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.

This is the specialty specific guidance for Obstetrics and Gynaecology
Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
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.

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**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](https://www.gmc-uk.org) and the [curriculum training resource](https://www.gmc-uk.org) which includes greater detail on each of the CiPs.

<table>
<thead>
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- 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

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- Other individual patient numbers
- GMC numbers

The following details don’t need to be anonymised:

- 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**

The guidance provides some **indictative 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.

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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.**

**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.

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.

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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

Documentary evidence provided must be from the period in which it was undertaken – e.g. the training syllabus must be from the period that the applicant undertook training. Assessments and appraisals cannot be signed off retrospectively.

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

We also strongly 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.

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**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. |

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Specialist medical qualification(s)

Please provide an authenticated copy of any specialist medical qualifications you hold.

For college examinations, RCOG may confirm the details of any examinations you have undertaken. 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) – or provide evidence demonstrating equivalent knowledge.

Alternative examinations accepted include:

- 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)

Alternative evidence you should supply if you don’t hold MRCOG could include:

- Curriculum of specialty examination undertaken
- Logbooks
- Details of assessment process

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.
| **Recent specialist training** | 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.  
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.  
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.  
If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.  
If you have undertaken approved specialty training towards a CCT or CESR(CP) in [insert specialty] in the UK in the past five years, you should provide a copy of your ARCPs. |
| **Specialist registration outside the UK** | Please provide an **authenticated copy** of details of the registration requirements of that authority. |
| **Advanced Training Skills Modules – ATSMs** | Applicants must complete the required competences for a minimum of two ATSMs.  
If you have completed RCOG ATSMs, please provide the completion certificates only (BSCCP accreditation is considered equivalent to a RCOG ATSM. Therefore, if you have a BSCCP accreditation, please provide your accreditation certificate.)  
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 [RCOG website](https://www.rcog.org.uk). |
### Evidence of employment in posts and duties (including training posts)

| Employment letters and contracts of employment | The information in these letters and contracts **must** match your CV. They will confirm the following:  
| | • dates you were in post  
| | • post title, grade, training  
| | • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) |
| **Job descriptions** | These **must** match the information in your CV. They will confirm the following:  
| | • your position within the structure of your department  
| | • your post title  
| | • your clinical and non-clinical commitment  
| | • your involvement in teaching or training. |
| **Rotas** | • Consecutive samples of your rota for an annual cycle to cover the **last three years**, demonstrating your weekly clinical and non-clinical activity across both Obstetrics and Gynaecology.  
| | o e.g. if you’re working a 1:8 rota, you should submit 8 consecutive weeks’ rota per year |

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| **Departmental annual caseload statistics** | • Departmental annual caseload statistics and hospital data, **from the last three years** including information on:  
  o Delivery rate  
  o Total number of outpatients, annual access to clinics, wards and theatres  
  o Total number of each clinical procedure undertaken annually by the department (across both Obstetrics and Gynaecology)  
  o Range and scope of work undertaken within your Trust – e.g. the size of the hospital you work in |
| **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.**  
  
  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) |

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# Further suggested evidence

In addition to the evidence required for each of the below CiPs, there are several documents that you may also wish to consider to support the CiPs. This evidence can be submitted as part of a CiP and cross referenced throughout the application.

<table>
<thead>
<tr>
<th>CBs</th>
<th>Mini CEX</th>
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<tbody>
<tr>
<td>• A balanced, equal mixture of CBs and Mini CEXs across both O&amp;G should be submitted throughout the application.</td>
<td></td>
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<tr>
<td>• You should <strong>provide 24</strong> of the above from the <strong>last five years</strong> of your practice, averaging at five per year.</td>
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<td>• CBs and Mini CEX assessments can be spread across the application to directly address the relevant key skills, where you choose.</td>
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<td>• CBs and Mini CEX assessments can be downloaded directly from the RCOG website.</td>
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<th>NOTSS</th>
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<tr>
<td>• <strong>Four</strong> Non-Technical Skills for Surgeons (NOTSS) assessments should be provided throughout the application from the <strong>last five years</strong>.</td>
</tr>
<tr>
<td>• NOTSS assessments should be spread across the application used to directly address the relevant key skills, where you choose.</td>
</tr>
<tr>
<td>• NOTSS assessment forms can be downloaded directly from the RCOG website.</td>
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<th>Reflective practice</th>
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<td>• <strong>Ten</strong> reflective pieces from the <strong>last five years</strong> should be submitted throughout the application. These can be spread across the application to directly address the relevant key skills, where you choose.</td>
</tr>
<tr>
<td>• Personal reflection templates can be found on the RCOG website.</td>
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### Case histories

**Medical reports**

- **Five** examples of case histories / medical reports covering both Obstetrics and Gynaecology from **the last three years**, using your own hospital template for medical reports / clinic letters
- 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
- This evidence should include the following:
  - Dates
  - Diagnosis
  - Nature of your involvement in the management of the case
- This evidence will demonstrate the types and complexity of cases you’re involved in

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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 relevant to the curriculum undertaken in the last five years:
  - Communication skills course
  - Breaking Bad News (this must be face-to-face, class-based training)
  - Consent training
- 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

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- **Five letters/cards/email conversations with colleagues demonstrating good team working relationships from the last three years**
  - Communication with your immediate colleagues and/or with the wider team, including non-clinical colleagues
    - e.g. organising events, covering rotas or thank you notes, etc.

- **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
  - e.g. Colposcopy MDT, Urogynecology MDT, etc.

**Further suggested evidence**

- Thank you letters, notes or cards from patients regarding the care you provided

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

- CbDs and/or Mini-CEX
  
  *See page 14 of the SSG for further details on these*

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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 undertaken in the last five years:
  - Complaints handling
  - Consent
  - Information governance / Data protection **must have been completed in the last 12 months**

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- **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 written responses** / letters / statements of account in response to complaints received, from the **last five years**
  - Evidence should show your ability to act constructively and objectively when a complaint is made
  - 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

- **Three full sets** of minutes from directorate and clinical governance meetings from the **last three years**, showing:
  - Your regular attendance
  - Your contribution to service improvement

**Further suggested evidence**

- Involvement in a clinical incident review

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• Involvement in incident reporting and investigation

• CbDs and/or Mini-CEX
See page 14 of the SSG for further details on these

• Reflective practice
See page 14 of the SSG for further details on these

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 relevant to the curriculum undertaken in the last five years:
  o Management / leadership course

Further suggested evidence

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- Leadership questionnaire (focussing on areas such as leadership style)
- Participation in multidisciplinary team based simulation training
- Evidence demonstrating having lead an incident investigation or service improvement project
- Evidence of chairing meetings

*You may wish to cross reference with CIP 4*

- CbDs and/or Mini-CEX
  
  See page 14 of the SSG for further details on these

- Reflective practice
  
  See page 14 of the SSG for further details on these

- NOTSS
  
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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
- Trust / hospital approved patient information leaflets
As a minimum, please submit one of the above from the last three years

Further suggested evidence

- Quality improvement project in which you’ve been involved
  * You may wish to cross reference with CiP 2
- RCOG and other relevant eLearning regarding:
  - QI methodology
- Reflective practice
  * See page 14 of the SSG for further details on these

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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

- Human factors training
  - Certificate of completion from last five years

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• 360° and multisource feedback
  o Two multisource feedback assessments from the last five years
  o Must include feedback from colleagues of all levels and patient feedback reports
  o One of these assessments must be undertaken within the last 12 months (prior to applying)

Or
• Annual TO2 (team observation) summary forms and patient satisfaction questionnaires
  o Must be from the last five years
  o TO1 forms do not need to be submitted
  o Patient questionnaires are available on the GMC website

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

Further suggested evidence

• Reflective practice
  See page 14 of the SSG for further details on these

• NOTSS
  See page 14 of the SSG for further details on these

• RCOG and other relevant eLearning

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Professional Identity 2 – Researcher, scholar and educator

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

Key skills

- 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

- RCOG CPD Diary
- CPD Cycle analysis

If you haven’t undertaken the formal RCOG CPD system, please provide evidence of registration within a formal system, through which you’re able to complete regular CPD/CME activity

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Further suggested evidence

- Reflective practice
  See page 14 of the SSG for further details on these
- NOTSS
  See page 14 of the SSG for further details on these
- RCOG and other relevant eLearning

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 the following courses from the last five years:
  - Research Methodologies
  - Good Clinical Practice

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• 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
  o Your contribution to these must be clear
• Abstracts you have contributed to that have been accepted and/or invitations for oral or poster presentations at national and international meetings

Maximum of five examples should be provided for each; all evidence must be from within 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

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Recommended evidence

- Certificates of completion for the following courses from the last five years:
  - Teaching skills
  - Presentation skills
  - Assessment and appraisal
- Evidence of teaching sessions delivered:
  - Posters advertising teaching events you’ve delivered
  - Teaching timetables which clearly identify your sessions
  - Teaching presentation slides from lectures you’ve delivered
  - 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

You must provide three examples of each of the above, averaging at one per year for the last three years
• Delegate feedback forms from the three separate teaching sessions you’ve delivered in the last three years
  o 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:
  o Clinical assessments (WPBAs) you’ve completed as an assessor
  o Invites to appraisals or assessments
  o Participation in the appointment of trainees – such as invites to participate in the interview process, plus any related courses
  o References you’ve written for colleagues
  o Participation in the Deanery ARCP processes

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

Further suggested evidence

• Reflective practice
  See page 14 of the SSG for further details on these

• Facilitation of a multidisciplinary labour ward skills session

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Professional Identity 3 – Clinical expert

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 five years. Those marked ** must have been completed within 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:
  - signed off at Level 5 (entrusted to act independently)
  - completed by two different assessors, at consultant level

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- 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

- Annual caseload statistics for the total numbers of each **emergency gynaecological procedure** you’ve performed over the **last five years**
  - Your role in the procedures must be clear – e.g. total of procedures completed independently, supervised, assisted, etc.
  - Statistics generated by hospital software/data teams are preferable

**Further suggested evidence**

- CbDs and/or Mini-CEX
  
  See page 14 of the SSG for further details on these

- Medical reports and/or case histories
  
  See page 15 of the SSG for further details on these

- NOTSS
  
  See page 14 of the SSG for further details on these

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• Reflective practice
  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

**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
  - MOET / ALSO/ PROMPT **
  - CTG training **
  - Perineal repair

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

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- **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 – 3rd/4th degree tear **
  - Rotational instrumental delivery **
  - Caesarean section (complex) **
  - Manual removal of placenta
  - Surgical management of retained products of conception **

- Submitted OSATS **must** be:
  - signed off at Level 5 (entrusted to act independently)
  - completed by two different assessors, at consultant level

- Management of Massive Obstetric Haemorrhage – this can be evidenced by any two of the following, from the **last three years**
  - CbD
  - Mini-CEX
  - OSATS
  - NOTSS

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• 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.

• Annual caseload statistics for the total numbers of each **emergency obstetrical procedure** you’ve performed over the **last five years**
  - Your role in the procedures must be clear – e.g. total of procedures completed independently, supervised, assisted, etc.
  - Statistics generated by hospital software/data teams are preferable

**Further suggested evidence**

• CbDs and/or Mini-CEX
  *See page 14 of the SSG for further details on these*

• Medical reports and/or case histories
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• **NOTSS**
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• Reflective practice

See page 14 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 – these must have been completed in the last five years
  o Basic Gynaecology USS
  o Basic Colposcopy
  o Reproductive Medicine
  o Institute of Psychosexual Medicine training certificate (or equivalent)
  o Rape and Forensic Gynaecology
  o Paediatric and adolescent Gynaecology

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• **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 **
  - Hysteroscopy
  - Endometrial ablation

• **Submitted OSATS must** be:
  - signed off at Level 5 (entrusted to act independently)
  - completed by two different assessors, at consultant level

• **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
• Annual caseload statistics for the total numbers of each **non-emergency gynaecological procedure** you’ve performed over the **last five years**
  o Your role in the procedures must be clear – e.g. total of procedures completed independently, supervised, assisted, etc.
  o Statistics generated by hospital software/data teams are preferable

**Further suggested evidence**

• CbDs and/or Mini-CEX
  *See page 14 of the SSG for further details on these*

• Medical reports and/or case histories
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• NOTSS
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  • Reflective practice
    *See page 14 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

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Recommended evidence

- Completion certificates for the following courses
  - Basic Obstetric USS

- **Three** summative OSATS **for each** of the following from the **last five years**:
  - Transabdominal ultrasound examination of late pregnancy

- Submitted OSATS **must** be:
  - signed off at Level 5 (entrusted to act independently)
  - completed by two appropriate assessors – e.g. a trained Sonographer or consultant

- 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.
- Annual caseload statistics for the total numbers of each non-emergency obstetrical procedure you’ve performed over the last five years
  - Your role in the procedures must be clear – e.g. total of procedures completed independently, supervised, assisted, etc.
  - Statistics generated by hospital software/data teams are preferable

**Further suggested evidence**

- CbDs and/or Mini-CEX
  
  See page 14 of the SSG for further details on these

- Medical reports and/or case histories

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- NOTSS

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- Reflective practice

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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**
  - Reproductive Medicine
  - Equality and Diversity **
  - FGM training (eLearning for Health module is suggested)
  - Safeguarding Children – Level 3 **
  - Safeguarding Adults – Level 2 **

- Perinatal mental health – knowledge of this to be demonstrated by either
  - Course completion
  - Evidence of learning
  - Leading clinics in perinatal mental health

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### Further suggested evidence

- CbDs and/or Mini-CEX  
  *See page 14 of the SSG for further details on these*

- Medical reports and/or case histories  
  *See page 15 of the SSG for further details on these*

- Reflective practice  
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### 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

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### Recommended evidence

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

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