

## Obstetrics and Gynaecology

### Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Obstetrics and Gynaecology. You will also need to read the [Obstetrics and Gynaecology curriculum](#).

## Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Obstetricians and Gynaecologists (RCOG) for guidance **before** you submit your application. RCOG can be contacted at [equivalence@rcog.org.uk](mailto:equivalence@rcog.org.uk)

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in Obstetrics and Gynaecologists?**

The indicative period of training for a CCT in Obstetrics and Gynaecologists is seven years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the programme (in indicative timescales) is as follows:

- Two years basic training
- Three years intermediate training
- Two years advanced training (completing a minimum of two different ATSMs)

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the RCOG Obstetrics and Gynaecology curriculum.

## Curriculum framework

The Obstetrics and Gynaecology curriculum is structured with four overarching professional identities, which are divided into generic and specialty-specific areas. The professional identities (PI) are supported by 14 high-level learning outcomes, known as Capabilities in Practice (CiP). Each CiP is supported by several key skills and subsequent descriptors, which are expected to be demonstrated by the applicant. The PIs and respective CiPs are outlined below and the key skills for each of these are outlined in this guide.

Further details of the descriptors can be found in the [Obstetrics and Gynaecology curriculum](#) and the [curriculum training resource](#) which includes greater detail on each of the CiPs.

## Developing the doctor (generic)

### PI 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
- 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

### PI 2 – Researcher, scholar and educator

- CiP 6 – The doctor takes an active role in helping self and others to develop
- CiP 7 – The doctor is able to engage with research and promote innovation
- CiP 8 – The doctor is effective as a teacher and supervisor of healthcare professionals

## Developing the Obstetrician and Gynaecologist (specialty-specific)

### PI 3 – Clinical expert

- CiP 9 – The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy
- CiP 10 – The doctor is competent in recognising, assessing and managing emergencies in obstetrics
- CiP 11 – The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care
- CiP 12 – The doctor is competent in recognising, assessing and managing non-emergency obstetrics care

### PI 4 – Champion for women's health

- CiP 13 – The doctor is able to champion the healthcare needs of people from all groups within society
- 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

## Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a pro-forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate and may be verified at source. All evidence submitted will be cross checked against the rest of your application and documents.

## Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don't need to be anonymised:

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Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

### **How much evidence to submit and what to submit**

The guidance provides some **indicative numbers of certain documents** that you are **strongly recommended to provide**. We have also listed other suggested evidence that you may wish to consider. This guidance on documents to supply is not exhaustive and you may also have alternative evidence. If you choose to submit alternative evidence, it must sufficiently demonstrate your development and acquisition of the relevant key skills. The emphasis should be on the quality of evidence, not quantity.

You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [Obstetrics and Gynaecology curriculum](#). If evidence is missing from any area of the curriculum, then the application may fail.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy and list it in your application under each relevant area, stating that the document is located elsewhere and you would like to cross-reference it. Each piece of evidence should not be used or cross referenced more than three times.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

**Evidence of your competence should be recent.** In general, evidence of skills or experience more than five years old should not be submitted, as typically it does not demonstrate that the competences have been recently maintained.

As a general guide, we would want no more than 800-1,000 pages of evidence.

**Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.**

**This is the specialty specific guidance for Obstetrics and Gynaecology**

## **Organising your evidence**

Your evidence will need to be organised to reflect the structure of the online application, which may mean you need to create your own dividers for any hard copy evidence. You should group your documents as per the guidance on the GMC's [website](#).

Your evidence must cover the knowledge, skills and qualifications required to demonstrate the high-level learning outcomes of the CiPs in all areas of the Obstetrics and Gynaecology curriculum. We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

Missing evidence for a CiP may result in your application being unsuccessful.

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in an area of the curriculum by providing extra evidence in other areas.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability.

## Unsuccessful applications or poor evidence

### *A message from the Equivalence Advisory Committee in Obstetrics and Gynaecology*

It is our experience that applications from doctors in the specialty of Obstetrics and Gynaecology are often submitted with inadequate or poor evidence in the following areas:

- **ATSMs** – applicants who haven't completed two RCOG ATSMs are advised to carefully consider the content of the ATSMs, as equivalence to all CiPs within them must be demonstrated
- **CiPs** – evidence of completion of the current core curriculum CiPs must be provided
- **Clinical evidence** – recent clinical evidence across both obstetrics and gynaecology should be provided from the last five years, demonstrating ongoing, independent competence in all surgical procedures
- **OSATS** – three summative OSATS for each surgical procedure, from the required timeframe are required
- **Appraisal** – sequential annual appraisal along with personal development plans must be provided from the last five years
- **Communication** – evidence of two-way communication and collaboration over the management of patients must be provided
- **Courses** – completion of all courses listed must be evidenced from the last five years, or relevant practical experience will be considered, where stated

Documentary evidence provided must be from the period in which it was undertaken – e.g. WPBAs must be from the period that the applicant undertook training. Assessments and appraisals cannot be signed off retrospectively. OSATS, Mini-CEX and CbDs must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place).

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

We also recommend that your referees are able to provide detailed support for your competences across all or most areas and understand the requirements for specialist training in Obstetrics and Gynaecology and Specialist Registration in the UK.

## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

### Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You **only** need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).



**Specialist medical qualification(s)**

Applicants must demonstrate an appropriate test of knowledge to that required for the CCT, which is the **Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG)**

**Qualifications considered and accepted as equivalent to the MRCOG are as follows:**

- American Board of Obstetrics and Gynaecology (Part I and II)
- Membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – must include a pass in the written, clinical and oral examinations
- Fellowship of Obstetricians and Gynaecology from the Royal College of Physicians and Surgeons of Canada
- Fellowship of the College of Surgeons South Africa (FCOG)

If applicants do not hold the MRCOG or equivalent qualification as above, they can aim to demonstrate equivalence by providing:

- A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how **each and every MRCOG competency** (Part 1, 2 and 3) has been covered in their own qualifications and how. It will then be at the RCOG's discretion to determine what has been provided is comprehensive enough to be considered equivalent to the MRCOG. Applicants must be aware that as no other qualifications are considered equivalent (apart from those listed above), it will be assessed on a case by case basis and will involve the applicant to undertake an extensive and onerous level of work to justify the level of equivalence required to be successful.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision.

<p><b>Recent specialist training</b></p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide a of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available. please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in O&amp;G in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p><b>Specialist registration outside the UK</b></p>	<p>Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.</p>
<p><b>Advanced Training Skills Modules – ATSMs</b></p>	<p>Applicants must complete the required competences for a minimum of <b>two</b> ATSMs.</p> <p>If you have completed RCOG ATSMs, please provide the completion certificates only (BSCCP accreditation is considered equivalent to one RCOG ATSM. Therefore, if you have a BSCCP accreditation, please provide your accreditation certificate.)</p> <p>If you have not completed RCOG ATSMs, you must provide evidence of equivalence to the requirements of the specific ATSM curricula as outlined on the <a href="#">RCOG website</a>.</p>

## Evidence of employment in posts and duties (including training posts)

<b>Employment letters and contracts of employment</b>	<p>The information in these letters and contracts <b>must</b> match your CV. They will confirm the following:</p> <ul style="list-style-type: none"> <li>• dates you were in post</li> <li>• post title, grade, training</li> <li>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li> </ul>
<b>Job descriptions</b>	<p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> <li>• your position within the structure of your department</li> <li>• your post title</li> <li>• your clinical and non-clinical commitment</li> <li>• your involvement in teaching or training.</li> </ul>
<b>Rotas</b>	<ul style="list-style-type: none"> <li>• Consecutive samples of your rota for an annual cycle to cover the <b>last three years</b>, demonstrating your weekly clinical and non-clinical activity across both Obstetrics and Gynaecology.             <ul style="list-style-type: none"> <li>○ e.g. if you're working a 1:8 rota, you should submit 8 consecutive weeks' rota per year</li> </ul> </li> </ul>
<b>Departmental annual caseload statistics</b>	<ul style="list-style-type: none"> <li>• Departmental annual caseload statistics and hospital data, <b>from the last three years</b> including information on:             <ul style="list-style-type: none"> <li>○ Delivery rate</li> <li>○ Total number of outpatients, annual access to clinics, wards and theatres</li> <li>○ Total number of each clinical procedure undertaken annually by the department (across both Obstetrics and Gynaecology)</li> <li>○ Range and scope of work undertaken within your Trust – e.g. the size of the hospital you work in</li> </ul> </li> </ul>

## Appraisal

- Sequential annual appraisal from the last 5 years. You must include your most recent appraisal documentation from the last 12 months.
  - **Summaries of appraisals can be presented for past years, except for the most recent one, which should be submitted in full.**
  - If you have had an outcome 4 on an ARCP, or equivalent appraisal feedback, the applicant should provide details of how past concerns/issues have been rectified, confirmed and validated in detail by a current supervisor.

In the absence of any formal annual appraisals, applicants must provide alternative contemporaneous evidence of review which must include a review of clinical practice, teaching and training, managerial and administrative experience (or explain any gaps, such as a career break/maternity leave)

## How your evidence can be used to demonstrate key skills – overarching evidence

The specific number of over-arching evidences listed below are all essential, in line with the O&G training matrix. However, this evidence can be submitted anywhere in the application to directly address the relevant key skills/CiPs of your choosing.

**It is strongly recommended that applicants provide a cover sheet to preface their application to confirm total numbers of each evidence provided and where it can be located** i.e. what CiP they are supporting. An example might be 5 x NOTTS – located in CiP 2, 9 and 10. This evidence should not be submitted more than once throughout the application.

<b>CbDs</b> <b>Mini CEX</b>	<ul style="list-style-type: none"><li>• <b>24</b> assessments from the <b>last five years</b> of your practice, averaging at five per year.</li><li>• A balanced, equal mixture of <a href="#">CbDs</a> and <a href="#">Mini CEXs</a> across <b>both</b> O&amp;G should be submitted throughout the application.</li><li>• CbDs and Mini CEX assessments can be spread across the application to directly address the relevant key skills, where you choose.</li><li>• CbD and Mini CEX assessments can be downloaded directly from the <a href="#">RCOG website</a>.</li></ul>
<b>NOTSS</b>	<ul style="list-style-type: none"><li>• <b>Four</b> Non-Technical Skills for Surgeons (<a href="#">NOTSS</a>) <b>assessments should be provided</b> throughout the application from the <b>last five years</b>.</li><li>• NOTSS assessments should be spread across the application used to directly address the relevant key skills, where you choose.</li><li>• NOTSS assessment forms can be downloaded directly from the <a href="#">RCOG website</a>.</li></ul>
<b>Reflective practice</b>	<ul style="list-style-type: none"><li>• <b>Ten reflective pieces</b> from the <b>last five years</b> should be submitted throughout the application. These can be spread across the application to directly address the relevant key skills, where you choose.</li><li>• Personal reflection templates can be found on the <a href="#">RCOG website</a>. Whichever template you use, please ensure your reflection fully details the following areas:<ul style="list-style-type: none"><li>○ How the activity contributed to the development of your knowledge, skills or professional behaviours</li><li>○ Ways in which your own behaviour may change as a result of reflecting on the event</li><li>○ What difference this will make to patient safety and quality</li></ul></li></ul>

<p><b>Case histories</b> <b>Medical reports</b></p>	<ul style="list-style-type: none"> <li>• <b>Five</b> examples of case histories / medical reports covering both Obstetrics and Gynaecology from <b>the last three years</b>, using your own hospital template for medical reports, as if written for publication</li> <li>• Case histories / medical reports can be based on areas of clinical practice of your own choosing, and can be spread across the application to address the relevant key skills</li> <li>• This evidence should consist of a detailed description of the case including: <ul style="list-style-type: none"> <li>○ Dates</li> <li>○ Diagnosis and patient background</li> <li>○ Nature of your involvement in the management of the case (including discussion on the patient management plan, the rationale for this management, the nature of your involvement and your own reflections on the case)</li> </ul> </li> <li>• This evidence will demonstrate the types and complexity of cases you're involved in</li> </ul>
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## Professional Identity 1 – Healthcare Professional

### CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provisions of high quality and safe patient-centred care

#### Key skills

- Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis
- Facilitates discussions
- Ability to facilitate women's decision making
- Provides treatment

## Recommended evidence

- Certificates of completion from the following courses, or demonstration of equivalent relevant practical experience undertaken in the **last five years**:
- Communication skills (Completion of a formal course is **strongly encouraged**, in line with the RCOG Training Matrix)
- Breaking Bad News (this must be face-to-face, class-based training)
- Consent

- **Five referral letters** with replies (ten letters in total) to reflect the breadth of your practice, from the **last three years**
  - Include a mix of letters you have written to colleagues, as well as letters they have written to you, either referrals, or as a response to your referrals
  - Demonstrate collaboration over management of patient care across multidisciplinary teams, evidencing **two-way communication** and ensuring that the patient management outcome is clear

- **Five letters**, cards or email conversations with colleagues demonstrating good team working relationships from the **last three years**

These can either be in the form of email conversations detailing the involvement, help, or support the applicant provides to the day to day running of the department – e.g. organising events, covering rotas or emails of appreciation/thank you notes from colleagues detailing specific examples of good practice.

- **Five letters** you have written directly to patients regarding their treatment and/or diagnosis, demonstrating tailoring your communication appropriately, from the **last three years**
- If you have not written directly to patients, please provide hypothetical examples of how you may write to patients in this capacity
  - These must be based on real cases; with the relevant letter you have written to the GP also attached. These letters must be clearly marked as hypothetical.

- **Three full sets** of minutes from multidisciplinary (MDT) meetings from the **last three years**, demonstrating attendance and participation in specific patient management discussions and plans
  - e.g. Colposcopy MDT, Urogynaecology MDT, etc.

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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## Further suggested evidence

- Testimonials from colleagues – these must highlight your communication skills and relationships with
  - Colleagues
  - Patients
  - Multidisciplinary teams



## CiP 2: The doctor is able to successfully work within health organisations

### Key skills

- Aware of the healthcare systems in the four nations of the UK
- Aware of and adheres to legal principles and professional requirements
- Aware of ethical principles
- Participates in clinical governance processes
- Works effectively within the digital environment

### Recommended evidence

- Certificates of completion from the following courses relevant to the curriculum:
- Information governance / Data protection training \*\*must have been completed in the last 12 months\*\*
- **Three clinical audits from the last five years:**
  - Audit reports, and/or
  - Audit presentations
- Audit evidence must demonstrate completion of the five stages of the audit process, including closing the audit loop via re-audit:
  - 1) Definition of criteria and standards
  - 2) Data collection
  - 3) Assessment of performance against criteria and standards
  - 4) Identification of changes / alterations to practice
  - 5) Re-evaluation
- Your contribution to the audit must be clearly defined

- **Two statements of account or letters** you have written directly to patients in response to complaints you have been involved in, also including the complaint you are directly responding to
  - Responses to complaints must include appropriately tailored communication to the patient, in terms of empathy and reflection on the event, in line with the Duty of Candour
  - Evidence should show your ability to act constructively and objectively when a complaint is made and communicate to unsatisfied/upset patients under difficult circumstances
  - You must include the complaint you are responding to
- If you've not been involved in any complaints, you should provide responses to two hypothetical complaints, to demonstrate how you would write to an unsatisfied patient in this capacity demonstrating how you tailor your communication appropriately in line with the Duty of Candour

- **Three full sets** of minutes from directorate and clinical governance meetings or risk assessment meetings you have attended from the **last three years**, showing:
  - Your regular involvement in clinical governance/risk assessment meetings
  - Your individual contribution to ongoing service improvement

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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## Further suggested evidence

- Complaints Handling Training
- Involvement in a clinical incident review
- Involvement in incident reporting and investigation

## CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results

### Key skills

- Comfortable influencing and negotiating
- Manages conflict
- Understands human behaviour and demonstrates leadership skills
- Demonstrates insight
- Manages stress and fatigue
- Able to make effective use of resources and time management

### Recommended evidence

- Certificates of completion from the following courses or demonstration of equivalent (extensive) relevant practical experience undertaken in the **last five years**:
- Management / leadership (completion of a formal course is strongly encouraged, in line with the RCOG Training Matrix)

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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### Further suggested evidence

- Leadership questionnaire (focussing on areas such as leadership style)
- Participation in multidisciplinary team based simulation training

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Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Evidence demonstrating having led an incident investigation or service improvement project
- Evidence of chairing meetings

*You may wish to cross reference with [CiP 4](#)*

## CiP 4: The doctor is able to design and implement quality improvement projects or interventions

### Key skills

- Understands quality improvement (quality is safety, experience and efficacy)
- Undertakes and evaluates impact of quality improvement (QI) interventions

### Recommended evidence

- Published clinical guidelines

Or

- Published patient information leaflets

As a minimum, please submit **one** of the above from the **last three years**

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

*See [page 13](#) of the SSG for further details on these*

### Further suggested evidence

- Quality improvement project in which you've been involved

*You may wish to cross reference with [CiP 2](#)*

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- RCOG and other relevant eLearning regarding:
  - QI methodology

## **CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels**

### **Key skills**

- Maintains situational awareness
- Demonstrates insight into decision making
- Ability to respond to human performance within adviser clinical events
- Team working
- Understands systems and organisational factors

### **Recommended evidence**

- Certificate of completion from the following course, or demonstration of equivalent relevant practical experience undertaken in the **last five years**:
  - Human Factors training (completion of a formal course is strongly encouraged in line with the RCOG Training Matrix)

- 360° and multisource feedback
  - One full 360 degree multisource feedback assessments from the **last five years**
  - Must include feedback from colleagues of all levels **and** patient feedback (minimum of ten responses per set of colleague/patient feedback)

Or

- Two [TO2](#) (team observation) summary forms **and** patient satisfaction questionnaires
  - TO2 forms must be from **the last five years** at should be at least one year apart from each-other
  - TO1 forms do **not** need to be submitted
  - Patient questionnaires
  - Minimum of ten responses per set of colleague/patient feedback)

Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## Further suggested evidence

- RCOG and other relevant eLearning

## Professional Identity 2 – Researcher, scholar and educator

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

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## Key skills

- Demonstrates a commitment to continued learning
- Develops people
- Promotes excellence
- Provides pastoral care
- Provides support to second victims
- Demonstrates performance management

## Recommended evidence

- CPD record certificates and certificates of attendance at workshops and local, national and international meetings from the **last five years**
- You must provide a variety of CPD certificates, covering all aspects of your work and breadth of practice
- Providing CPD records is important to demonstrate maintenance of skill
- You should provide details of the CPD events attended, describing the content, and providing evidence of your attendance

If applicable, you can submit your RCOG CPD Diary and/or RCOG CPD Cycle analysis

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## Further suggested evidence

- RCOG and other relevant eLearning

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## CiP 7: The doctor is able to engage with research and promote innovation

### Key skills

- Demonstrates research skills
- Demonstrates critical thinking
- Innovates

### Recommended evidence

- Certificates of completion for **one** of the following courses from the **last five years**:
  - Research Methodologies or
  - Good Clinical Practice

#### Or

- Demonstration of **equivalent** relevant practical experience from the **last five years**
  - If a course has not been completed, practical experience may include peer-reviewed publications that have either been published or that have been accepted for publication, including a clear demonstration of contribution to the writing of these publications i.e. first author. Your contribution to these must be clear
- **One** abstract (minimum) you have contributed to that have been accepted and/or invitations for oral or poster presentations at national and international meetings in the last five years

### Further suggested evidence

- Critical appraisal or journal club presentation
- Involvement in recruitment for multicentre trials



- Advanced Professional Module (APM) in Clinical Research
- Attendance at and/or participation in local teaching

*This can be cross referenced with evidence in [CIP 8](#)*

## CIP 8: The doctor is effective as a teacher and supervisor of healthcare professionals

### Key skills

- Delivers effective teaching
- Embraces inter-professional learning
- Involves stakeholders in education
- Supervises and appraises

### Recommended evidence

- Certificates of completion for the following courses, or demonstration of equivalent relevant practical experience from the **last five years**:
- Teaching skills
- Presentation skills
- Assessment and appraisal

- **Three examples** of evidence of teaching sessions you've delivered in the last **three years** – evidence could include:
  - Teaching timetables which clearly identify your sessions **OR**
  - Letter(s) from the Education Centre or your Educational Supervisor confirming your regular teaching involvement over the last three years. Ideally, the letter should confirm the sessions and dates you taught **OR**
  - Posters advertising teaching events you've delivered

**And**

- **Three examples** of teaching presentation slides from lectures you've delivered in the last three years

- Delegate feedback forms from the three separate teaching sessions you've delivered in the **last three years**
  - Feedback should be in the form of evaluation forms completed by delegates
- Appraisal and/or assessment of others from the **last three years** – this should be demonstrated via:
  - Clinical assessments (WPBAs) you've completed as an assessor.

***Note:** the names of those you've appraised, assessed, interviewed or written a reference for must be anonymised*

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## Further suggested evidence

- Facilitation of a multidisciplinary labour ward skills session
- Participating/observing in appraisals or assessments of colleagues
- Participation in the appointment of trainees – such as invites to participate in the interview process, plus any related courses
- References you've written for colleagues
- Examination duties

**This is the specialty specific guidance for Obstetrics and Gynaecology**

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Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

### CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy

#### Key skills

- Manages acute pelvic pain in the non-pregnant woman
- Manages vaginal bleeding in the non-pregnant woman
- Manages acute infections
- Manages acute complications of gynaecological treatment
- Manages vaginal bleeding and pain in early pregnancy
- Manages other early pregnancy complications
- Manages the acute gynaecological workload

#### Recommended evidence

- **Three** summative OSATS **for each** of the following from the **last three years**:
  - Ovarian cystectomy
  - Surgical management of miscarriage or surgical termination of pregnancy
  - Management of ectopic pregnancy (laparoscopic or open)
- Submitted OSATS **must** be:
  - Completed and signed off by two different assessors, at consultant level, confirming observed independent practice
  - OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place)

- Logs of experience in emergency gynaecology from the **last five years**. Logbooks must include a breakdown of all emergency gynaecological procedures and contain the following:
  - Only procedures you were involved in
  - Age (of patient)
  - Date and full name of procedure
  - Your role in the procedure
  - Critical incidents
  - Name of hospital / institution where procedure was performed

Your logbooks must demonstrate your **ongoing progression** and **maintenance of skill and competency** from the last five years of your practice

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Medical reports and/or case histories – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## Further suggested evidence

- Attendance at and/or participation in local teaching

*This can be cross referenced with evidence in [CiP 8](#)*

- RCOG and other relevant eLearning

## CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics

### Key skills

- Manages pain and bleeding in the obstetric person
- Manages concerns about fetal wellbeing prior to labour
- Manages suspected preterm labour/ruptured membranes
- Manages labour
- Manages intrapartum fetal surveillance
- Manages emergency birth and immediate postpartum problems
- Manages maternal collapse and people who are acutely unwell in pregnancy
- Manages labour ward

### Recommended evidence

- Completion certificates for the following courses or demonstration of equivalent relevant practical experience, from the last three to five years
  - Obstetric simulation course e.g. PROMPT or equivalent multidisciplinary obstetric simulation training \*\*
  - CTG training \*\*
  - Perineal repair

Those marked \*\* must have been completed within the **last three years**

- **Three** summative OSATS **for each** of the following from the **last five years**. Those marked **\*\*** must have been completed within the **last three years**:
  - Perineal repair – 3<sup>rd</sup>/4<sup>th</sup> degree tear **\*\***
  - Rotational assisted vaginal delivery (any method) **\*\***
  - Caesarean section (complex) **\*\***
  - Manual removal of placenta
  - Surgical management of retained products of conception, for obstetrics<sup>\*\*</sup>  
(Examples include postpartum evacuation of retained placental tissue or evacuation of retained placental tissue following a medical termination of pregnancy for fetal abnormalities in the 2nd trimester - specifically over 16 weeks gestation)
  - Surgical Management of Postpartum Haemorrhage (PPH) **\*\***
- Submitted OSATS **must** be:
  - Completed and signed off by two different assessors, at consultant level, confirming observed, independent practice
  - OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place)

- Logs of experience in emergency obstetrics from the **last five years**. Logbooks must include a breakdown of all emergency obstetric procedures and contain the following:
  - Only procedures you were involved in
  - Age (of patient)
  - Date and full name of procedure
  - Your role in the procedure
  - Critical incidents
  - Name of hospital / institution where procedure was performed

Your logbooks must demonstrate your **ongoing progression** and **maintenance of skill and competency** from the last five years of your practice

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Medical reports and/or case histories – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these



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

### Key skills

- Manages abnormal vaginal bleeding
- Manages pelvic and vulval pain
- Manages pelvic masses
- Manages the abnormal cervical smear
- Manages suspected gynaecological cancer symptoms
- Manages urogynaecological symptoms
- Manages vulval symptoms
- Manages menopause and postmenopausal care
- Manages subfertility
- Manages sexual wellbeing

### Recommended evidence

- Completion certificates for the following courses or demonstration of equivalent relevant practical experience from the last five years:
  - Basic Ultrasound Scanning
  - Reproductive Medicine
  - Institute of Psychosexual Medicine training certificate (or equivalent – eLearning is acceptable)
  - Paediatric and adolescent Gynaecology (a training course, CbD/Mini-CEX or relevant practical experience is acceptable)

- **Three** summative OSATS **for each** of the following from the **last five years**. Those marked **\*\*** must have been completed within the **last three years**:
  - Operative laparoscopy **\*\***
  - Transabdominal ultrasound examination of early pregnancy **\*\*** (each OSAT to include assessment of viability and location of pregnancy)
  - Cervical smear
  - Hysteroscopy
  - Endometrial ablation
  - Insertion of IUS or IUCD
  - Endometrial biopsy
- Submitted OSATS **must** be:
  - Completed and signed off by two different assessors, at consultant level, confirming observed independent practice
  - Signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place)
- Logs of experience in non-emergency gynaecology from the **last five years**. Logbooks must include a breakdown of all non-emergency gynaecological procedures and contain the following:
  - Only procedures you were involved in
  - Age (of patient)
  - Date and full name of procedure
  - Your role in the procedure
  - Critical incidents
  - Name of hospital / institution where procedure was performed

Your logbooks must demonstrate your **ongoing progression** and **maintenance of skill and competency** from the last five years of your practice

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Medical reports and/or case histories – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics

### Key skills

- Manages pre-existing medical conditions in pregnant women
- Manages medical conditions arising in pregnancy
- Manages fetal concerns
- Manages mental health conditions in pregnancy and the postnatal period
- Manages complications in pregnancy affected by lifestyle
- Supports antenatal decision making
- Manages women in the postnatal period

### Recommended evidence

- Completion certificates for the following courses, or demonstration of relevant practical experience from the last five years
  - Basic Ultrasound Scanning

- **Three** summative OSATS **for each** of the following from the **last five years**:
  - Transabdominal ultrasound examination of late pregnancy (each OSAT to include assessment of placental localisation; liquor volume; fetal lie, cardiac activity, presentation and position)
- Submitted OSATS **must** be:
  - Completed and signed off by two appropriate assessors – e.g. a trained Sonographer or consultant, confirming observed independent practice
  - Signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place)
- Logs of experience in non-emergency obstetrics from the **last five years**. Logbooks must include a breakdown of all non-emergency obstetric procedures and contain the following:
  - Only procedures you were involved in
  - Age (of patient)
  - Date and full name of procedure
  - Your role in the procedure
  - Critical incidents
  - Name of hospital / institution where procedure was performed

Your logbooks must demonstrate your **ongoing progression** and **maintenance of skill and competency** from the last five years of your practice

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- NOTSS – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Medical reports and/or case histories – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

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## 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

- Promotes non-discriminatory practice
- Aware of broader social and cultural determinants of health
- Aware of individual’s social wellbeing
- Aware of the interaction between mental health and physical health

#### Recommended evidence

- Completion certificates for the following courses from the **last five years**. Those marked \*\* must have been completed within the **last three years**
  - Equality and Diversity \*\*
  - FGM training (eLearning for Health module is suggested)
  - Safeguarding Children – Level 3 \*\* (Generally expected as part of Trust mandatory training)
  - Safeguarding Adults – Level 2 \*\* (Generally expected as part of Trust mandatory training)
- Perinatal mental health – knowledge of this to be demonstrated by either
  - Course completion
  - Evidence of learning
  - Leading clinics in perinatal mental health

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Medical reports and/or case histories – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing, as long as the total of each assessment is submitted overall

See [page 13](#) of the SSG for further details on these

## 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

- Promotes a healthy lifestyle
- Promotes illness prevention
- Aware of the national and international policies and politics which impact on women's healthcare
- Aware of globalisation of healthcare

### Recommended evidence

- Completion certificates for the following courses from the **last three years**.
  - Infection Control
  - Health and safety

- CbDs and/or Mini-CEX – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing

See [page 14](#) of the SSG for further details on these

- Reflective practice – evidence can be spread across the application and used to directly address the relevant key skills/CiPs of your choosing

See [page 14](#) of the SSG for further details on these

- Attendance at and/or participation in local teaching
  - This can be cross referenced with evidence in [CiP 8](#)
- RCOG and other relevant eLearning