

Royal College of Obstetricians and Gynaecologists Undergraduate Curriculum 2021

Introduction

The first RCOG undergraduate curriculum was published in 2009, following the publication of GMC Tomorrow's Doctors, however in July 2018 the GMC's 'Outcomes for Graduates' replaced 'Tomorrow's Doctors 2009'. In addition a new Foundation Programme curriculum was published in 2016 (updated in 2021) and the RCOG postgraduate curriculum in 2019. These publications reflect an increased need for newly qualified doctors to be able to care for patients in a variety of settings, be able to provide integrated care, including mental health, with social care, apply health promotion and disease prevention at population level to the care of patients and in addition to have a greater awareness of global health, sustainability and advances in medical practice e.g. genomics and technologies used to diagnose, manage and treat illness. It is therefore timely to review and update the RCOG undergraduate curriculum.

This revised RCOG undergraduate curriculum has been based on and mapped against 'Outcomes for Graduates 2018' which has given greater prominence to professionalism, with 3 sections: Professional Values and Behaviour, Professional Skills and Professional Knowledge, which were mapped to the GMC publication 'Generic Professional Capabilities Framework' in its development. The learning outcomes for this RCOG undergraduate curriculum have taken consideration of and been mapped to Foundation professional capabilities expected of Foundation doctors by the end of FY2. It has also been aligned to the RCOG publication 'Better for women: Improving the health and wellbeing of girls and women' (December 2019), which outlines a life course approach to Women's Health.

Lastly, the GMC plans to introduce a 'Medical Licensing Assessment (MLA)'. This will set a common threshold for safe practice and all UK medical students graduating will need to pass the MLA as part of their medical school degree, before they can join the medical register. The core presentations and core conditions in this UG curriculum have been mapped to the MLA content map with this in mind.

The overall aims of the RCOG 'Women's Health Undergraduate Curriculum' are:

- To introduce the students to common/serious presentations related to women's reproductive and sexual health in a range of clinical settings and consider ethical and legal aspects relating to reproductive health
- To support the development of professional identity, communication, diagnostic and investigative skills necessary for the person-centered assessment and management of disorders of women's health and pregnancy
- To take a life course approach to women's health promoting the improvement of health strategies to improve women's health and prevent disease at different stages of life
- To have an appreciation of women's health in a social and global context

1. Professional Values and Behaviour

AIMS – to:		
<ul style="list-style-type: none"> • Ensure patient safety in all clinical situations by referring to guidelines, safeguarding and team working. • Apply legal, professional and ethical principles and guidance relevant to women’s health. 		
	GMC competencies	Foundation Capabilities
Describe factors that suggest vulnerability and discuss ethical and safeguarding issues with relevance to the vulnerable woman e.g. who have experienced female genital mutilation, social circumstances, substance abuse, domestic abuse and sexual violence	7, 7a, 7c, 7f, 7h	HLO1: 1,3 HLO3: 11
Discuss the importance of routinely asking about and identifying domestic abuse and sexual violence, describe factors in a history that suggest domestic abuse and the consequences on a woman’s physical and mental health and her family. Explain how to respond appropriately to disclosure and what action that should be taken if a history of domestic abuse is elicited	2c; 2j; 4; 5; 5a; 5b; 7; 7a; 7b; 7c; 11b	HLO1: 1,2,3 HLO3: 11
Describe the importance of audit, risk management, incident reporting associated with Women’s Health	2o, 5, 5c, 5e, 5g	HLO2: 9
Describe the role of local and national reports and guidelines relevant to Women’s Health e.g. RCOG, NICE, MBRRACE	4, 5h, 7e, 7g, 7i	HLO3: 12
Describe and explain the reasons for health inequalities and outcomes in Women’s Health for Black, Asian and Minority Ethnic groups	2j, 2k, 5a, 24a, 24b, 24c, 24d	HLO3: 11,12
Describe the professional principles when seeking consent for intimate examination	2l, 10b, 14k	HLO3: 11
Evaluate the ethical and legal issues surrounding the status of the embryo and fetus, including concepts of personhood	2c, 4	HLO3: 11
Analyse the ethics of different interests of the pregnant woman and fetus	2c, 4	HLO3: 11
Outline the ethical, legal and professional issues regarding reproductive choice, including contraception, artificial reproductive technologies (ARTs), and termination of pregnancy	2d, 2k, 2l, 5g, 2c, 2j, 4	HLO3: 11
Discuss the ethical and legal issues associated with genetic testing (such as commercial availability of DNA testing) and the implications for medical practice	2c, 4	HLO3: 11
Analyse the ethical and legal issues associated with developments in reproductive genetic technology, such as prenatal and preconception screening, and gene editing	2c, 2l, 6f, 19a, 22	HLO3: 11
Describe legal frameworks relevant to Women’s Health including the Abortion Act, consent, Gillick competence, Fraser Guidelines, Mental Capacity Act and female genital mutilation (FGM)	4, 7f	HLO3: 11
Describe the function of the HFEA (Human Fertilisation and Embryology Authority)	4	HLO3: 11
Describe the role and importance of multidisciplinary teamwork for the management and provision of safe, high quality care in Women’s Health	8a, 8b, 8c, 9a, 9b, 9c, 23	HLO2: 6
Discuss the influence ‘Human Factors’ can have on clinical outcomes in the women’s health setting	5f	HLO2: 6

2. Communication and Interpersonal skills

AIMS – to:		
<ul style="list-style-type: none"> Elicit domestic abuse and mental health red flags in a pregnant woman and be able to signpost to support Recognise and explain uncertainty of diagnosis Communicate uncertainty and break bad news in situations that may be encountered by a newly qualified doctor (F1/2) 		
	GMC competencies	Foundation Capabilities
Explain tests, results, likely diagnoses, treatment and risk and signpost to relevant high quality patient information relevant to women's health e.g. RCOG patient information, NHS Choices or patient information which has achieved the 'Information Standard'	2k, 2l, 11c, 11d, 14c	HLO1: 4
Identify risk factors that could cause deterioration in mental health and identify red flag mental health symptoms that could indicate an increased risk of suicide in women in the perinatal period. Signpost to support	7e; 12; 14a; 14c; 14d; 14e; 14g; 14h; 14i; 14l; 22; 22b; 22c; 22d	HLO1: 1,3,4
Identify a history of domestic abuse sensitively, demonstrate empathy and compassion and signpost to support	2c; 2j; 4; 5; 5a; 5b; 7; 7a; 7b; 7c; 11b	HLO1:1,3,4
Communicate sensitively and effectively uncertainty of diagnosis with a woman with a pregnancy of unknown location or uncertain viability	6f, 10a, 10b	HLO1: 4
Demonstrate empathy, compassion, building of rapport and effective verbal and non-verbal interpersonal skills when breaking bad news to a woman with an early pregnancy loss (ectopic or miscarriage).	10a, 10b	HLO1: 4
Recognise the importance of empathy and compassion when breaking bad news in Women's Health e.g. for example cancer diagnosis, extreme prematurity, fetal anomalies, stillbirth and that breaking bad news skills are transferable when caring for patients.	10a, 10b	HLO1: 4

3. Diagnosis and Management

AIMS – to:		
<ul style="list-style-type: none"> • Outline how issues of Women’s Health may present • Competently and empathically carry out an obstetric and gynaecology history and examination in a range of settings • Recognise common and serious pregnancy and gynaecology health conditions • Use the principles of clinical reasoning to develop a list of likely problems or differential diagnoses in a range of clinical settings • Suggest appropriate initial investigations required to help confirm a diagnosis or exclude differential diagnoses • Give options/suggest a management plan with reference to a bio-psycho-social framework and national guidelines, taking into account the patient’s views, concerns and values 		
	GMC competencies	Foundation Capabilities
History, Examination and Clinical Reasoning		
Take a history that includes consideration of the patient's autonomy, views, beliefs, concerns and any associated vulnerability, and reflect this in the care plan	2k, 7b, 11a, 14a, 23b, 23c, 23d, 25d	HLO1: 1,3
Describe risk assessment at the pregnancy community booking appointment and be able to classify a pregnancy as low or increased risk	2i, 14a, 19a	HLO1:1,2,3
Describe antenatal care in a low risk pregnancy, including the ultrasound schedule offered to women for fetal anomaly screening and placental localisation.	14l, 22a	HLO1:1,3
Take and record accurately a comprehensive obstetric history at different stages of pregnancy in a range of clinical settings	2k, 7b, 11a, 14a, 25d	HLO1:1
Take and record accurately a comprehensive gynaecological history relevant to different stages of a woman's lifetime in a range of clinical settings	2k, 7b, 11a, 14a, 25d	HLO1:1
Take and record accurately a comprehensive sexual history	2k, 7b, 11a, 14a, 25d	HLO1:1
Describe the important features to include when taking a subfertility history from both partners	2k, 7b, 11a, 14a, 25d	HLO1:1
Perform and interpret the gynaecological findings of an abdominal and pelvic examination including bimanual and speculum examination	14b, 14c	HLO1:1
Perform an obstetric examination including taking BP, urinalysis, an abdominal palpation and listening to fetal heart where appropriate	14b, 14c	HLO1:1
Interpret the findings from history and examination, recognising relevant pathology	14c	HLO1:1
Summarise the key history and examination findings, the most likely diagnosis, a prioritised differential diagnoses/problem list and propose options for investigations to the supervising clinician using a bio-psycho-social framework.	14d, 14e, 14f, 14g, 14h, 14l, 22, 23, 24	HLO:1,2,3,4

Clinical Investigations, Diagnosis and Medical Management		
At the pregnancy booking appointment: risk assessment and planning		
Describe the issues to consider for a woman whose pregnancy is considered increased or high risk (see core conditions below). Discuss a plan for pregnancy including schedule of care	12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for a woman with previous pregnancy complications (see core conditions below). Discuss a plan for pregnancy including schedule of care and timing of delivery depending on how the pregnancy progresses.	12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for the woman and babies if the woman has a multiple pregnancy. Discuss a plan for pregnancy including schedule of care and recommended timing of delivery	12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for the woman and baby if the pregnant woman has a pre-existing medical condition (see core conditions below). Discuss a plan for pregnancy including schedule of care, with multidisciplinary input when necessary, and recommended timing of delivery	12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for a vulnerable pregnant woman e.g. difficult social circumstances, substance and alcohol misuse, victims of domestic abuse and sexual violence, female genital mutilation, when English is not her first language. Discuss the need for multidisciplinary input and the roles of health professionals involved in the care during pregnancy and in the postnatal period	12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for a pregnant woman with a history of mental health illness. Discuss a plan for pregnancy, prescribing issues to consider, red flags, which may indicate deterioration in mental illness and the need for multidisciplinary input as, appropriate	7e, 12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Describe the issues to consider for a woman who has had a previous caesarean section. Discuss the role of shared decision making in this process	2k, 12, 14a, 14c, 14d, 14e, 14g, 14h, 14i, 14j, 14l, 22, 22b, 22c, 22d	HLO1:1,3,4
Core Conditions for antenatal risk assessment and planning		
Pre-existing maternal conditions: Chronic Hypertension Pre-existing diabetes Epilepsy Obesity in pregnancy Substance misuse/safeguarding issues Mental illness and pregnancy	Previous pregnancy complications: Previous SGA/previous stillbirth Previous preterm birth Previous CS, options for birth including VBAC Fetal abnormalities and common genetic abnormalities	Current pregnancy complications: Multiple pregnancy History of female genital mutilation Increased risk for VTE Increased risk of gestational diabetes Increased risk for pre-eclampsia

During pregnancy		
Use the principles of clinical reasoning to develop a list of likely problems or differential diagnoses. Suggest appropriate initial investigations (taking into account resources) required to help confirm the diagnosis or exclude differential diagnoses and give options for an initial management plan. Describe referral pathways	12, 14c, 14d, 14e, 14f, 14g, 14h, 14i, 22c, 22f	HLO1:1,3,4
Interpret blood results against normal pregnancy ranges	14f	HLO1: 1
Discuss the role of ultrasound in identifying fetal and common genetic anomalies during pregnancy and the role that Fetal Medicine has in counselling and offering options for management	14e, 22c, 22d	HLO1: 3
Develop a differential diagnosis list for nausea/vomiting in pregnancy in early pregnancy, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Develop a differential diagnosis list for a woman presenting with hypertension and/or proteinuria in pregnancy in the second half of pregnancy, suggest investigations to confirm a diagnosis and give options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the causes of bleeding after 24 weeks of pregnancy, suggest initial investigations to confirm a diagnosis and give options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Develop a differential diagnosis list for a woman presenting with a itching and/or a rash in pregnancy, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Discuss an initial management plan for a woman presenting with reduced fetal movements in pregnancy	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Discuss an initial management plan for a woman presenting with a breech presentation in pregnancy	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the causes of a small for gestational age baby: suggest investigations and a management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe issues associated with preterm premature rupture of membranes and/or preterm labour: suggest investigations and a management plan	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe risks associated with prolonged pregnancy and give options for management	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe investigations and an initial management plan for a woman presenting with swollen/painful/inflammation of the lower limbs during pregnancy or the postnatal period.	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Develop a differential diagnosis list for a woman presenting with breathlessness and/or chest pain in pregnancy, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Develop a differential diagnosis list for a woman presenting with a severe headache in pregnancy, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Develop a differential diagnosis list for a woman presenting with a fever in pregnancy, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4

Intrapartum and postnatal		
Describe normal labour and the mechanics of normal vaginal delivery	14l, 22a, 23a, 23c, 25a, 25b	HLO1: 1,3,4
Describe complications of labour: failure to progress, fetal distress and third stage complication such as initial heavy bleeding, perineal trauma and retained placenta and discuss options for management	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Describe maternal complications of operative delivery, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the physical and emotional changes in a normal puerperium	22a, 23a, 23c, 25a, 25b	HLO1: 1,3
Develop a differential diagnosis list for a woman presenting with fever/sepsis, heavy bleeding or breathlessness in the postnatal period, suggest initial investigations to confirm a diagnosis and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,2,3,4
Discuss issues that a woman may have with breast pain and tenderness in the postnatal and give options for a primary management plan	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Discuss the pros and cons of different infant feeding methods. Describe breast-feeding difficulties that a woman may have in the postnatal period and how to support a mother with breastfeeding	2l, 10a, 11d, 22a, 24a, 25a	HLO1: 1,3,4
Describe a management plan for a woman presenting with mood disturbance and anxiety in the postnatal period, red flags which may indicate deterioration in mental illness and the need for multidisciplinary input as appropriate	7e, 12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22, 23	HLO1: 1,2,3,4

Core Conditions: Demonstrate a working knowledge (illness script) and formulate a bio-psycho-social plan for the treatment and management of the following pregnancy related conditions

<p>During Pregnancy</p> <p>Nausea/vomiting/Hyperemesis Gravidarum</p> <p>Maternal anaemia</p> <p>Gestational diabetes</p> <p>Obesity and pregnancy</p> <p>Multiple pregnancy</p> <p>Placental abruption, placenta praevia, vasa praevia</p> <p>Gestational hypertension, pre-eclampsia, eclampsia, HELLP syndrome</p> <p>Breech presentation</p> <p>Obstetric cholestasis</p> <p>Small for gestational age/fetal growth restriction</p> <p>Stillbirth</p>	<p>Maternal infections: rubella, CMV, chicken pox, parvovirus, Zika virus, UTI, influenza</p> <p>Venous thrombo-embolism in pregnancy/puerperium</p> <p>Perinatal mental illness</p> <p>Intrapartum</p> <p>Premature labour, PPRM (preterm prelabour rupture of membranes)</p> <p>Induction of labour</p> <p>Normal labour, principles of maternal/fetal monitoring in labour, failure to progress in labour, fetal distress</p> <p>Operative delivery (forceps/ventouse/CS and VBAC)</p> <p>Shoulder dystocia</p> <p>Cord prolapse</p>	<p>Postnatal</p> <p>Perineal trauma including 3rd/4th degree tear</p> <p>Post partum haemorrhage</p> <p>Infections in labour and puerperium: chorioamnionitis, wound infection, retained products of conception, UTI, mastitis, sepsis</p> <p>Mastitis/difficulty breast feeding</p>
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Gynaecology		
Define the stages and changes of puberty	22a, 23a, 25a	HLO1: 1,3,4
Explain normal sexual function and libido for women	22a, 23a, 23c, 25a, 25b	HLO1: 1,3,4
Describe the physical and emotional changes in a normal menstrual cycle	22a, 23a, 23c, 25a, 25b	HLO1: 1,3,4
Describe the symptoms associated with premenstrual syndrome, how it could affect quality of life and suggest options for management	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the symptoms associated with menopause and how it could affect quality of life and suggest options for management. Describe possible causes for a premature menopause	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22a, 22b, 22c, 22d, 23a, 23c, 25a, 25b	HLO1: 1,3,4
Develop a differential diagnosis list for abnormal vaginal bleeding e.g. menorrhagia, IMB, PCB, PMB, oligomenorrhoea, irregular cycles, and amenorrhoea. Suggest investigations to confirm a diagnosis and give options for management. Discuss common clinical presentations/red flags symptoms of gynaecological malignancy and be able to discuss referral pathways	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d, 22f	HLO1: 1,3,4
Develop a differential diagnosis list for a woman presenting with bloating, abdominal distension and/or a pelvic mass. Suggest initial investigations to confirm a diagnosis and give options for management. Discuss common clinical presentations/red flags symptoms of gynaecological malignancy and be able to discuss referral pathways	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,2,3,4
Develop a differential diagnosis list for dysmenorrhoea, dyspareunia and pelvic pain and suggest initial investigations to confirm a diagnosis. Describe how these symptoms could affect quality of life and suggest options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the symptoms and issues for a woman with polycystic ovary syndrome (PCOS) and how it affects quality of life. Suggest options for management	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the causes for hirsutism and how it affects quality of life. Suggest initial investigations to confirm a diagnosis and suggest a range of options for management	14a, 14b, 14c, 14d, 14e, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Develop a differential diagnosis list for a woman presenting with vaginal discharge, suggest initial investigations to confirm a diagnosis and give options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Develop a differential diagnosis list for a woman presenting with urinary symptoms. Suggest initial investigations to confirm a diagnosis and give a range of options for management. Demonstrate awareness of the impact of urinary symptoms such as urgency and incontinence on a woman's quality of life	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the symptoms associated with and causes of utero-vaginal prolapse and suggest investigations. Give a range of options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the causes of vulval itching and/or lumps, suggest initial investigations to confirm a diagnosis and give options for management	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe causes for subfertility; suggest initial investigations and referral pathways. Discuss treatment options and demonstrate awareness of the impact of subfertility on a couple	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4

Demonstrate an awareness of the potential impact of an unplanned/unwanted pregnancy on a woman. Describe referral pathways and options for management should a woman opt for an abortion	2b, 2c, 2d, 2e, 2k, 2l, 8b, 12, 14j, 14l, 22, 22b, 22c, 22d	HLO1: 1,3,4
Describe the causes of bleeding in early pregnancy, suggest initial investigations to confirm a diagnosis and give options for management.	12, 14a, 14b, 14c, 14d, 14e, 14g, 14h, 14i, 14l, 22, 22b, 22c, 22d	HLO1:1,2,3,4
Describe common emergency gynaecological presentations: acute pelvic pain, unexpected vaginal bleed, painful vulval lump, suggest investigations to confirm a diagnosis and give options for an initial management plan.	14a, 14b, 14c, 14d, 14e, 14i, 14l, 17a, 17b, 22, 22b, 22c, 22d	HLO1:1,2,3,4
Core Conditions		
Demonstrate a working knowledge (illness script) and formulate a bio-psycho-social plan for the treatment and management of women's health and pregnancy related conditions		
Miscarriage Ectopic pregnancy Pregnancy of unknown location Molar pregnancy Fibroids Endometrial polyps Endometrial hyperplasia Endometriosis Imperforate hymen Cervical polyp Cervical ectropion Bartholins abscess Polycystic ovary syndrome Premenstrual syndrome Dermoid cysts Endometriotic cysts Functional cysts Ovarian cyst accident	Ovarian cancer Endometrial cancer Cervical cancer Vulval cancer Menopause Atrophic vulvo-vaginitis Lichen Sclerosus Bacterial vaginosis Candidiasis Sexually transmitted infections Pelvic inflammatory disease Abortion Contraception Subfertility Uterovaginal prolapse Overactive bladder Stress incontinence Lower urinary tract infections in women	

4. Acutely ill woman

AIMS - To:		
<ul style="list-style-type: none"> Recognise, diagnose and manage an acutely unwell woman with a gynaecological or pregnancy condition, using a systematic approach, escalating appropriately to colleagues for assistance and advice Apply the principles of maternal adaptations in pregnancy, when managing the acutely unwell pregnant woman 		
	GMC competencies	Foundation Capabilities
Perform an assessment and determine the severity of a clinical presentation and the need for immediate emergency care in an acutely ill woman	16, 17a, 17b, 17c, 22c, 22d	HLO1: 1,2
Be able to prioritise care and describe when and how to seek support from supervising clinicians or allied health professionals as appropriate to the situation	8a, 8b, 8c, 9a, 9c, 17b,	HLO1: 2 HLO2: 6
Use a systematic approach (ABCDE) approach to make an acute clinical assessment, discuss initial investigations and perform initial resuscitation/management of a collapse or fits/seizures in a pregnant woman	16, 17a, 17b, 17c, 22c, 22d	HLO1: 1,2,3
Use a systematic approach (ABCDE) approach to make an acute clinical assessment, discuss initial investigations and perform initial resuscitation/management in a collapsed pregnant woman more than 24 weeks, considering maternal adaptations to BLS that are required during resuscitation	16, 17a, 17b, 17c, 22c, 22d	HLO1: 1,2,3
Call for senior help and alert team members who are likely to be involved e.g. midwives, anaesthetists, theatre team, neonatology team, mental health team	2h, 8a, 8b, 8c, 9a, 9c, 17b,	HLO1: 1,2 HLO2: 6
Be able to formulate a plan for the treatment and management of the following different causes of maternal collapse: <ul style="list-style-type: none"> Ruptured ectopic and miscarriage Antenatal and intrapartum haemorrhage (abruption/placenta praevia/ruptured uterus), Postpartum haemorrhage: uterine atony, perineal trauma, retained placenta and DIC Eclampsia Sepsis VTE, cardiac causes of maternal collapse Puerperal psychosis 	17b, 17c, 22c, 22d	HLO1:1,2,3,4

5. Health Promotion, Wellbeing, Improvement of Health and Illness prevention – A life course approach

AIM: To apply principles, methods and knowledge of population health, screening programmes and the improvement of health strategies to improve women's health and prevent disease at different stages of life

During every woman's life, there are many opportunities to help her improve her physical and mental health. Adopting a life course approach offers the potential for early intervention to reduce the risk of certain diseases from developing. There are 3 key stages in a woman's life course, although many health issues may be present in several life stages.

Adolescence

This is a crucial stage in the female life course with the onset of menstruation, sexual activity and fertility. High quality reproductive health education delivered at school and preventive health strategies for young people, such as HPV vaccination and chlamydia screening, are vital.

The reproductive years

In addition to the on-going need for contraception and healthy lifestyle advice, many women require specific help to manage menstrual disorders such as heavy bleeding and pelvic pain. The lessons learnt from a woman's response to being pregnant will have an influence on her health in later life. It is crucial that all women undergo a health check following pregnancy to ensure that future pregnancy complications and preventable health problems in later life are avoided.

The post-reproductive years

Managing the transition through the menopause provides opportunities to promote healthy lifestyles and prevent the onset of chronic diseases such as osteoporosis, cardiovascular disease, frailty and dementia.

<https://www.rcog.org.uk/globalassets/documents/news/campaigns-and-opinions/better-for-women/better-for-women-full-report.pdf>

	GMC competencies	Foundation Capabilities
Discuss methods and knowledge of population health, screening programmes and the improvement of health strategies to improve women's health and prevent disease at different stages of life	25, 25a, 25b, 25c, 25e, 25f, 25g, 25i, 25j,	HLO1: 3,4
Explain the benefits of chlamydia screening	22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Explain the benefits, schedule and side effects of HPV vaccination	22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Discuss the importance of easy access to the full range of contraceptive methods, including in the immediate postnatal period. Discuss options for emergency, reversible (hormonal and intrauterine) and permanent contraception. Discuss the place and advantage of long acting reversible contraception.	2b, 2d, 2k, 2l, 11b, 12, 14a, 14j, 22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Discuss the prevention and early diagnosis of gynaecological cancers. Describe the cervical screening programme including colposcopy and have an awareness of red flags for ovarian and endometrial cancer	12m, 22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4

and relevant referral pathways		
Discuss recommendations for lifestyle changes (e.g. with reference to smoking, being overweight, alcohol consumption, healthy diet), folic acid and vaccinations when planning a pregnancy	12m, 22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Demonstrate an understanding of the role of preconception counselling of women with pre-existing medical conditions/mental health issues	12m, 22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Describe screening in pregnancy for: infection, anaemia, rhesus status, chromosomal abnormalities, inherited disorders, anomaly scan, pre-eclampsia, gestational diabetes	22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Discuss the relevance of genomics, including genetic screening and transgenerational genomics in women's health	22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 3,4
Discuss a life course approach to preventing non-communicable disease in women and their children, including learning from indicators in the reproductive years to influence future health	12m, 22, 22a, 22b, 22d, 25, 25a, 25d, 25g, 25j	HLO1: 1,3,4
Discuss approaches to improve health during and after the menopause	18m	HLO1: 1,3,4

6. Reproductive and Sexual Health - a Global and Social Perspective

AIM: To have an awareness of reproductive and sexual health from a global and social perspective		
	GMC competencies	Foundation Capabilities
Define sexual health and describe global and social aspects of reproductive and sexual health, including screening strategies	25e, 25g, 25k	HLO1: 3,4
Describe the sexual and reproductive health (SRH) services available globally and the challenges faced accessing comprehensive SRH services	25; 25c; 25e; 25f; 25k	HLO1: 3,4 HLO3: 13
Demonstrate an understanding of the epidemiology of common sexually transmitted infections, including HIV, chlamydia and gonorrhoea in a global context	25b, 25c, 25e, 25g, 25i, 25k	HLO1: 3,4
Demonstrate awareness of the specific needs and requirements of vulnerable populations such as sex workers	25e; 25g; 25k	HLO1: 3,4 HLO3: 11
Describe concepts of gender identity, gender dysphoria and sexuality	25e; 25g; 25k	HLO1: 3,4
Demonstrate awareness of the specific health needs of sexual minorities i.e. groups of people whose sexual orientation, gender identity, or sexual characteristics are different from the presumed majority of the population, which are male or female heterosexuals. This includes LGBTQ+ individuals and the transgender population. Describe the difficulties sexual minority groups face when accessing healthcare	25e; 25g; 25k	HLO1: 3,4 HLO3: 11
Demonstrate an understanding of the cultural factors that influence women's sexual and reproductive health including female genital mutilation, domestic abuse, sexual violence and female infanticide. Compare legal frameworks relevant to female genital mutilation (FGM)	4; 5h; 7e; 7g; 7i, 25c; 25f; 25k	HLO1: 3,4 HLO3: 11
Discuss the issues surrounding access to safe abortions and laws surrounding contraception / abortion across the world	4; 25; 25c; 25e; 25f; 25k	HLO1: 3,4 HLO3: 11
Describe the causes and differences globally in maternal mortality, stillbirth rates and perinatal mortality	25c, 25f, 25j, 25k	HLO1: 3,4 HLO3: 11
Describe factors responsible for differences in maternal, stillbirth and neonatal mortality globally and strategies to improve maternal and child health around the world	25c; 25f; 25j; 25k	HLO1: 3,4 HLO3: 11
Describe the role of reports relevant to Women's Health globally e.g. MBRRACE / WHO	4; 5h; 7e; 7g; 7i	HLO2: 9
Demonstrate awareness that health of the baby (fetal growth restriction) has an impact on the future health of mother and baby in a global context	12m, 22, 22a, 25b, 25c, 25g, 25j	HLO1: 3,4

7. Practical Skills

AIM: To explain and carry out practical procedures safely and effectively		
	GMC competencies	Foundation Capabilities
Measure BP in pregnancy, adapting measurement to be performed to avoid supine hypotension	14b, 14c	HLO1:1
Perform and interpret a urine pregnancy test, relevant to the clinical context	14b, 14c, 14f	HLO1:1
Use a Cusco's speculum and take a vaginal swab/endocervical swab	14b, 14c	HLO1:1
Take a smear on a mannequin	14b, 14c	HLO1:1

* Clinical examination skills outlined on page 5

8. Prescribing

AIM: To prescribe commonly used drugs used in Women's Health safely, effectively and economically under supervision in the clinical setting		
	GMC competencies	Foundation Capabilities
Demonstrate awareness of the principles of prescribing in pregnancy and where to find relevant information about choosing & adjusting drug dosage in pregnant women & women of child-bearing potential and when to refer for secondary care opinion	2h, 2l, 2s, 18e, 18l, 22e	HLO1: 3,4
Establish an accurate medication history, including adherence, covering both prescribed medication and other drugs or supplements, and establish medication allergies and the types of medication interactions that patients experience	18a	HLO1: 3,4
Use clinical guidelines, protocols and the British National Formulary to calculate safe and appropriate medication doses and write a safe and legal prescription, tailored to the specific needs of individual patients	2s, 18b, 18e, 18f, 18g, 22e	HLO1: 3,4
<p>Prescribe drugs used in women's health safely, effectively and economically under supervision. Describe the indications, contraindications and drugs for:</p> <p>Pregnancy:</p> <ul style="list-style-type: none"> • Hyperemesis • Hypertension • UTI (cefalexin, trimethoprim, nitrofurantoin) • VTE: treatment/prophylaxis • Analgesia • Anaemia <p>Gynaecology:</p> <ul style="list-style-type: none"> • Menorrhagia (tranexamic acid, mefenamic acid, Mirena) • Contraception and emergency contraception • Candida infection • Bacterial vaginosis • STI (doxycycline, azithromycin, metronidazole) • Menopausal symptoms (oestrogen only, combined HRT or tibolone) anti-D, 	14l, 18, 18d, 18e, 18f, 18g, 18j, 18l, 22e	HLO1: 3,4

9. Professional Knowledge – Summary of core presentations/core conditions

The core presentations and core conditions for the RCOG undergraduate curriculum are detailed below. Those included within the MLA content map <https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map> are identified in the tables below. The MLA is designed to set a common **minimum** threshold for safe practice, therefore there are additional presentations/conditions included in this curriculum that are considered important for medical students to be familiar with.

Pregnancy Core Presentations	Pregnancy Core Conditions
Pregnancy risk assessment MLA	Previous CS
Nausea MLA	Pre-existing medical problems: diabetes, epilepsy, chronic hypertension MLA
Vomiting MLA	Nausea/vomiting in early pregnancy and Hyperemesis Gravidarum MLA
Mood disturbance, anxiety, phobia during pregnancy/postnatal MLA	Fetal abnormalities and common genetic abnormalities
Substance misuse/safeguarding issues MLA	Multiple pregnancy
Itching MLA	Female Genital Mutilation and pregnancy
Rash in pregnancy	Maternal anaemia MLA
Bleeding MLA	Obesity and pregnancy MLA
Hypertension MLA	Perinatal mental illness MLA
Proteinuria	Gestational diabetes MLA
Headache MLA	Obstetric cholestasis
Epigastric pain	Placental abruption, placenta praevia, vasa praevia MLA
Fits/seizures MLA	Venous thrombo-embolism in pregnancy and the puerperium MLA
Chest pain MLA	Gestational hypertension, Pre-eclampsia, eclampsia, HELLP syndrome MLA
Breathlessness	Fetal growth restriction
Painful swollen leg MLA	Stillbirth MLA
Pyrexia	Maternal infections: Rubella, CMV, Chicken pox, Parvovirus, Zika virus, UTI, influenza,
Small for gestational age MLA	Premature labour / Preterm prelabour rupture of membranes (PPROM)
Reduced/change in fetal movements MLA	Breech presentation
Breech presentation, unstable lie, transverse lie	Induction of labour
Preterm premature rupture of membranes (PPROM)	Normal labour, maternal/fetal monitoring in labour, failure to progress in labour, fetal distress MLA
Premature labour	Operative delivery: Forceps, Ventouse, Caesarean section
Prolonged pregnancy	Vaginal birth after caesarean section (VBAC)
Fetal distress in labour MLA	Perineal trauma including 3rd/4th degree tear
Retained placenta MLA	Shoulder dystocia
Postpartum haemorrhage MLA	Cord prolapse MLA
Maternal collapse/shock MLA	Postpartum haemorrhage
Breast pain/tenderness / difficulty breast feeding MLA	Infections in labour and puerperium: chorioamnionitis, wound infection, retained products of conception, UTI, mastitis, sepsis MLA

Gynaecology Core Presentations	Gynaecology - Core Conditions
Bleeding and pain in early pregnancy	Miscarriage
Menorrhagia	Ectopic pregnancy MLA
Intermenstrual bleeding	Pregnancy of unknown location
Postcoital bleeding	Molar pregnancy
Postmenopausal bleeding	Fibroids MLA
Irregular menstrual cycles	Endometrial polyps
Oligomenorrhoea	Endometrial hyperplasia
Dysmenorrhoea	Endometriosis MLA
Amenorrhoea MLA	Imperforate hymen
Dyspareunia MLA	Cervical polyp
Chronic pelvic pain MLA	Cervical ectropion
Premenstrual symptoms	Bartholins abscess
Menopausal symptoms MLA	Polycystic ovary syndrome
Loss of libido	Premenstrual syndrome
Hirsutism	Menopause
Vaginal/urethral discharge MLA	Atrophic vulvo-vaginitis MLA
Subfertility MLA	Lichen Sclerosus
Bloating, abdominal distension MLA	Ovarian cysts: functional cysts, dermoid cysts, ovarian cyst accident, endometriotic cysts
Abdominal/pelvic mass MLA	Gynaecological cancer: ovarian cancer, endometrial cancer, cervical cancer, vulval cancer MLA
Urinary symptoms, urinary incontinence MLA	Cervical screening (HPV) MLA
Vulva/vaginal lumps MLA	Bacterial vaginosis MLA
Vulval itching/lesion MLA	Candidiasis
Acute pelvic pain MLA	Sexually transmitted infections: chlamydia, gonorrhoea, syphilis, trichomonas vaginalis, genital ulcers/warts MLA
Painful vulval lump	Pelvic inflammatory disease MLA
Unplanned pregnancy MLA	Abortion MLA
Contraception request/advice MLA	Subfertility
	Uterovaginal prolapse
	Urinary incontinence: overactive bladder, stress incontinence MLA
	Lower urinary tract infections in women MLA

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