Appendix 2

Introduction to subspecialty training in Obstetrics & Gynaecology

Subspecialty training in Obstetrics & Gynaecology was introduced in 1984 by the RCOG in order to develop a group of subspecialist consultants. These were defined as Obstetricians and Gynaecologists who, after undertaking appropriate training in a formal subspecialty programme and the acquisition of special expertise, were expected to devote at least half, and probably more, of their working time in the subspecialty. As subspecialty practice and training has developed, subspecialists increasingly spend all or almost all of their time in the relevant subspecialty area (Consultants in Sexual and Reproductive Health have always spent 100% of their time working in that field). Thus these highly trained doctors acquire and maintain core advanced competencies in their own specialty areas. Indeed many of the relevant advanced core competencies are incorporated within the subspecialty curriculum. At the present time the RCOG is undertaking a major piece of workforce analysis in order to plan the availability of subspecialty training opportunities in line with national workforce needs. It appears that there will be no major change in the number of subspecialists needed. At present they represent approximately 10% of the entire workforce.
There are five subspecialties:

- Maternal and Fetal Medicine (MFM)
- Urogynaecology (UG)
- Gynaecological Oncology (GO)
- Reproductive Medicine (RM)
- Sexual & Reproductive Health (SRH)

**Access to subspecialty training**

Subspecialty training commences after successful completion of year 5. The workplace based assessments and the part 2 MRCOG must be satisfactorily completed and a RITA C achieved before starting subspecialty training. Candidates must be appointed through open competition involving a structured interview process. Trainees will be appointed to a three year training programme incorporating 12 months dedicated research. The majority of trainees will have already completed at least 12 months in research and been awarded either an MD or PhD thesis, or at least two first author papers in citable, refereed journals, in which case they will undertake a two year training programme. Exceptionally, trainees may have had sufficient exposure to research methods to have allowed them to complete an MD or two first author papers in citable, refereed journals, in which case they too, having confirmed that they have the research competencies specified in the curriculum, enter a two year programme.
Educational Supervision

The Subspecialty Training Programme Supervisor (STPS) is responsible for overseeing the training programme and ensuring attainment of the relevant competencies. Each subspecialty programme has a curriculum, logbook and an assessment process. Trainees are formally assessed annually by two subspecialists nominated by the RCOG Subspecialty Committee (MFM, UG, GO, RM) or the Joint Training Committee of the RCOG and the FFPRHC (SRH). This assessment comprises of the submission of a written report from both the trainee and the STPS and a formal review of progress towards the required competencies detailed in the logbook. Trainees also complete annual team observations that feed into both subspecialty assessment and RITA processes. Assessors compile a written report of progress, which is reviewed by the RCOG Subspecialty Committee (MFM, UG, GO, RM) or the Joint Training Committee of the RCOG and the FFPRHC (SRH) who make recommendations regarding progress to or attainment of accreditation. These are circulated to the trainee, the STPS and the Deanery STC Chair.

Approval of programmes

All existing subspecialty training programmes and the subspecialty training programme supervisors have been approved by the RCOG Subspecialty Training Committee (MFM, UG, GO, RM) or the Joint Training Committee of the RCOG and the FFPRHC (SRH). In future new programmes or programmes where significant deficiencies or potential deficiencies in training have been identified will require approval / re-approval by the relevant Deanery, via the local STC, with advice from the RCOG Subspecialty Training Committee or the Joint Training Committee of the RCOG and the FFPRHC. This is a process that will be overseen by PMETB, who are legally responsible for approval of posts and programmes.