

Obstetrics and Gynaecology

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 documentation](#)

A message from the Specialist Advisory Committee (SAC) 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:

- The requirement for two ATSMs. Applicants are advised to consider carefully the content of the ATSMs as all competencies within them must be demonstrated.
- Completion of the **current** core curriculum competencies. Applicants must provide evidence of completion against the most current and up to date version [O&G curriculum](#)
- Up to date clinical evidence across **both obstetrics and gynaecology**. Applicants will need to ensure they have evidence from the last 5-7 years up to **present day** and can demonstrate **ongoing independent competency in all surgical procedures** through theatre lists and annual caseload statistics. Progression through to independent practice must also be sufficiently demonstrated. For example, evidence such as your logs of experience must clearly demonstrate your involvement i.e. supervised, assisted, independent.
- Sequential annual appraisals (based on the principles of Good Medical Practice). Ideally applicants should submit evidence of participating in and responding to the outcome of an annual appraisal (or equivalent e.g. supervisor report/training portfolio) each year for the last five years, also including a personal development plan (PDP). PDPs normally form part of the annual appraisal system should be submitted with the appraisal documentation. 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). **Appraisals completed retrospectively hold no weight in a CESR assessment.**
- Understanding the learning outcomes of Module 19, Professional Development, in the curriculum. This will require attendance at a relevant management course and/or chairing meetings.
- Minutes from directorate, multidisciplinary and clinical governance meetings showing the applicant's regular attendance/contribution to service improvement, in addition to published clinical guidelines or trust approved patient information the applicant has developed would prove the applicant's ability to initiate and implement organisational change.
- Evidence of two-way communication. Applicants must demonstrate collaboration over management of patient care across multidisciplinary teams through providing a mix of letters you have written to colleagues and letters they have written to you, ensuring that the patient management outcome is clear.
- Documentary evidence supplied must be from the time period in which it was undertaken, for example, the training syllabus must be from the period that the applicant actually undertook training. **Assessments 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

recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist applications team for advice before you apply. You are advised to contact the Royal College of Obstetricians and Gynaecologists (RCOG) www.rcog.org.uk if you have any specific questions regarding your application.

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

The indicative period of training for a CCT in Obstetrics and Gynaecology is seven years and it is very unlikely that you would achieve the competencies required for a CCT in a shorter period of time.

The structure of the programme (in indicative timescales) is two years in basic training, followed by three years of intermediate training and a further two years of advanced training (completing a minimum of two different Advanced Training Skills Modules (ATSMs)). Therefore applicants need to demonstrate that they have achieved the competencies required for each of these stages.

Submitting your evidence

You should not submit original documents.

All your copies, other than qualifications you're getting authenticated, **must** be accompanied by a proforma 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 do this in our [important notice about evidence](#).

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

It is strongly recommended that applicants submit the evidence listed in this guidance, unless otherwise stated and applicants should only submit the number of pages/examples as requested. Those that do not provide the evidence listed in this guidance are very likely to be unsuccessful.

If you are submitting evidence from your ePortfolio, please separate the evidence in it and submit that under the correct headings as set out in this guidance. Alternatively, paper logbooks and assessments etc are perfectly acceptable.

How much evidence to submit

Your evidence must cover the knowledge, skills and qualifications to demonstrate the required competences 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 particular competence or curriculum area may result in your application being unsuccessful.

The guidance on documents to submit is not exhaustive and you may have alternative evidence. We also recognise that you may not have all the evidence listed here and you

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.

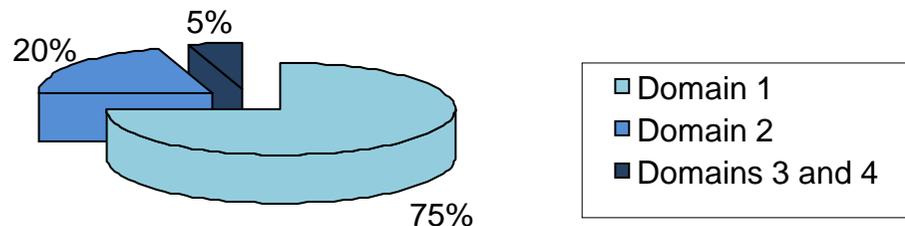
may wish to delay submitting an application until you are able to gather it.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence under each relevant area, stating that the document is located elsewhere. (For example you might state: 'document included in teaching and training section, to be cross-referenced'.)

You are advised to contact the Royal College of Obstetrics and Gynaecology for advice before you submit your application and if you are unsure about any part of your evidence. www.rcog.org.uk

We also recommend that your referees should be familiar with the current curriculum in order to be able to provide detailed support for your competence across all or most areas.

Evidence breakdown



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.

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.

Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it. **As a general guide, we would usually expect to see (not more than) around 800-1000 pages of evidence.**

Types of evidence are divided into four different GMC domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

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

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:

- 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](#).

Domain 1 - Knowledge, skills and performance

Qualifications

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| Primary medical qualification (PMQ) | <p>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.</p> <p>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p> |
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| Specialist medical qualification(s) | <p>Please provide an authenticated copy of any specialist medical qualifications you hold.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p> <p>Applicants must demonstrate an appropriate test of knowledge to that required for the CCT which is the Certificate of Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) to be passed by the end of intermediate training (ST5) or provide evidence that demonstrates equivalent knowledge (this may not be in the form of an examination).</p> <p>Alternative examinations accepted:</p> <ul style="list-style-type: none"> • American Board of Obstetrics and Gynaecology Part I and II • Passed the written, clinical and oral examinations for Membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) • Fellowship in Obstetrics and Gynaecology from the Royal College of Physicians and Surgeons of Canada • Fellowship of the College of Surgeons South Africa (FCOG) <p>Alternative evidence you should supply if you do not hold the MRCOG:</p> <ul style="list-style-type: none"> • Curriculum of specialty examination undertaken • Logbooks • Details of assessment process <p>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 applicants' whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p> |
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| Curriculum or syllabus (if undertaken outside the UK) | <p>If you have undertaken training outside the UK please provide a copy of your curriculum or syllabus in place when you undertook your training.</p> <p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one 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>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the current CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment). |
| Specialist registration outside the UK | <p>Please provide an authenticated copy of details of the registration requirements of that authority.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p> |
| Honours and prizes | <p>Please provide copies of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
| Other relevant qualifications and certificates | <p>Please provide copies of certificates.</p> <p>Examples would include degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p> |

Assessments and appraisals

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| Appraisals and assessments | <p>Please provide :</p> <ul style="list-style-type: none">• Your <u>sequential annual appraisals</u> from the last 5-7 years and which must include your most recent appraisal documentation from the last 12 months. Appraisals should be submitted in its entirety based on the principles of Good Medical Practice (i.e. knowledge, Skills and Performance; Safety and Quality; Communications, Partnership and Team-Working; and Maintaining Trust). <p>**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). Appraisals completed retrospectively hold no value. This evidence must have been completed at the time the training was undertaken. If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement. If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them.</p> <p><u>Revalidation</u></p> <p>GMC licensed doctors have to revalidate usually every five years, by having annual appraisal based on our core guidance for doctors, <i>Good medical practice</i>.</p> <p>Therefore, if applicable please submit your revalidation documentation from the last 5 years.</p> |
| RITAs, ARCPs and training assessments | <p>There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.</p> <p>There are a small number of procedures that are fundamental to the practice of Obstetrics and gynaecology. An objective assessment tool has been developed to aid the assessment process for these procedures: OSATS.</p> <p>Please provide three summative OSATS assessments for each of the following procedures from the last</p> |

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five years:

- Perineal repair (including 3rd/4th degree) **
- Caesarean section (complex) **
- Rotational assisted vaginal delivery (any method) **
- Fetal blood sampling
- Surgical management of miscarriage **
- Manual removal of placenta
- Operative Laparoscopy **
- Hysteroscopy
- Management of Ectopic pregnancy (laparoscopic/laparotomy) **

Please do not exceed or reduce the number of OSATS stated. Those procedures that are starred ()
must be from the last three years.**

OSATS must be signed by **two** different assessors over an indicative 36-month (3 year) period

- In addition, please provide a **mixture of case based discussions (Cbds) and Mini-CEX assessments over the five years prior to applying. 24 in total should be submitted, averaging at 5 per year.**

Information on assessments can be found on the RCOG website:: <https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/assessment-and-progression-through-training/workplace-based-assessments/>

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| 360° and multi-source feedback | <p>Please submit either:</p> <ul style="list-style-type: none"> • Two multisource feedback assessments undertaken over the last five year period, preferably from different years or locations and preferably containing feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) and your patient feedback report. One of these feedback assessments must be undertaken within the last 12 months prior to applying. <p>OR</p> <ul style="list-style-type: none"> • Annual TO2 summary forms <u>and</u> patient satisfaction questionnaires from the last 5 years (Please note TO1 forms do not need to be submitted). <p>Template forms for multi-source feedback 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.</p> |
| Awards and discretionary points letters | Please provide copies of certificates and letters. |
| Personal development plans (PDP) | <p>Please submit:</p> <p>Your professional development plans from the last 5-7 years along with your appraisal documentation, which must include your most recent documentation from the last 12 months.</p> |

Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competencies as set down in the CCT curriculum for your specialty.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that at one stage in your career you achieved the requirements and competencies of the curriculum for your specialty and that have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

Logbooks

All evidence in this area **must** be **anonymised** for individual patient data.

All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.

Logbook – core curriculum

Please submit:

- **Your completed core logbook (paper or ePortfolio).** Applicants must provide evidence of completion against the most current and up to date version of the RCOG Obstetrics and gynaecology curriculum. You must sufficiently demonstrate that you have been signed off against **all** competencies of the curriculum. Please note that your eportfolio summary on its own is not considered satisfactory evidence and the full logbook is required for evaluation.

Advanced Training – ATSMS

These must be submitted under the logbooks section of your application.

Applicants must complete the required competencies for a minimum of **two ATSMS**.

- If you have completed RCOG ATSMS, **please provide the completion certificate only (*BSCCP accreditation is considered equivalent to an RCOG ATSM. Therefore if you have BSCCP accreditation, please provide your accreditation certification)**

If you have completed competencies *equivalent* to the requirements of RCOG ATSMS i.e. overseas training, you must provide evidence of competence against the specific ATSM curricula as outlined on the RCOG website -

<https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/at sms/>

Consolidation, cumulative data sheets, summary lists and annual caseload statistics

All evidence in this area **must** be **anonymised** for individual patient data.

Logs of experience

Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have.

Please demonstrate ongoing progression and maintenance of skill and competency from the last 5 years through to present date.

Your logs of experience should include a breakdown of all obstetrical and gynaecological procedures and should contain the following information:

- only procedures that you were personally involved in
- age
- date of the procedure
- full name of the procedure
- your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)
- any critical incidents
- name of the hospital or clinic where procedure was performed

All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.

Annual caseload statistics

Please provide:

- **Annual caseload statistics to demonstrate the total numbers of each procedure across both Obstetrics and Gynaecology that you have undertaken annually across the last 5-7 years.** Please ensure your role on the procedure is clear.

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| <p>Medical reports</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Please provide:</p> <ul style="list-style-type: none"> • Five examples of case histories/medical reports you have written across that cover both O&G, following the Academy of Medical Royal Colleges and NHS agreed format, from the last 3 years: <p>These documents should include:</p> <ul style="list-style-type: none"> • Dates • Diagnosis • Nature of your involvement in the management of the case • Curriculum competencies involved. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information |
| <p>Case histories</p> | <p>Please see above section on Medical reports. No further evidence is required for this section.</p> |

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| <p>Referral letters discussing patient handling</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Please provide:</p> <ul style="list-style-type: none"> • Eight referral letters/correspondences from the last 3 years. These letters should cover all aspects of your work and to demonstrate the breadth of your practice. This should include a mix of letters that you have written to colleagues and letters they have written to you, either in response to your referral letters or referral letters to you. You must demonstrate collaboration over management of patient care across multidisciplinary teams, evidencing two-way communication and ensuring that the patient management outcome is clear. <p>The letters should include:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information |
| <p>Patient lists</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Patient lists are not required for Obstetrics and Gynaecology applications.</p> <ul style="list-style-type: none"> • |

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| <p>Departmental (or trust) workload statistics and annual caseload statistics</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p><u>Departmental annual caseload statistics and hospital data</u></p> <p>Please submit your annual departmental activity statistics, which must include information on:</p> <ul style="list-style-type: none"> • Delivery rate • Total number of out-patients, annual access to clinics, wards and theatre • Total number of practical procedures undertaken annually by the department across both O&G • The range and scope of work that is undertaken within your Trust i.e. the size of the hospital in which you work |
| <p>Rotas, timetables and job plans</p> | <p>Please demonstrate your weekly clinical and non-clinical activity you have undertaken through:</p> <p>Consecutive samples of your rota over one cycle annually to cover the last three years e.g. if you are working a 1:8 rota then you should submit 8 consecutive weeks rota per year. These should include full details of your clinical and non-clinical responsibilities you have undertaken including on-call, theatre, clinics and wards, emergency etc across both Obstetrics and Gynaecology.</p> <p>Job plans should be included in the below relevant section.</p> |

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| Courses relevant to curriculum | <p>The following courses form a mandatory part of the CCT curriculum. You should provide evidence of completion on these as part of your application. Where courses have not been undertaken in the last 5-7 years, evidence of equivalent knowledge or skills must be clearly demonstrated. Course evidence from over seven years ago will hold no weight, therefore the evaluators will not take this in to account when considering your competence, and evidence older than this should therefore not be submitted.</p> <ul style="list-style-type: none"> • breaking bad news (practical face to face training/course, not online) • obtaining consent • basic practical skills in obstetrics and gynaecology course (RCOG approved) • CTG interpretation • basic obstetric ultrasound theoretical course • rape/forensic gynaecology • paediatric gynaecological problems • eclampsia drill • drill for obstetric collapse • ALSO/MOET or similar • shoulder dystopia drill • basic neonatal resuscitation • massive obstetric haemorrhage • perineal trauma course • problems of puberty • assisted reproduction • basic colposcopy training • female genital mutilation (eLearning for Health or equivalent) • basic early pregnancy ultrasound (8–12 weeks) • basic ultrasound assessment of fetal size, liquor and the placenta |
| Portfolios (electronic or revalidation) | Please see above section on Assessments and appraisals. |

Details of posts and duties (including both training and experience posts)

This is the specialty specific guidance for Obstetrics and Gynaecology

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| <p>Employment letters and contracts of employment</p> | <p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <ul style="list-style-type: none"> • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) |
| <p>Job descriptions</p> | <p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training. |
| <p>Job plans</p> | <p>Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the main duties and responsibilities of the post • your out of hours responsibilities, including rota commitments • that you have covered for colleagues' periods of leave • any professional supervision and management of junior medical staff that you have undertaken • your responsibilities for carrying out teaching, examination and accreditation duties • your contribution to postgraduate and continuing medical education activity, locally and nationally • any responsibilities you had that relate to a special interest • requirements to participate in medical audit and in continuing medical education • your involvement in research • your managerial, including budgetary, responsibilities where appropriate • your participation in administration and management duties. |

Research, publications and presentations

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| Research papers, grants, patent designs | <p>Please demonstrate your understanding of research methodologies. Either through:</p> <ul style="list-style-type: none">• Undertaking training to demonstrate understanding of Research Methodologies and providing official certification of completion <p>OR</p> <ul style="list-style-type: none">• Submitting formal publications that have either been published or abstracts that have been accepted for publication, including a clear demonstration of contribution to the writing of these publications i.e. 1st author. Please submit the first page of the published paper only – a maximum of five <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author. Colleges may undertake web searches to check the information you provide.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
| Publications within specialty field | Please see above section on Research papers, grants, patent designs. |
| Presentations, poster presentations | <p>Please provide:</p> <ul style="list-style-type: none">• abstracts you have contributed to that have been accepted and/or invitations for oral or poster presentations at national and international meetings (no more than five abstracts/invitations) <p>Other evidence options could include:</p> <ul style="list-style-type: none">○ Research presentations at meetings (no more than five presentations)○ Poster presentations (no more than five poster presentations) <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |

CPD and CME

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| <p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p> | <p>Please provide:</p> <ul style="list-style-type: none">• a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills. Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc). <p>See RCOG guidelines at www.rcog.org.uk.</p> |
| <p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p> | <p>Please provide:</p> <ul style="list-style-type: none">• an up to date RCOG CPD Diary and CPD Cycle Analysis. See RCOG guidelines for further details at www.rcog.org.uk <p>If you have not undertaken the formal RCOG CPD system, please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements. Regional/national structured system is acceptable if equivalent to that of a UK medical Royal College.</p> |
| <p>Membership of professional bodies and organisations</p> | <p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>See RCOG guidelines at www.rcog.org.uk</p> |

Teaching and training

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| Teaching timetables | <p>To demonstrate your involvement in teaching and training, please provide at least one of the following types of evidence below to show the audience and topics covered:</p> <ul style="list-style-type: none"> • A variety of posters advertising teaching events you delivered – a minimum of one from each year, from the last three years • Teaching timetables, with your sessions clearly identified – a minimum of one from each year, from the last three years • Letter from Education Centre confirming your regular teaching involvement over the last three years, including confirmation of sessions and the dates you taught • |
| Lectures | Please provide teaching slides from lectures (slides from a minimum of three different lectures – one from each year, from the last three years) |
| <p>Feedback or evaluation forms from those taught</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Please provide:</p> <ul style="list-style-type: none"> • copies of delegate feedback forms from teaching events you have delivered. Teaching feedback should be in the form of completed evaluation forms from those taught (feedback from a maximum of five sessions over last 3 years, minimum of three) |
| Letters from colleagues | Not required under Teaching and training section. |
| Attendance at teaching or appraisal courses | <p>The assessors must be able to cross-reference to the following evidence in your 'courses relevant to the curriculum' section of your application:</p> <ul style="list-style-type: none"> • Teaching skills • Presentation skills • Appraisal and assessment |

Participation in assessment or appraisal and appointments processes

In addition to providing evidence of mandatory training in appraisal and assessment, please provide the following:

- Recent clinical assessments you have undertaken i.e. trainee workplace-based assessments that you have completed as an assessor

In addition, please provide **at least one of the following types of evidence** to support this area:

- copies of invitations to appraisals or assessments
- copies of appraisals or references written for colleagues
- evidence of participation in the Deanery ARCP or RITA processes
- evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses)

You can use these documents to demonstrate:

- contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities which relate to a special interest
- participation in administration, management duties
- participation in teaching and training
- communication, partnership and teamwork
- relationships with colleagues (including giving feedback)
- leadership.

Domain 2 – Safety and quality

Participation in audit, service improvement

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| Audits undertaken by applicant | <p>You must provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none">1. Definition of criteria and standards2. Data collection3. Assessment of performance against criteria and standards4. Identification of changes (alterations to practice)5. Re-evaluation <p>Please provide the following evidence:</p> <ul style="list-style-type: none">• audit reports – three undertaken from the last 5 years (collections of data alone are not considered as a full clinical audit)• Confirmation of leading or participating in audit and your contribution clearly defined <p>Optional evidence you may consider to submit can include:</p> <ul style="list-style-type: none">• audit publications and/or presentations – a maximum of three• submissions to ethics committee• presentations of audit work (see above for details required for presentations)• letter from audit or clinical governance lead confirming participation in audit or governance activities• guidelines produced to reflect lessons learned within audit |
| Reflective diaries | <p>Please provide ten reflective practice pieces from over the last 3 years from areas of your choosing. Your reflections must be your own practice, including what you have learnt and what steps you will take to improve the future.</p> <p>As this evidence is self-produced for its content to be given weight it must be supported or triangulated by other evidence.</p> |

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| <p>Service Improvement and clinical governance meetings</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Applicants must demonstrate contribution to service improvement and clinical governance.</p> <p>Please provide the following evidence:</p> <ul style="list-style-type: none">• Minutes of clinical governance and/or morbidity and mortality meetings demonstrating attendance and participation (three sets of minutes)• Clinical guidelines you have produced and/or Patient information/leaflets developed (maximum of three) <p>Optional evidence you may consider to submit can include:</p> <ul style="list-style-type: none">• Clinical governance presentations (maximum of three publications/presentations from the last 5 years) |
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Safety

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| Health and safety | <p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>Please provide the following evidence:</p> <ul style="list-style-type: none">• Completion of recent, up to date training in Infection Control• Completion of up to date Trust mandatory training in health and safety and/or fire awareness, manual handling etc <p>Both of the above courses should be evidenced from the last three years.</p> <p>Optional evidence you may also wish to submit/refer to:</p> <ul style="list-style-type: none">• declaration of health on your application form• involvement in infection control (membership of committees etc)• audit on infections and subsequent changes in activity• clinical incident report forms you have completed (no more than three) |
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Domain 3 – Communication, partnership and teamwork

Communication

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| Colleagues | <p>In addition to providing evidence of mandatory training in communication skills, please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non-clinical).</p> <p>Please provide the following evidence:</p> <ul style="list-style-type: none">• Five letters/cards/email conversations written to you by colleagues demonstrating good working relationships Testimonials from colleagues regarding your communication skills and relationships with colleagues, multidisciplinary teams and patients (Three testimonials from different colleagues within the last 3 years) This is optional evidence. <p>The assessors should also be able to cross-reference to the following evidence in previous sections of your application:</p> <ul style="list-style-type: none">• 360 degree feedback – colleague feedback (or T02 forms)• letters that you have written to colleagues and letters they have written to you, either in response to your referral letters or referral letters to you. You must demonstrate collaboration over management of patient care across multidisciplinary teams, evidencing two-way communication and ensuring that the patient management outcome is clear• email correspondence including organising staff rotas with colleagues (optional) <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working• participation in directorate and management meetings• honesty and objectivity |
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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.

Patients

All evidence in this area **must** be **anonymised** for individual patient data.

Please provide the following evidence:

- **Five letters you have written directly to patients** regarding their treatment. If you have not written directly to patients, please provide hypothetical examples of how you would write to patients in this capacity, tailoring your communication appropriately. 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 and will only demonstrate communication with patients, not clinical competencies such as diagnosis or care plan management.
- **Five thank you letters and cards** from patients (five pieces of correspondence) This is optional evidence

Assessors should also be able to cross-reference to the following evidence in previous sections of your application:

- 360° feedback – patient feedback (or your patient satisfaction questionnaires)

You can use these documents to demonstrate:

- communication
- relationships with patients
- honesty and integrity
- protecting patient confidentiality

Partnership and teamwork

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| <p>Working in multidisciplinary teams</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Please submit the following evidence:</p> <ul style="list-style-type: none">• Three sets of minutes from multidisciplinary meetings demonstrating attendance and participation, from the last 3 years <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working. |
| <p>Management and leadership experience</p> <p>All evidence in this area must be anonymised for individual patient data.</p> | <p>Please submit evidence of your leadership skills though:</p> <ul style="list-style-type: none">• Completion of leadership and management training of your choice, providing the final certification <p>Assessors should also be able to cross reference to at least one of these previous evidences such as:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information |

Chairing meetings and leading projects

All evidence in this area **must** be **anonymised** for individual patient data.

In addition to leadership and management training, optional evidence you may consider to submit can include:

- chairing meetings
- evidence of leading a project ie) audit or research
- email correspondence including organising staff rotas with colleagues
- letters from colleagues on your management skills
- publications or presentations you have led

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi-disciplinary working
- participation in directorate and management meetings
- CPD

Domain 4 – Maintaining trust

Acting with honesty and integrity

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| Honesty and integrity | Assessors should also be able to cross reference to the following evidence: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors). |
| Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities) | Please submit: <ul style="list-style-type: none">• Evidence of undertaking mandatory equality and diversity training• Evidence of undertaking mandatory training in safeguarding children and adults months Both of the above courses should be evidenced from the last three years. |
| Data protection | Please submit: <ul style="list-style-type: none">• Evidence of undertaking training in data protection and/or information governance within the last 12 months• Please also ensure your application and evidence is appropriately anonymised throughout. please see our guidance on patient and colleague confidentiality |

Relationships with patients

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| Testimonials and letters from colleagues | Please see above section on Communication. |
| Thank you letters, cards from colleagues and patients All evidence in this area must be anonymised for individual patient data. | Please see above section on Communication. |
| Complaints and responses to complaints All evidence in this area must be anonymised for individual patient data. | Please demonstrate your understanding of the complaints procedure. Having a complaint made against you will not adversely influence your application. Please submit: <ul style="list-style-type: none">• Two statements of account you have written in response to a complaint you have been directly involved in (including the actual complaint). *You can provide your response to a hypothetical complaint if you have not been involved in any complaints)• Evidence of undertaking training in Complaints Handling. This is optional evidence |

Procedures fundamental to practice in obstetrics and gynaecology

1. Fetal blood sampling
2. Diagnostic hysteroscopy
3. Diagnostic laparoscopy
4. Perineal repair
5. Caesarean section
6. Procedures that cannot be assessed via OSATS
7. Uterine evacuation
8. Cardiotocograph Interpretation
9. Opening and closing the abdomen
10. Management of shoulder dystocia
11. Operative vaginal delivery
12. Management of cord prolapse
13. Operative laparoscopy
14. Manual removal of placenta

The 19 modules of the Core Curriculum

Each module has competences that an applicant must demonstrate that they have achieved

1. Basic Clinical Skills
2. Teaching Appraisal and Assessment
3. Information Technology, Clinical Governance and Research
4. Ethics and Legal Issues
5. Core Surgical Skills
6. Postoperative Care
7. Surgical Procedures
8. Antenatal Care
9. Maternal Medicine
10. Management of Labour
11. Management of Delivery
12. Postpartum Problems (the Puerperium)
13. Gynaecological Problems
14. Subfertility
15. Sexual and Reproductive Health
16. Early Pregnancy Care
17. Gynaecological Oncology
18. Urogynaecology and Pelvic Floor Problems
19. Professional Development

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