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

CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.

Key Skills	Descriptors
Manages abnormal vaginal bleeding	• Performs focused history, appropriate examination and orders appropriate investigations. • Formulates a differential diagnosis.
Manages pelvic and vulval pain	• Discusses diagnosis in a sensitive manner. • Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required.
Manages pelvic masses	• Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. • Performs surgery where appropriate. • Ensures appropriate follow up. • Demonstrates awareness of the quality of patient experience.
Manages the abnormal cervical smear	• Demonstrates ability to counsel about cytology reports and HPV testing. • Refers to colposcopy services in accordance with national guidelines.
Manages suspected gynaecological cancer symptoms	• Performs focused history, appropriate examination and order appropriate investigations • Discusses diagnosis and prognosis in a sensitive manner.

	- Demonstrates knowledge of when referral to a tertiary gynaecological oncology centre will be required. - Can counsel about surgical and non-surgical treatment options, taking into account the individual woman's background health and preferences. - Ensures appropriate follow up in line with national guidance.
Manages urogynaecological symptoms	- Performs focused history, appropriate examination and orders appropriate investigations. - Formulates a differential diagnosis. - Discusses diagnosis in a sensitive manner. - Can counsel about surgical and non-surgical treatment options, taking into account the individual woman's background health and preferences. - Ensures appropriate follow up. - Demonstrates awareness of the quality of patient experience.
Manages vulval symptoms	- Performs focused history, appropriate examination and orders appropriate investigations. - Recognise common vulval disorders - Formulates a differential diagnosis. - Discusses diagnosis in a sensitive manner and recognise the psychological impact of vulval disease - Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required. - Recognise when to refer to allied specialties and the importance of the multidisciplinary team
Manages menopause and postmenopausal care	- Performs focused history, appropriate examination and orders appropriate investigations. - Formulates an appropriate and individualised management plan taking into account patient preferences including complimentary therapies and lifestyle modifications. - Appreciates the impact that the menopause may have on other aspects of wellbeing.
Manages subfertility	- Performs focused history, appropriate examination and orders appropriate investigations. - Is able to interpret results in order to plan effective care and counsel about management options, including local referral pathways and alternatives for conceiving. - Understands the ethical issues surrounding IVF treatment.
Manages sexual wellbeing	- Performs focused history, appropriate examination and orders appropriate investigations. - Offers advice regarding all contraceptive methods and understands the factors affecting choice of contraception, including comorbidities, patient preference, failure rates, etc. - Demonstrates ability to administer/fit different contraceptive methods

	• Demonstrates the ability to manage unplanned pregnancies (including medical and surgical abortion* • Is aware of alternative sources of support and follow-up for patients, particularly in cases of unplanned pregnancy and termination of pregnancy. • Offers sexual health screening advice and provides appropriate referral to genitourinary medicine (GUM) services for management of sexually transmitted infections. • Identifies psychosexual problems, explores and can initiate referral to specialist services where available. • Recognises the interactions between gynaecological problems and psychosexual problems. *Trainees who have personal beliefs that conflict with provision of abortion or for those undertaking training in a region where there are legal restrictions to provision of abortion, see Section 10 of this Definitive Document.*

Evidence to inform decision

- OSAT
- CbD
- Mini-CEX
- MRCOG
- Reflective practice

- TO2 (including SO)
- NOTSS
- Local and Deanery Teaching
- RCOG eLearning
- IPM training certificate
- MRCOG Part 2

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 structure
- 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

CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.	
Key Skills	**Descriptors**
Manages pre-existing medical conditions in the pregnant woman	• Demonstrates the ability to provide preconceptual advice to women and sensitively discuss risks during pregnancy to create tailored management plans with liaison with other specialties where appropriate. • Identifies, assesses and manages pre-existing medical conditions in the pregnant or postnatal woman. • Understands the impact of pregnancy on disease and of disease on pregnancy. • Formulates appropriate and individualised management plans for pregnancy, birth and the postnatal period in consultation with other specialties and obstetric anaesthesia. • Prescribes safely and understands the challenge of safe prescribing in pregnancy, making changes to medications where necessary.
Manages medical conditions arising in pregnancy	• Demonstrates the ability to recognise when conditions related to pregnancy develop. • Demonstrates the ability to perform a focused history and undertake an appropriate physical examination of the pregnant patient taking into account the physiological and anatomical changes of pregnancy. • Identifies, assesses and manages pregnancy-specific conditions, and considers the impact on both maternal and fetal health. • Demonstrates the ability to order and interpret appropriate investigations to monitor conditions during pregnancy. • Formulates appropriate and tailored management plans for pregnancy and birth. • Prescribes medications and antimicrobials appropriately in line with the latest evidence and reviews and monitors therapeutic interventions.
Manages fetal concerns	• Demonstrates ability to perform focused history appropriate examination and order clinically indicated investigation. • Facilitates timely and appropriate investigation, management and referral to tertiary centres if required. • Demonstrates knowledge and ability to work within local clinically managed networks. • Demonstrates ability to discuss concerns and clinical uncertainties in a sensitive manner. • Formulates appropriate and individualised management plans for pregnancy and birth.
Manages mental health conditions in pregnancy and the postnatal period	• Demonstrates ability to effectively and sensitively screen for mental health concerns arising in pregnant people.

	• Demonstrates ability to formulate the initial diagnosis and management of mental health conditions with appropriate liaison and involvement of mental health services. • Manages perinatal mental health emergencies in the antenatal and postnatal period effectively. • Understands the impact that birth, birth trauma and adverse outcomes may have on future mental health and is able to signpost women and their families to support services.
Manages complications in pregnancy affected by lifestyle	• Understands the significant impact that lifestyle factors may have on maternal and fetal health. • Demonstrates ability to perform a focused history, appropriate examination and to order clinically indicated investigations. • Sensitively enquires about lifestyle factors to facilitate disclosure. • Understands and demonstrates ability to manage pregnancies where lifestyle factors cause complications. • Formulates appropriate individualised management plans for pregnancy, birth and the postnatal period. • Uses support services appropriately according to local provision and taking into account the wishes of the woman and the needs of the fetus/neonate.
Supports antenatal decision making	• Identifies risk factors relating to previous pregnancy outcomes. • Effectively estimates risks to advise and inform decision making for individuals and their families. • Formulates appropriate and individualised management plans for pregnancy and birth.
Manages the postnatal period	• Manages a postnatal consultation. • Demonstrates ability to sensitively debrief women and their families after an unexpected birth experience or when a baby is admitted to the neonatal unit. • Advises on the impact of events in this pregnancy on future health and pregnancies. • Demonstrates ability to discuss and advise on postnatal contraception and administer/fit different contraceptive methods • Uses support services appropriately according to local provision, taking into account the wishes of the woman and her family. • Ensures effective handover and discharge to primary care.

Evidence to inform decision

• OSAT • CbD • Mini-CEX • MRCOG • Reflective practice	• TO2 (including SO) • NOTSS • Local and Deanery Teaching • RCOG eLearning • MRCOG Part 2

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 structure
• 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

3.4 Developing the Obstetrician & Gynaecologist - non-clinical specialty CiPs

The two non-clinical specialty CiPs describe the key skills which are essential for a CCT holder in O&G. Satisfactory sign off will require Educational Supervisors to make a global judgement indicating whether the trainee has made satisfactory progress for the defined stage of training. If this is satisfactory for the stage of training, the trainee can progress. More detail is provided in the programme of assessment section of the curriculum.

Professional Identity 4: Champion for Women's Health	
CiP 13: The doctor is able to champion the healthcare needs of people from all groups within society.	
Key Skills	**Descriptors**
Promotes non-discriminatory practice	• Possesses knowledge of ethical and legal issues and an awareness of the situations where discrimination might occur. • Respects different values of patients and colleagues. • Recognises how health systems can discriminate against patients with protected characteristics and works to minimise this discrimination. • Must not allow their personal beliefs to lead to discrimination. • Adopts patient-centred assessments and interventions that are inclusive and respectful of diversity.

	• Is able to perform consultations addressing the specific needs of a disabled person and being mindful that not all disabilities are visible. • Understands the specific needs of transgender and non-binary individuals and is able to perform consultations and refer appropriately to specialist services.
Aware of broader social and cultural determinants of health	• Understands the impact of a patient's social, economic and environmental context on their health. • Interacts with appropriate patient representatives and engages with colleagues from different professional and personal backgrounds when working in multidisciplinary teams to promote the health of patients and the public. • Assesses the interaction between women's health and cultural beliefs and practices. • Must be aware of and adhere to the legislation regarding certain cultural practices (e.g. FGM, modern slavery) within the UK.
Aware of an individual's social wellbeing	• Takes an appropriate social history to identify any pertinent social issues and can signpost patients to appropriate services. • Considers the interaction between medical conditions, care and a woman's broader work and family life. • Understands that people who care for dependents may face barriers in engaging with healthcare services or as a result have delayed engagement with healthcare providers which could impact on their health • Understands the principles of safeguarding and their responsibility in protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
Aware of the interaction between mental health and physical health	• Understands how mental health issues can affect a woman's reproductive health. • Knows how reproductive health issues can significantly impact on the mental health of a woman and her partner.

Evidence to inform decision	
• Equality and Diversity training • FGM training • MRCOG • Reflective practice	• TO2 (including SO) • Local and Deanery Teaching • RCOG eLearning • MRCOG Part 3

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Communication and interpersonal skills
- Dealing with complexity and uncertainty

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

CiP 14: 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.	
Key Skills	**Descriptors**
Promotes a healthy lifestyle	- Understands lifestyle factors which impact on short- and long-term health. - Provides appropriate lifestyle advice to women in a sensitive manner and facilitates access to useful support or services.eg. smoking cessation and weight management - Contributes to developments or education in health promotion.
Promotes illness prevention	- Understands the concept of screening. - Has an awareness of and promotes the current national screening programmes in women's health. - Knows about the current recommended vaccinations available to protect women and their unborn children. - Is able to provide balanced counselling regarding illness prevention strategies.
Aware of the national and international policies and politics which impact on women's healthcare	- Is aware of the impact of national policy on influencing local care giving. - Is able to challenge and advocate to ensure local service provision equates with national standards - Is aware of the interaction between the NHS and international healthcare bodies (e.g. the WHO).
Aware of the globalisation of healthcare	- Understands how the increasing movement of people and health migration impacts on health services. - Is aware of the basic principles of global health.

Evidence to inform decision	
• CbD	• Local and Deanery Teaching

• Mini-CEX • MRCOG	• RCOG eLearning • Reflective practice • MRCOG Part 3

Mapping to GPCs

Domain 2: Professional skills
   • Communication and interpersonal skills
   • Dealing with complexity and uncertainty
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
Domain 8: Capabilities in education and training

3.5 Presentations and conditions

The scope of O&G is broad and cannot be encapsulated by a finite list of presentations and conditions. Any attempt to list all relevant presentations, conditions and issues would be extensive but inevitably incomplete and would rapidly become out of date. These are contained in the Knowledge Areas document (MRCOG syllabus).

3.6 Practical procedures

There are a number of procedural skills 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.

Trainees should *ideally* receive training in procedural skills in a simulated setting before performing these procedures clinically, but this is not mandatory. Assessment of procedural skills will be made using the OSATS tool.

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 Educational Supervisor think that this is required (in line with standard professional conduct).

Table 2 - O&G procedures

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

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

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 trust. 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 (section 5.6) 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.

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.

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.

High-level educational objectives for active participation in particular clinical activities are outlined below.

Educational objectives of attending specialty clinics in both obstetrics and gynaecology
- To understand the management of obstetric and gynaecological conditions.
- Be able to assess a patient in a defined time-frame.
- To interpret and act on the referral letter/information to clinic.
- To propose an investigation and management plan (surgical or non-surgical) in a setting different from the acute situation.

- To review and amend existing management plans.
- To assist and then undertake outpatient procedures such as hysteroscopy or colposcopy.
- To advise appropriately and take informed consent from the patient and debrief them following the outpatient procedure.
- To write comprehensive, succinct procedural notes and plan subsequent follow-up and care.
- To write an acceptable letter to the patient with copies to the referring professional and other healthcare professionals involved in their care.
- To communicate with the woman and where appropriate the partner/relatives and other health care professionals.

These objectives can be achieved in a variety of settings including hospitals, day care settings and the community. The clinic might be primarily run by a specialist nurse, midwife (or other qualified healthcare professionals) rather than a consultant O&G doctor. After initial induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. Trainees should see a range of new and follow-up patients and present their findings to their clinical supervisor. Clinic letters written by the trainee should also be reviewed and feedback given.

The number of patients that a trainee should see in each clinic is not defined, neither is the time that should be spent in clinic, but as a guide this should be a minimum of two hours. Clinic experience should be used as an opportunity to undertake supervised learning events and reflection.

Trainees will be expected to attend both general gynaecology and antenatal clinics on a regular basis (typically once per week during daytime working) with opportunities to attend specialist clinics in both obstetrics and gynaecology) in order to fulfil curriculum requirements. Opportunities to attend specialist clinics, one stop and procedural clinics should be prioritised in more senior trainees and according to their areas of interest as they progress into ST6 and 7.

Educational objectives for attending operating lists (obstetrics and gynaecology)
- To understand the surgical management of obstetrics and gynaecology conditions.
- To assist with and then undertake surgical procedures (under direct supervision progressing to independent practice).
- To advise appropriately and take informed consent from the patient and debrief them following the procedure.
- To learn and demonstrate situational awareness, decision making, good communication, team working and leadership in a theatre setting.
- To write comprehensive, succinct operation notes and plans for postoperative care.

Trainees should have access to operating lists in both obstetrics and gynaecology. After induction trainees should be directly supervised before progressing to indirect supervision and finally independent practice. Operating lists may be elective or emergency lists and trainees should have access to operating lists on a weekly basis. The precise balance of gynaecology and obstetric theatre lists will be determined by the individual needs of the trainee and their stage in training.

Operating lists are an opportunity to undertake supervised learning events such as NOTSS, OSATs and reflective practice.

Educational objectives for attending acute/emergency obstetrics and gynaecology in a variety of settings
- To understand the management of acute/emergency obstetrics and gynaecology conditions.
- To assess, investigate and manage the full range of obstetric and gynaecological conditions presenting acutely or as an emergency.
- To assist with and then undertake the full range of practical procedures (under direct supervision progressing to independent practice), e.g. instrumental birth.
- To communicate effectively with the individual and where appropriate the partner/relatives and other health care professionals.
- To learn and demonstrate situational awareness, decision making, good communication, teamworking and leadership on labour ward and in the acute gynaecology setting.

These objectives will be achieved in a varied range of settings, including the labour ward, maternity and gynaecology assessment units, maternity and gynaecology wards in hospitals but also day care settings and the community. After initial induction trainees should be directly supervised before progressing to indirect supervision and finally independent practice. The degree of responsibility taken by the trainee will increase as competency increases. Trainees should see a range of people with different conditions in all settings in order to fulfil their curriculum requirements.

The number of sessions required, in the various settings, to meet curriculum requirements will vary according to the stage of training and the individual interests of the trainee as they progress in training.

Formal postgraduate teaching sessions

The content of formal postgraduate teaching sessions and access to other more formal learning opportunities are determined by the local faculty of O&G education and will be based on the curriculum. 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.

Where appropriate formal teaching/meetings should include the multi-professional team. Access should also be provided to key meetings within the service. Suggested activities include:
- A programme of formal bleep-free regular teaching sessions to cohorts of trainees.

- Attendance and presentation at mortality and morbidity meetings.
- Case presentations including CTG analysis and review of births by caesarean section in labour.
- Research, audit and quality improvement projects.
- Attendance and presentation at governance and risk meetings.
- Lectures and small group teaching.
- Grand Rounds.
- Clinical skills demonstrations and teaching such as PROMPT.
- Critical appraisal and evidence-based medicine and journal clubs.
- Joint specialty and multiprofessional meetings.
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

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 StratOG (the RCOG's eLearning platform).
- 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.

Formal study courses

Making time for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication and human factors courses.

Simulation training

Procedural competency training, using simulation aimed at achieving technical competence for O&G procedures should be provided as early as possible in ST1. Scenario-based immersive simulation training should be undertaken at all stages of training, with human factors incorporated into the scenarios.

Recommended courses

It is recommended that trainees complete a course in basic practical skills by the end of ST2. Other courses should be taken that deliver the curriculum requirements for basic ultrasound, stepping up to ST3 and resilience, including:
- Operative birth
- Endoscopic simulation
- BPS including surgical suturing skills
- Assessment of fetal wellbeing
- Perineal trauma repair
- Step Up covering resilience and mentorship
- Obstetric simulation.

4.3 Academic training

The four nations of the UK have different arrangements for academic training and doctors in training and should consult the HEE Local Office or deanery for further guidance.

Additional guidance for doctors undertaking academic training (PDF 202kb) covers all levels of training, from junior academics setting out on a research career, spanning years of out of programme training, to the point at which doctors can apply for a formal academic post or a consultant post with an academic interest. It is designed to allow flexibility because academic trainees, even within the same grade of post (e.g. Academic Clinical Fellow), have differing levels of experience. Whilst not all academic trainees will continue into senior academic posts, the guidance includes skills that would be useful to achieve by those who do wish to do so.

Some trainees may opt to do research leading to a higher degree without being appointed to a formal academic programme. This new curriculum should not impact in any way on the facility to take time out of programme for research (OOPR) but, as now, such time requires discussion between the trainee, the TPD and the Deanery to determine what is appropriate. Using guidance from the RCOG's Specialty Education Advisory Committee will help to ensure that the proposed period and scope of study is sensible.

Trainees are also able to take the Advanced Professional Module in Clinical Research at any point in their training.

4.4 Acting up as a consultant

A trainee coming towards the end of their training may spend up to six months "acting up" as a consultant, provided that a consultant supervisor is identified for the post and satisfactory progress is made. It is recommended that this is not more than six months prior to CCT. As long as the trainee remains within an approved training programme, the GMC does not need to approve this period of "acting up" and their original CCT date will not be affected. More information on acting up as a consultant can be found in the Gold Guide

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 programme of assessment 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. Detailed guidance will be drafted to assist trainers and trainees.

The programme of assessment comprises the use of a number of individual assessment tools. These include the MRCOG examination, and 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, including those conducted in the workplace, are linked to the relevant learning outcomes stated in the core 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 will be 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 2) and record this in the ePortfolio, signposting to the evidence that supports their rating. The 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 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 Educational Supervisor.

Figure 2 – Trainee self-assessment of a CiP
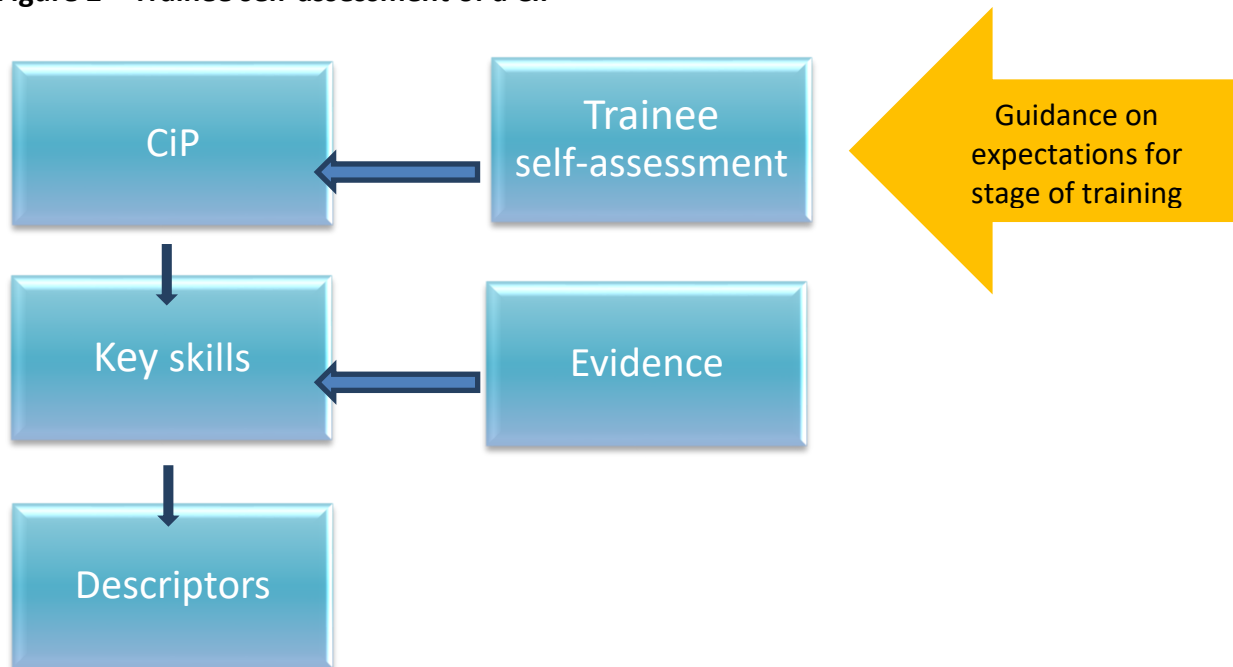
Figure 3 – Educational Supervisor's assessment of all CiPs
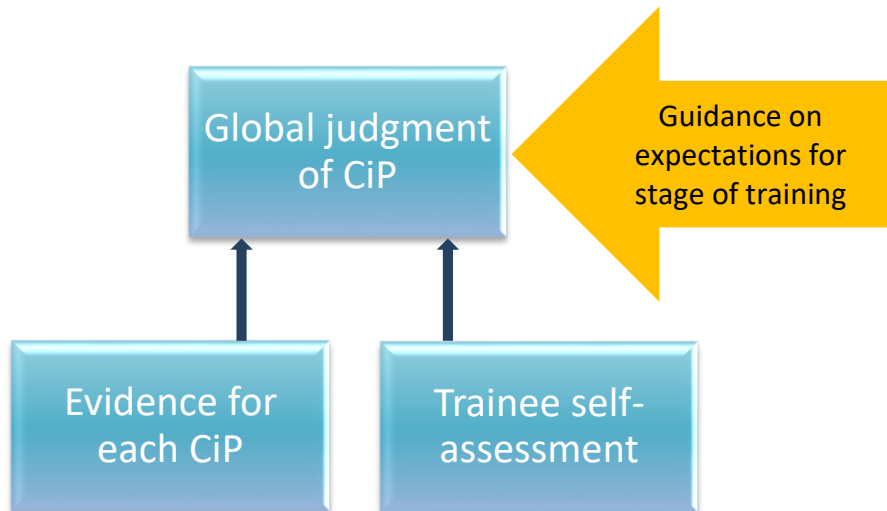
Each CiP will be globally judged against the expectations for the particular stage of training. However, there will be a difference between the global judgement of generic and non-clinical specialty CiPs, and clinical specialty CiPs. This is because of the need to allow the Educational Supervisor to make a decision about how much supervision a trainee requires before they reach the designated level of supervision for a particular CiP.

Generic and non-clinical specialty CiPs
The trainee will make a self-assessment to consider whether they meet expectations for the stage of training, highlighting the evidence in the ePortfolio. The Educational Supervisor will indicate whether the trainee is meeting expectations or not using an anchor statement, as in the template below. Trainees will need to meet expectations for the stage of training as a minimum to be judged satisfactory to progress. The expectations for each stage of training for generic and non-clinical CiPs will be specified in the guidance.

Global judgement to be used for generic and non-clinical specialty CiP

Trainee self-assessment
FOR EACH CiP
Statement of whether performance is considered by trainee to be:

➢ Not meeting expectations for this year of training; may not meet the requirements for critical progression point
➢ Meeting expectations for this year of training; expected to progress to next stage of training

Link to key skills evidence on ePortfolio.

Educational Supervisors assessment

I agree with the trainee's self-assessment of this CiP.

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

Educational Supervisors global judgement for all generic and non-clinical specialty CiPs
Based on the trainee's self-assessment and the evidence provided, I therefore consider that the trainee's performance is:
➢ Not meeting expectations for this year of training; may not meet the requirements for critical progression point
➢ Meeting expectations for this year of training; expected to progress to next stage of training

Clinical specialty CiPs
The trainee will make a self-assessment to consider whether they meet expectations for the year of training, using the five supervision levels listed in Table 3 and highlighting the evidence in the ePortfolio. The 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. Trainees will need to meet expectations for the year of training as a minimum to be judged satisfactory to progress. The expectations for each year of training for clinical specialty CiPs will be specified in the guidance.

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 assessors[1] .

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

Global judgement to be used for clinical specialty CiP

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

5.5 Critical progression points

There will be two key progression points during O&G training – the waypoints. The outline grid below sets out the expected level of supervision and entrustment for the clinical specialty CiPs and the critical progression points for the whole of O&G training.

The first critical progression point will be from ST2 to ST3 as the trainee will normally be 'stepping up' to become the obstetrics and gynaecology registrar. It is essential that educational and clinical supervisors are confident that the trainee has the ability to perform in this role. Trainees will be required to complete Part 1 MRCOG by the end of year 2 of training (ST2). The ARCP at the end of ST2 will play an important role in determining personalised, supportive plans for transition to the O&G registrar role.

The second critical progression point will be at the end of ST5 when the trainee must pass the Part 2 and 3 MRCOG, as well as be signed off for the relevant generic and specialty outcomes and practical procedures. A satisfactory ARCP outcome will be required for entry to advanced training (ST6-7).

There will be a final critical progression point at the end of training. Doctors in training will be required to reach level 5 in all clinical specialty key skills by the completion of training. They will need to meet the appropriate level expectation for the key progression point between ST2 and ST3 and at completion of ST7.

The ESR will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels of achievement for the CiPs and acquired the procedural competence required for each year of training as specified in the Matrix and, where relevant, the critical progression points. 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 [see section 5.6].

Table 4 – Outline grid of progress expected for clinical CiPs
Level descriptors for clinical CiPs
Level 1 - Entrusted to observe
Level 2 - Entrusted to act under direct supervision
Level 3 - Entrusted to act under indirect supervision
Level 4 - Entrusted to act independently with support
Level 5 - Entrusted to act independently

Capabilities in practice	Basic training		CRITICAL PROGRESSION POINT	Intermediate training			CRITICAL PROGRESSION POINT	Advanced training		CCT
	ST1	ST2		ST3	ST4	ST5		ST6	ST7	CRITICAL PROGRESSION POINT
The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.	1	2		3		4			5	
The doctor is competent in recognising, assessing and managing emergencies in obstetrics.	1	2		3		4			5	
The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.	1	2				3		4	5	
The doctor is competent in recognising, assessing and managing non-emergency obstetrics.	1	2				3		4	5	

Table 5 – Outline grid of progress expected for gynaecology procedures
X = Competent to perform practical procedure independently with support

Procedures	Basic training		CRITICAL PROGRESSION POINT	Intermediate training			CRITICAL PROGRESSION POINT	Advanced training		CCT
	ST1	ST2		ST3	ST4	ST5		ST6	ST7	CRITICAL PROGRESSION POINT
Endometrial biopsy		X								
Cervical smear	X									
Insertion of IUCD/IUS		X								
Vulval biopsy					X					
Surgical management of miscarriage or surgical termination of pregnancy		X								
Hysteroscopy					X					
Diagnostic laparoscopy					X					

Procedures	ST1	ST2		ST3	ST4	ST5		ST6	ST7	
Simple operative laparoscopy						X				
Laparoscopic management of ectopic pregnancy									X	
Ovarian cystectomy									X	
Transabdominal ultrasound examination of early pregnancy				X						

Table 6 – Outline grid of progress for obstetric procedures

X = Competent to perform practical procedure independently with support

Procedures	Basic training			Intermediate training				Advanced training		CCT
	ST1	ST2		ST3	ST4	ST5		ST6	ST7	
Perineal repair		X								
3rd degree tear perineal repair					X					
Non-rotational instrumental delivery		X								
Rotational instrumental delivery			C			X	C			C
Caesarean section (basic)		X	R				R			R
Caesarean section (intermediate)			I			X	I			I
Caesarean section (complex)			T				T		X	T
Manual removal of placenta			I	X			I			I
Surgical management of PPH			C				C		X	C
Surgical management of retained products of conception			A				A		X	A
Transabdominal ultrasound examination of late pregnancy			L	X			L			L

Note: the vertical blue bars between ST2/ST3, ST5/ST6, and after ST7 (CCT) are labelled "CRITICAL PROGRESSION POINT".

5.6 Evidence of progress

The following methods of assessment will provide evidence of progress in the integrated programme of assessment. 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 Educational Supervisor will use it to reach a global judgement. These methods are described briefly below. More information and guidance for

trainees and assessors are available in the ePortfolio and on the RCOG website (www.rcog.org.uk).

Summative assessment
- The MRCOG examination: Part 1, Part 2 and Part 3 Clinical 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
- Educational Supervisor Report (ESR)

MRCOG examination: Part 1, Part 2 and Part 3 Clinical Assessment
The Part 1 MRCOG, which covers the basic and applied sciences relevant to the clinical practice of obstetrics and gynaecology, is focussed on the summative assessment of CiP 6. This is because by achieving Part 1 MRCOG the candidate/trainee will have demonstrated an active participation in acquiring the fundamental scientific knowledge that underpins the development of clinical expertise. They will demonstrate an early indication of helping self to develop beyond the experiential learning within the clinical environment. The Part 2 MRCOG, which covers the knowledge required during clinical practice, is used for the summative assessment of CiP 9, CiP 10, CiP 11 and CiP 12, with elements of CiP 2 to demonstrate developing clinical expertise. It assesses competence in recognising, assessing and managing emergency and non-emergency cases in gynaecology, early pregnancy and obstetrics. The Part 3 MRCOG, which assess the application of knowledge, clinical competencies and attitudes in clinical practice, builds on this knowledge platform and summatively assesses CiP 1 and CiP 8 to show the application of medical knowledge, clinical skills and professional values in the provision of high-quality and patient-centred care and effectiveness as a teacher. It also covers elements of CiP 13 and CiP 14 to summatively assess skills as a champion of healthcare in all groups within society and a promoter of health and disease prevention. The RCOG Knowledge Assessment Blueprint is at Section 11 of this document.

Objective Structured Assessment of Technical Skills (OSATS)
A small number of procedures are so fundamental to the practice of O&G that they 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) – existing and pilot

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) – existing and pilot

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 – existing and pilot

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.

Educational Supervisors report (ESR)

The 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 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, potentially including exams and 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 Educational Supervisor based on the global judgement produced for each CiP. Table 4 sets out the level of expected performance for each of the CiPs. Tables 5-7 of practical procedures sets out the minimum level of performance expected at the end of each stage of training. The RCOG has produced the Matrix of Progression, revised annually and shown in Table 8. 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.

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 supports the collation and integration of evidence to make decisions about the achievement of expected outcomes. 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.

5.8 Blueprint of assessments mapped to CiPs

Table 8 – Matrix of Progression

	Basic		Intermediate			Advanced	
	ST1	**ST2**	**ST3**	**ST4**	**ST5**	**ST6 and ST7**	
Formative workplace-based assessments							
These are encouraged as a method to provide evidence for CiPs. The aim is for quality over quantity. Useful WBAs will challenge, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for developmental feedback							
Mini-CEX	✓	✓	✓	✓	✓	✓	✓
CBD	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
Formative OSATS	Optional but encouraged						
Summative workplace-based assessments							
Competent Summative OSATS*	✓	✓	✓	✓	✓	✓	✓
TO2	2	2	2	2	2	2	2
Other evidence required for ARCP (to be specified in guidance for each CiP)							
MRCOG examinations							
Part 1	desirable	essential					
Part 2			desirable	Desirable	essential		
Part 3				Desirable	essential		
Educational Supervisor's Report							
Supervisor's report	1	1	1	1	1	1	1
Trainee feedback							
Training evaluation form (TEF)	✓	✓	✓	✓	✓	✓	✓

*Each procedural skill requires 3 summative OSATS assessed as being competent prior to being able to perform the practical procedure independently with support.

Table 9 shows the possible formal methods of assessment for each CiP. It is not expected that every method will be used for each CiP and additional evidence will be suggested as indicated in the Matrix of Progression and in the individual CiP.

Table 9 - Blueprint of Assessments mapped to CiPs

CiPs (short title)	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice	MRCOG Part 1	Part 2	Part 3
Developing the doctor - Generic CiPs									
1. Clinical skills and patient care		X	X	X	X	X			X
2. Working in health organisations		X			X			X	
3. Leadership				X	X	X			
4. Quality improvement									
5. Human factors				X	X	X			
6. Developing self and others				X	X	X	X		
7. Innovation and research									
8. Educator					X	X			X
Developing the obstetrician and gynaecologist- Specialty CiPs									
9. Emergency gynaecology and early pregnancy	X	X	X	X	X	X		X	
10. Emergency obstetrics	X	X	X	X	X	X		X	
11. Non-emergency gynaecology and early pregnancy	X	X	X	X	X	X		X	
12. Non-emergency obstetrics	X	X	X	X	X	X		X	
13. Non-discrimination and inclusion					X	X			X
14. Health promotion		X	X			X			X

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 learning[2].

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 Supervision

All elements of work in training posts must be supervised, with the level of supervision dependent on the experience of the trainee, their clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increased autonomy, consistent with safe and effective care for the patient.

Organisations must make sure that each doctor in training has access to a named Clinical Supervisor and a named Educational Supervisor. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor. However, it is preferred that a trainee has a single named Educational Supervisor for (at least) a full training year, in which case the Clinical Supervisor is likely to be a different consultant during some placements.

The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training[3].

Educational Supervisor
The Educational Supervisor is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. They regularly meet with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. They are also responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

Clinical Supervisor

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[2] Improving feedback and reflection to improve learning. A practical guide for trainees and trainers
[3] Promoting excellence: standards for medical education and training

The Clinical Supervisor oversees the doctor's clinical work throughout a placement. They lead on reviewing the doctor's clinical or medical practice throughout a placement and contribute to the Educational Supervisor's report on whether the doctor should progress to the next stage of their training.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. If the clinical directorate (clinical director) has any concerns about the performance of the trainee, or there have been issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through their management systems.

Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles[4]. All Educational Supervisors are recognised by RCOG as Tier 2 educators in the Faculty Development Framework. It is essential that training in assessment is provided for trainers and trainees in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the workplace-based assessments and the application of standards.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

Trainees
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

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[4] Recognition and approval of trainers

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 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 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 meeting 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 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 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 curriculum 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 and TPDs.

The RCOG serves its role in quality management by monitoring and driving improvement in the standard of all O&G training. The Specialty 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 curriculum by trainers and trainees

This curriculum, Matrix of Progression and ARCP decision aid will be available from the RCOG via the website www.rcog.org.uk.

Clinical and Educational Supervisors should use the curriculum and decision aid as the basis of their discussion with trainees, particularly during the appraisal 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

On enrolling with the RCOG trainees will be given access to the training 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 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.

10 Guidance for those undertaking training where there are legal restrictions to provision of abortion or whose personal beliefs conflict with the provision of abortion

10.1 Introduction
The Royal College of Obstetricians and Gynaecologists (RCOG) welcomes and values having a diverse membership, representing a wide range of personal, religious and non-religious views and beliefs. In its teaching and training, the RCOG expects its trainees to demonstrate a positive commitment to the provision of high-quality healthcare that places the patient at the centre of care and prioritises their welfare. This guidance is for those doctors preparing for the MRCOG examination or undertaking specialty training in the UK.

This guidance particularly addresses the position of doctors who wish to pursue training or a qualification governed by the RCOG and who might wish to opt out of any aspects of women's healthcare as a result of religious and/or personal beliefs. This guidance is designed only to apply to those undertaking training and not to any contractual arrangements between doctors and their employers.

10.2 Legal aspects
This guidance recognises that there are two main ways in which a doctor may object to the provision of certain aspects of healthcare: the first being an objection to carrying out abortion which is defined in law as conscientious objection; the second being objections to the provision of other aspects of care due to personal or religious beliefs.

10.3 Conscientious objection as defined in law

There are currently two specific statutory protections for doctors who have a conscientious objection to: (1) participating in abortion (Abortion Act 1967, s.4) [1] and/or (2) technological procedures to achieve conception and pregnancy (Human Fertilisation and Embryology Act 1990, s.38)[2]. In the case of abortion the provision is qualified in that it does not "affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman" (Abortion Act 1967, s.4).

The legal frameworks within which doctors operate vary across between the four UK countries. For the purpose of this guidance the key difference is that the Abortion Act of 1967 does not apply in Northern Ireland[3]. However, in all parts of the UK the provision of treatment to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman overrides any other legal or ethical consideration (Abortion Act 1967, s.1).

10.4 The law and objection to the provision of care on the basis of personal or religious beliefs

The Human Rights Act 1998 incorporates the European Convention on Human Rights (ECHR) into UK law. Article 9 of the ECHR protects "the freedom of thought, conscience and religion; this right includes ... to manifest his religion or belief, in worship, teaching, practice and observance"[4]. The decision in Eweida v United Kingdom recognises refusal to perform aspects of a job as a form of manifestation of belief.[5] Article 9 is a qualified right and may be subject to "such limitations as are prescribed by law and necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others" (Article 9, ECHR). Therefore, whether refusal of care is protected or whether infringement of Article 9 is justified will depend on the specific circumstances of the situation.

Part 5 of the Equality Act 2010 sets out provisions for non-discrimination in employment. Specifically, s.39 prohibits employers from discriminating against individuals on the basis of 'protected characteristics' (of which religious belief is one) and places an obligation on employers to make 'reasonable adjustments' to accommodate religious beliefs.[6] An exception to this general rule of non-discrimination exists in situations where there is an incompatibility between the protected characteristic and the ability "to carry out a function that is intrinsic to the work" (ibid.). What this means in practice will again depend on the specific circumstances of the situation.

10.5 Personal beliefs

The RCOG recognises that within a diverse body of trainees some may experience a conflict between their personal beliefs and one or more aspects of RCOG curricula in theory and/or in practice.

Trainees considering a career in Obstetrics and Gynaecology should discuss concerns with the Training Programme Director or Head of School before embarking on a training programme. Where issues arise once training has already commenced, trainees are strongly encouraged to discuss them with their Educational Supervisor at the earliest opportunity for support to find a solution.

The RCOG recognises that the personal beliefs of individual doctors may change during the course of their training or career. It is recommended that doctors review their personal beliefs and the impact they may have on patient care at their work- based annual appraisal or equivalent.

10.6 Legal restrictions on provision of abortion
The RCOG recognsises that, due to legal restrictions on the provision of abortion in some regions of the UK, trainees may not be able to gain training in aspects of abortion care. Trainees will be required to have knowledge regarding abortion and managing a person presenting with an unplanned pregnancy. Trainees will be expected to gain experience and competency in the practical procedures of medical management of miscarriage and surgical management of miscarriage (up to 12 weeks gestation), as it is agreed that these procedural skills are transferable for medical termination of pregnancy and surgical termination of pregnancy (up to 12 weeks gestation).

10.7 Membership exam (MRCOG)
Any part of the curriculum may be assessed in the examination. This may include knowledge and practical assessment of the provision of:

- Contraception (all methods including emergency contraception).
- Abortion care (but it will not include the demonstration of the skills to perform an abortion procedure if the candidate declares a conscientious objection).

10.8 Specialty Training Programme in Obstetrics and Gynaecology
Doctors applying for the Specialty Training Programme in Obstetrics and Gynaecology who hold objections to providing any form of contraception or undertaking abortion or who work in regions where there a legal restrictions to the provision of abortion should study the curriculum. There are a number of key skills related to advising on, prescribing and administering contraception, including emergency contraception, pregnancy decision-making support, abortion referral and abortion care.

To fulfil the requirements for the Specialty Training Programme, a doctor must be willing to participate in the provision of all forms of care excepting that which is defined as conscientious objection in the Abortion Act 1967, as amended by the Human Fertilisation & Embryology Act 1990.

10.9 Reading and other resources
Trainees may find it helpful to read the following guidance when considering issues of personal belief:
- BMA guidance on expression of doctors' beliefs GMC guidance on personal beliefs
- The policies of their employer or prospective employer

10.10 References

[1]Abortion Act 1967, Section 4, available at:
http://www.legislation.gov.uk/ukpga/1967/87/section/4

[2]Human Fertilisation and Embryology Act 1990, Section 38, Available at: www.legislation.gov.uk/ukpga/1990/37/section/38

[3] Department of Health, Social Services and Public Services Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland, see pp.11–15, available at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/guidance-termination-pregnancy.pdf

[4]European Convention on Human Rights, Article 9, available at: https://www.echr.coe.int/Documents/Convention_ENG.pdf

[5]Eweida v United Kingdom (2013) 57 EHRR 213

[6] Equality Act 2010, Section 39, available at: http://www.legislation.gov.uk/ukpga/2010/15/section/39

11   RCOG Knowledge Assessment Blueprint

				Knowledge Categories											
Capabilities in Practice				Scientific Platform for Clinical Practice				Knowledge Required for Clinical Practice				Application of Knowledge, Attitudes and Practices			
CiP No	Short CiP title	GMP domain	Assessment	Understanding Cell Function	Understanding Human Structure	Understanding Measurement and Manipulation	Understanding Illness	Diagnosis	Investigations	Management	Epidemiology	Applied Clinical Knowledge	Patient Safety	Information Gathering	Communication
1	Clinical skills and patient care	1, 2	MRCOG									PART 3	PART 3	PART 3	PART 3
			WBA					CDB	CBD	CBD MCX	CBD	MCX CBD RP	CBD MCX RP	NOTSS MCX RP	TO1/TO2 RP
2	Working in health organisations	3, 4	MRCOG							PART 2					
			WBA									CBD	CBD	CBD	TO1/TO2
3	Leadership	1, 3	MRCOG												
			WBA					RP		RP		NOTSS RP	RP	NOTSS	NOTSS TO1/TO2 RP
4	Quality improvement	2	MRCOG												
			WBA			RP	RP								
5	Human factors	2, 3	MRCOG												
			WBA									RP	RP	NOTSS RP	NOTSS TO1/TO2
6	Developing self and others	1, 3	MRCOG	PART 1	PART 1	PART 1	PART 1								
			WBA					RP	RP	RP	RP	TO1/2 NOTSS	RP	RP	TO1/TO2 NOTSS
7	Innovation and research	1, 3	MRCOG												
			WBA			RP	RP				RP				
8	Educator	1, 3	MRCOG									PART 3	PART 3	PART 3	PART 3
			WBA	RP	RP		RP	RP	RP	RP	RP	RP	RP		TO1/TO2 RP
9	Emergency gynaecology &	1, 3, 4	MRCOG					PART 2	PART 2	PART 2	PART 2				

				Knowledge Categories											
Capabilities in Practice				Scientific Platform for Clinical Practice				Knowledge Required for Clinical Practice				Application of Knowledge, Attitudes and Practices			
CiP No	Short CiP title	GMP domain	Assessment	Understand-ing Cell Function	Understand-Ing Human Structure	Understanding Measurement and Manipulation	Understanding Illness	Diagnosis	Investigations	Manage-ment	Epi-demiology	Applied Clinical Knowledge	Patient Safety	Information Gathering	Communication
	early pregnancy		WBA				RP	MCX CBD RP	MCX CBD RP	OSAT MCX CDB RP	MCX CBD RP	OSAT MCX CBD NOTSS	OSAT MCX CDB RP	CBD NOTSS RP	OSAT TO1/TO2 NOTSS RP
10	Emergency obstetrics	1,2,3,4	MRCOG					PART 2	PART 2	PART 2	PART 2				
			WBA				RP	MCX CBD RP	MCX CBD RP	OSAT MCX CDB RP	MCX CBD RP	OSAT MCX CBD NOTSS	OSAT MCX CDB RP	CBD NOTSS RP	OSAT TO1/TO2 NOTSS RP
11	Non-emergency gynaecology & early pregnancy	1,2,3,4	MRCOG					PART 2	PART 2	PART 2	PART 2				
			WBA				RP	MCX CBD RP	MCX CBD RP	OSAT MCX CDB RP	MCX CBD RP	OSAT MCX CBD NOTSS	OSAT MCX CDB RP	CBD NOTSS RP	OSAT TO1/TO2 NOTSS RP
12	Non-emergency obstetrics	1,2,3,4	MRCOG					PART 2	PART 2	PART 2	PART 2				
			WBA				RP	MCX CBD RP	MCX CBD RP	OSAT MCX CDB RP	MCX CBD RP	OSAT MCX CBD NOTSS	OSAT MCX CDB RP	CBD NOTSS RP	OSAT TO1/TO2 NOTSS RP
13	Non-discrimination & inclusion	1,3	MRCOG									PART 3	PART 3	PART 3	PART 3
			WBA			RP	RP	RP	RP	RP	RP	TO1/2 RP	RP	RP	TO1/TO2 RP
14	Health promotion	1,3	MRCOG									PART 3	PART 3	PART 3	PART 3
			WBA				RP	RP MCX CBD	RP MCX CBD	RP MCX CBD	RP CBD	RP MCX CBD	RP MCX CBD	RP CBD	RP

GMC Good Medical Practice Domains

Knowledge, skills and performance   2. Safety and quality   3. Communication, partnership and teamwork   4. Maintaining trust

Assessment type key

Examinations		
• Part 1 MRCOG – basic and applied sciences • Part 2 MRCOG – clinical knowledge • Part 3 MRCOG – clinical assessment		Summative
Workplace-based assessment – Assessment of Performance encounters		
• Objective Structured Assessment of Technical Skills	OSATS	Summative
Workplace-based assessment – Supervised Learning Event encounters		
• Case-based discussion • Mini-CEX • Non-Technical Skills for Surgeons • Objective Structured Assessment of Technical Skills	CbD MCX NOTSS OSATS	Formative
Workplace-based assessment – not encounter-based		
• Team observation • Reflective practice	TO RP	Formative