Royal College of Obstetricians & Gynaecologists

Curriculum 2024

Special Interest Training in Obstetrics & Gynaecology Definitive Document

March 2024 – V3.0

Implementation Date: 7 August 2024

Version control		
Version	**Modifications**	**Date**
1.0	Final – GMC Submission	18 September 2023
2.0	Final – GMC Approved	30 January 2024
3.0	Final – GMC Final Approval 21 February 2024	March 2024

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Overview

This Definitive Document relates to the:

- Special Interest Training Modules (SITMs) – trainees need to complete two SITMs to obtain a certificate of completion of training (CCT) in O&G.
- Special Interest Professional Modules (SIPMs). The SIPMs can be taken as stand-alone modules by all O&G doctors.

The Definitive Document addresses the purpose, learning outcomes, content of learning, process of training and the programme of assessment for the Special Interest Training, which is in addition to the Core Curriculum 2024 requirements for CCT from ST1-7. It is divided into two Parts:

- **Part 1 outlines the high-level principles for the SITMs**
- **Part 2 contains the full curriculum for each SITM and SIPM**

Part One

1 Introduction

O&G is a run-through training programme with an indicative time of seven years. The fundamental training structure and waypoints remain the same in the Curriculum 2024. In the final three years of training, trainee doctors have to complete two Special Interest Training Modules (SITM) OR one of the four subspecialty programmes Urogynaecology (UG), Gynaecological Oncology (GO), Maternal and Fetal Medicine (MFM) and Reproductive Medicine (RM) to be eligible for CCT. The curriculum acknowledges that the specialist will manage female, transgender and non-binary individuals of all age groups and ethnicities, including young people, and vulnerable adults.

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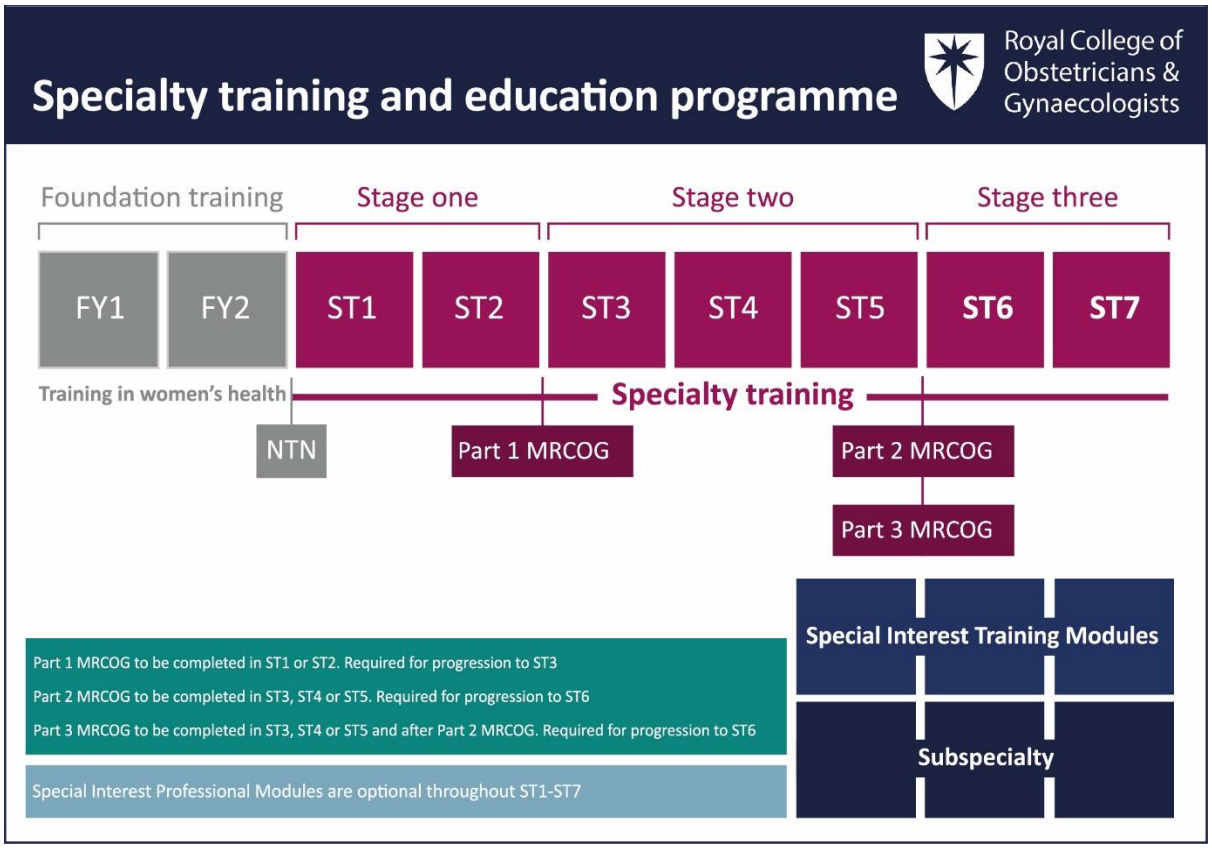

2 Purpose of the Special Interest Training

2.1 Background

Over recent years, the RCOG has published a number of strategic reports highlighting the training needs and challenges that surround the O&G workforce. The most recent report, the O&G Workforce Report (2022), highlights the complexity of workforce planning in ensuring the training of the right people with the right skills in the right place at the right time, to provide person-centred care. Population demographics and requirements differ across the UK, and so there is regional variation in the services required to ensure equity of care. For workforce planning to be successful, training opportunities and the skillset of the workforce must be driven by current and predicted patient needs. The Advanced Training Review of 2023 builds on the curriculum reviews in 2013 and 2019 to design and deliver a revised curriculum, fit for our future workforce and able to meet the needs of clinical services across the UK.

In 2015, the RCOG Curriculum Review Group was set up to take forward the recommendations made in the RCOG document '*Becoming Tomorrow's Specialist*'. This Working Party report identified the deficiencies in the curriculum in place at that time, with its undue emphasis on technical skills and lack of focus on the non-technical and professional skills required by a modern

consultant. Most importantly, and for the first time, the Review Group developed a definition of the required characteristics of an O&G consultant and, providing the basis for future work.

> *A highly skilled Obstetrician and Gynaecologist with the appropriate knowledge and attitudes to lead and deliver safe, high quality care taking account of individual needs and advocating for women's healthcare. This will involve a questioning approach to research and quality improvement. Working well in multi-professional teams is essential for safe, effective patient care; Obstetricians and Gynaecologists must be good communicators, supportive of staff and happy to share their expertise and experience, as well as being open to the views of others. On completing training, the individual will be prepared for lifelong learning, which will allow them to be adaptable and flexible for a modern NHS.*

2.2 General description of the Special Interest Training

The purpose of SITMs are to enable O&G doctors to develop a special interest in aspects of obstetric and gynaecological practice. They will run alongside the Core Curriculum 2024 which has been designed to produce doctors with the generic professional and specialty-specific capabilities needed to advise and treat people presenting with a wide range of general obstetric and gynaecological conditions. In the final 3 years of the training programme, O&G doctors will develop special interest skills based on their own clinical interests and the future needs of the clinical service. The combination of the 2 SITMs chosen will reflect the interests of the O&G doctor but could also reflect intelligence regarding the needs of the service. They are designed to be delivered in secondary care within the normal working week, and to provide trainees with the skills they will need to practice as a specialist within appropriate team-based structures. The O&G doctor will need to spend more time in the relevant clinical area, such as the labour ward, operating theatre or colposcopy clinic, and will, of course, be receiving training while providing a service, thus narrowing the gap between training and service at senior trainee level.

The SITMs provide a framework for training by defining the standards required to work at consultant level. They also encourage the pursuit of excellence in all aspects of clinical and professional practice, and the O&G doctor to take responsibility for their own learning, as they would as a consultant. The SITMs acknowledge that the specialist will manage female, transgender and non-binary individuals of all age groups and ethnicities, including young people, and vulnerable individuals.

The RCOG is committed to developing specialists with generic skills and our curriculum framework aims to do just that. Key to this is to define what a modern consultant in the NHS needs to be and to tailor the output of specialty training towards this. The RCOG continues to support the Shape of Training agenda, ensuring the O&G training programme produces generalists with skills to manage emergency care while working collaboratively with other specialties to deliver individualised patient care.

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The SITMs and SIPMs consist of Capabilities in Practice (CiPs) (high-level statements setting out what a doctor should be able to do at the end of training). These fall into the Clinical Expert Professional Identity (PI). The Professional Identities are a fundamental concept of the core curriculum, divided into generic (Developing the doctor) and specialty-specific (Developing the obstetrician & gynaecologist). The new CiPs require judgement based on the trainee's overall capability at the end of training. They support a move away from a 'disease-based' structure to encourage a more person-centred approach that prioritises the needs and complexities of each individual.

The detailed content of the SITMs constitutes Part 2 of this document. The list of SITMs and SIPMs are as follows:

Special Interest Training Modules (SITMs)

Gynaecological SITMs

- **SITM Gynaecological Surgical Care**
- **SITM Management of complex non-malignant disease**
- **SITM Oncology**
- **SITM Management of Subfertility**
- **SITM Chronic Pelvic Pain**
- **SITM Colposcopy**
- **SITM Complex Early Pregnancy and non-elective Gynaecology**
- **SITM Therapeutic Hysteroscopy**
- **SITM Menopause Care**
- **SITM Paediatric and Adolescent Gynaecology**
- **SITM Robotic Assisted Gynaecological Surgery**
- **SITM Safe Practice in Abortion Care**
- **SITM Urogynaecology and Vaginal Surgery**
- **SITM Vulval Disease**

Obstetric SITMs

- **SITM Fetal Care**
- **SITM Prenatal Diagnosis**
- **SITM Pregnancy Care**
- **SITM Maternal Medicine**
- **SITM Premature Birth Prevention**
- **SITM Perinatal Mental Health**
- **SITM Supportive Obstetrics**

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2024 Special Interest Professional Modules (SIPMs)

- **SIPM Clinical Research**
- **SIPM Leadership and Management**
- **SIPM Medical Education**

Our programme of assessment and our assessment tools were extensively reviewed for the 2019 curricula, which have been validated and are fit for purpose. All workplace-based assessments are available on the ePortfolio.

Our programme of assessment will include a broad range of evidence drawn from different formats and environments to ascertain minimal standards and competencies, regarding both expectations and attainments, at critical progression points and on completion of training. The programme of assessment will be based on robust and fair assessment principles and processes.

2.3 The Advanced Training Review process

High-quality women's healthcare relies on an integrated approach to service and care, to fully meet the needs of women. Therefore, a fundamental aim of this curriculum is to develop consultants who work on and lead multidisciplinary teams, from a range of professional groups in a variety of hospital and community settings. RCOG commissioned the Advanced Training Review in 2020 in direct response to feedback from the General Medical Council (GMC) on the 2019 curricula submission and approvals process.

Following this feedback, we have substantially reviewed and updated the ATSMs/APMs training component and aligned the Stages of Training for the structured training programme.

The review of the 2019 advanced training component was conducted by an Advanced Training Steering Group, under the governance of the RCOG Education Board. This group determined the direction of travel and comprised Chairs of the relevant RCOG curriculum committees (Curriculum Committee, Advanced Training Committee, Subspecialty Committee, Specialty Education Advisory Committee (SEAC), Trainees' representatives and Vice Presidents for Education and Professionalism & Workforce).

O&G subgroups and subgroups for each subspecialty, bringing together relevant clinicians, trainees and lay representatives, undertook the development of the SITM curricula and revision of the subspecialty curricula. Particular effort was made to engage consultants working in both smaller district general hospitals and larger tertiary hospitals, in both special interest and subspecialty posts. The subgroups met on a monthly basis until the revised modules had been finalised.

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The development of the revised curricula and recommended training pathway changes have been produced collaboratively with educationalists, trainees, Heads of School and specialist societies.

The Steering Group reported to the Advanced Training Project Board. The outputs from the project have been reported to the Curriculum Committees, SEAC and RCOG Council via the Education Board.

We enabled RCOG Fellows, Members, Associates, Trainees, Specialist Societies, Service Users, other Royal Colleges and Faculties, related charities and employers to feedback views during the consultation period from March to April 2023. The consultation process has resulted in invaluable feedback has helped to further shape the curriculum.

The SITMs aim to develop obstetricians & gynaecologists who work in and lead multidisciplinary teams, and who can work with colleagues from a range of professional groups in a variety of hospital and community settings. This emphasis can be seen throughout the CiPs.

2.4 Flexibility and the transferability of learning

Embedding generic CiPs that are high-level statements setting out the general professional skills that all doctors should have at the end of training – within the curriculum enables easier transfer between specialties, as the CiPs have also been mapped to the GMC's Generic Professional Capabilities (GPCs). These CiPs can be demonstrated by experiences in a wide range of posts and environments, allowing flexibility to meet the needs of the service and the individual trainee.

O&G doctors are required to display a wide range of knowledge, skills, behaviours and attributes, reflecting the broad nature of this specialty in practice. This is reflected in the depth and breadth of the curriculum content. Trainees attaining CCT will be skilled in managing the labour ward independently and managing the acute gynaecological on-call service. They will have expertise in practical procedures related to the clinical care of women and will be expert communicators with strong interpersonal skills, strong emotional intelligence and adept at the management of sensitive situations.

These core areas ensure that doctors in training and beyond the CCT can provide safe care whilst working in a range of challenging and diverse work environments, balancing acute and non-emergency service provision. They also encourage trainees to experience a wide range of hospital and other healthcare environments.

The SITMs and SIPMs will:

- Be able to develop and apply innovative approaches to teaching in women's health and research.
- Place the principle of informed decision making with women and their families at the heart of their practice.
- Be advocates for women's health.
- Be up to date in their practice and promote and implement evidence-based medicine.

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- Be a role model for the highest standards of care and professional behaviours within the specialty and across the medical profession as a whole.

O&G doctors achieving the CCT regardless of their SITMs or subspecialty training will therefore have demonstrated achievement of a range of generic and specialty-specific capabilities.

3 The organisation and content of the SITMs and SIPMs

The practice of O&G requires the generic and specialty knowledge, skills and attitudes to advise and treat people presenting with a wide range of gynaecological and obstetric conditions and symptoms. It involves particular emphasis on woman-centred care, diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when specialty opinion or care is required within the multi-disciplinary team (MDT). The modern consultant is defined by four Professional Identities in the Core Curriculum 2024 that incorporate all of these elements, as demonstrated in Figure 1 below.

Figure 1 – Core Curriculum design structure

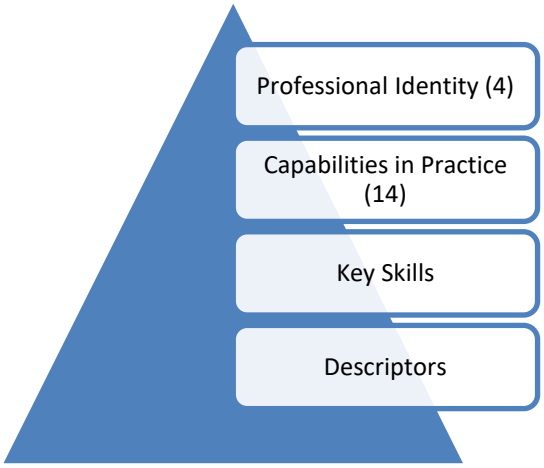

Figure 2 – Special Interest Training Module design structure

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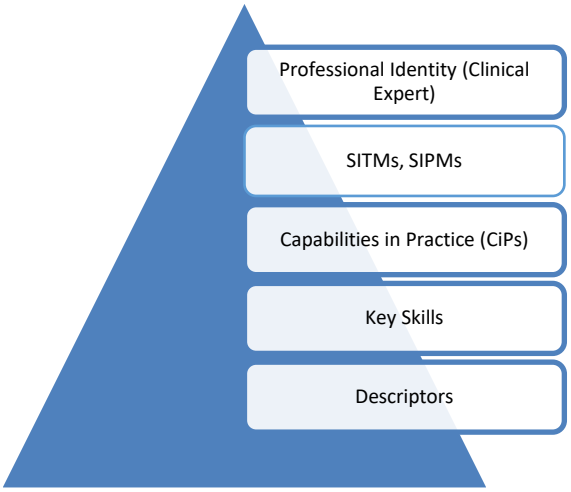

3.1 Curriculum framework features

The curriculum content is structured as follows:

Section 1 - Capabilities in Practice

CiPs are the high-level learning outcomes within each of the Professional Identities. Each CiP is supported by the key skills expected to be demonstrated by an O&G doctor who has completed the SITM. Each key skill has a set of descriptors associated with that activity or task. These are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes that should be demonstrated by O&G doctors in the SITM/SIPM. Descriptors can be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for the CiPs. They are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance. Many of the descriptors refer to person-centred care and informed decision-making. This is to emphasise the importance of exploring and discussing care or treatment options, including their risks and benefits, with women and their families.

Each CiP gives guidance for the kinds of evidence that will be required to demonstrate progress, including a list of the summative OSATS.

Each CiP lists the knowledge criteria relevant to that CiP.

Section 2 - Procedures

All the procedures that are expected to be experienced during the SITM are listed, with an indication of the final level expected by the end of training, and which CiP they belong to. There

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are a number of procedural skills in the SITM in which a trainee must become proficient to the level expected by the end of training. Trainees must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting for help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties and the multi-disciplinary team (MDT) when necessary. Trainees will be able to record their procedures in the new ePortfolio.

When a trainee has been signed-off as being able to perform a procedure independently, they are not required to have any further assessment (OSATS) of that procedure, unless they or their SITM Educational Supervisor think that this is required (in line with standard professional conduct).

In order to complete training and be recommended to the GMC for the award of CCT and entry onto the specialist register, the doctor must demonstrate that they are capable of unsupervised practice (level 5) in all CiPs except where otherwise indicated, as well as meet the requirements of the Core Curriculum 2024.

Section 3 - Generic Professional Capabilities
Appropriate professional behaviour should reflect the principles of the GMC's Good Medical Practice and the Generic Professional Capabilities (GPCs). Therefore, all SITMs and SIPMs have been mapped to the GMC GPC domains.

Assessment of the CiPs will be underpinned by the descriptors and judged against the requirements articulated in the SITM Curriculum Guide(s). The SITM Educational Supervisor will carry out an annual global judgement, and satisfactory sign-off will indicate that there are no concerns before the trainee can progress to the next assessment point.

Section 4 - Mapping of assessments to CiPs
All workplace-based assessments have been mapped to the CiPs.

4 Learning and teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the responsibility of the National Health Service England (NHSE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A Training

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Programme Director will be responsible for coordinating the O&G training programme in each deanery. The local organisation and delivery of training is overseen by a school of O&G.

Progression through the programme will be determined by the annual review of curriculum progression (ARCP) process and the training requirements for each indicative year of training are summarised in the O&G ARCP decision aid. The successful completion of each stage of training will be dependent on achieving the expected level in all CiPs and procedural skills. The programme of assessment will be used to monitor and determine progress through the programme. Training will normally take place in a range of settings, e.g. community, District General Hospitals and Teaching Hospitals.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and unnecessary duplication and educationally unrewarding experiences are avoided. The sequence of training should ideally be flexible enough to allow the trainee to develop a special interest which can be taken forward during the later stages of training.

4.2 The general training environment

To fulfil the curriculum requirements for O&G, trainees need to train and work in high quality training environments. The GMC has clear standards in its Promoting excellence document - which specifies that employers must provide trainers with the support and resources they need to meet their education and training responsibilities. Employers should also protect time for training and produce rotas that help deliver that goal. Where the GMC survey shows this is not happening, employers are expected to take action to ensure their training environments meet GMC standards.

The RCOG annual trainee evaluation form (TEF) and subsequent analyses also provides longitudinal data for schools and units to use to drive improvements in the education they provide. The TEF data is specialty-specific, and so can provide detailed feedback on specific areas of training and education that support curriculum delivery.

The RCOG has produced a quality criteria, based on GMC and RCOG standards and good practice noted through the TEF exercise, which will enable individual training placements to benchmark the education and training they provide and further develop high-quality placements. These will detail how we can enable trainees to:

- Provide safe and effective care.
- Have a supportive working environment.
- Enjoy a better educational experience.

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The quality criteria provide guidance regarding the range and access to informal, formal and experience-based learning that will be required to fulfil the curriculum requirements. The curriculum will provide a balance of different learning methods for trainees to progress through, from formal teaching programmes to learning 'on the job'. The proportion of time allocated to each method may vary depending on the nature of the attachment within a rotation. Rotations should be constructed to enable the trainee to experience the full range of educational and training opportunities.

Informal learning methods will include:

- **Learning with peers** - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.
- **Work-based experiential learning** - The content of work-based experiential learning is decided by the local faculty for education within a unit.

SITMs are designed to be delivered within the normal working week at general district hospitals or teaching hospitals. Trainees will need to ensure that they spend more time in the relevant clinical areas, such as the labour ward, operating theatre, colposcopy clinic, etc., to obtain training while providing a service. These are outlined in the Evidence section of each curriculum. O&G doctors will tailor their attendance depending upon their individual training requirements.

4.3 Formal postgraduate teaching sessions

The content of formal postgraduate teaching sessions and access to other more formal learning opportunities are determined by the local faculty of O&G education and will be based on the curriculum. There are many opportunities throughout the year for formal teaching locally and at regional, national and international meetings. Many of these are organised by the RCOG.

Where appropriate formal teaching/meetings should include the multi-professional team. Access should also be provided to key meetings within the service. Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees.
- Attendance and presentation at mortality and morbidity meetings.
- Case presentations including CTG analysis and review of births by caesarean section in labour.
- Research, audit and quality improvement projects.

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- Attendance and presentation at governance and risk meetings.
- Lectures and small group teaching.
- Grand Rounds.
- Clinical skills demonstrations and teaching such as PROMPT.
- Critical appraisal and evidence-based medicine and journal clubs.
- Joint specialty and multi-professional meetings.
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

4.4 Independent self-directed learning

Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including journals and web-based material such as e-Learning for Healthcare (e-LfH) and RCOG Learning (the RCOG's Learning platform).
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan).
- Audit, quality improvement and research projects.
- Achieving personal learning goals beyond the essential, core curriculum.

5 Programme of assessment

5.1 Purpose of assessment

The purpose of the programme of assessment is to:

- Assess trainees' actual performance in the workplace.
- Encourage the development of the trainee as an adult responsible for their own learning.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of good medical practice.
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes in career direction.

5.2 Programme of assessment

Our overall programme of assessment as outlined in the Core Curriculum 2024 Definitive Document refers to the integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training. The purpose of the programme of assessment is to clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points, and to demonstrate satisfactory completion of training as required by the curriculum.

The programme of assessment for the SITMs Curricula comprises the use of a number of individual assessment tools which are the same as those for the Core Curriculum 2024, apart from the MRCOG which must have already been achieved. SITMs can be accessed from ST5. These include summative and formative workplace-based assessments. A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of training. All assessments are linked to the relevant learning outcomes stated in each curriculum.

The programme of assessment emphasises the importance of professional judgment in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curriculum. It also focuses on the learner as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made according to a learner's self-assessment. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for trainees. Assessment tools, which are well established in O&G training, will be both formative and summative, and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.

Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning and provide formative feedback. Those assessment tools that are not identified individually as summative will contribute to summative judgements about a trainee's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component of all workplace-based assessments. Every clinical encounter can provide a unique opportunity for reflection and feedback, and this

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process should occur frequently – and as soon as possible after any event to maximise benefit for the trainee. Feedback should be of high-quality and include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

5.3 Assessment of CiPs

The CiP is the fundamental basis of global judgement. Assessment of CiPs involves looking across a range of key skills and evidence to make a judgement about a trainee's suitability to take on particular responsibilities or tasks appropriate to their stage of training. It also involves the trainee providing self-assessment of their performance for that stage of training.

Clinical Supervisors and others contributing to assessment provide formative feedback to the trainee on their performance throughout the training year. Evidence to support the global rating for the CiP will be derived from workplace-based assessments and other evidence, e.g. TO2.

5.4 The global judgement process

Toward the end of the training year, trainees will assess their own progression for each CiP (Figure 3) and record this in the ePortfolio, signposting to the evidence that supports their rating. The SITM Educational Supervisor will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee's self-assessment and record their global judgement of the trainee's performance in the SITM Educational Supervisor Report (ESR), with commentary. Figure 3 shows how the trainee's self-assessment and the evidence feed into the global judgement by the SITM Educational Supervisor.

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Figure 3a – Trainee self-assessment of a CiP

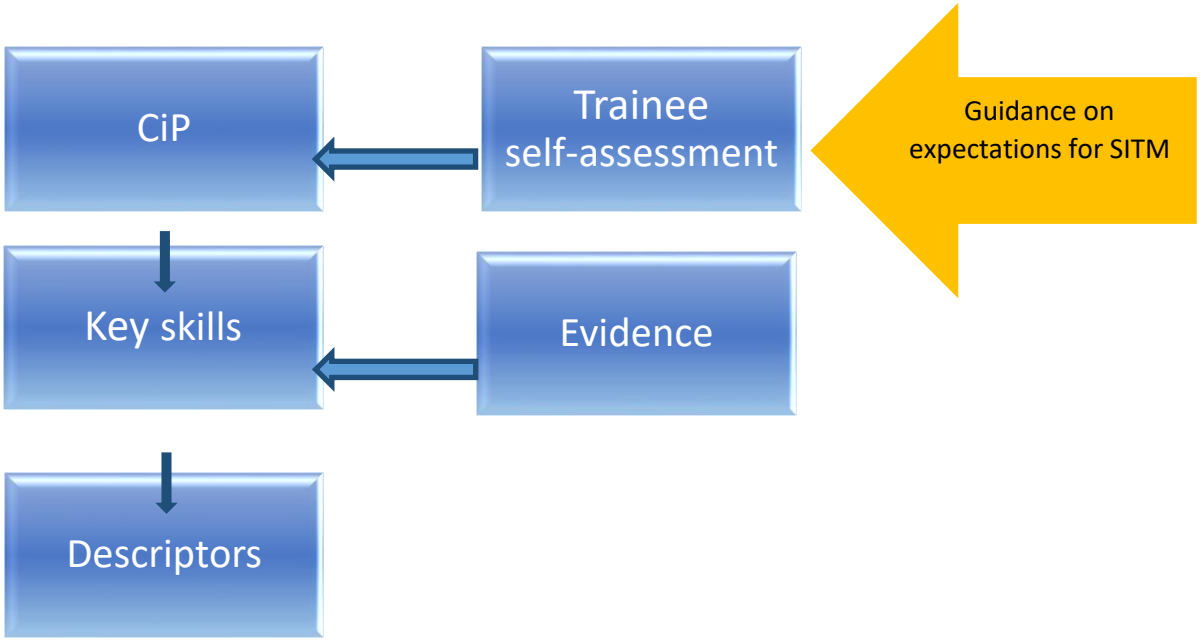
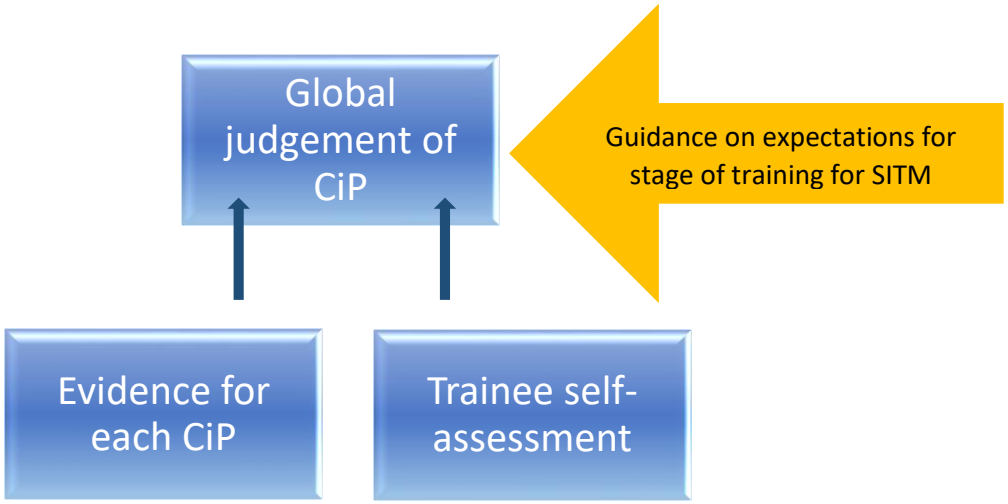


Figure 3b – SITM Educational Supervisor's assessment of all CiPs



The trainee will make a self-assessment to consider whether they meet expectations for the SITM as a whole, using the five supervision levels listed in Table 3 and highlighting the evidence in the ePortfolio. The SITM Educational Supervisor will indicate whether the trainee is meeting

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expectations or not by assigning one of the five supervision levels, as in the template below. These levels do not apply to the SIPMs.

Table 3 shows the five supervision levels that are based on an entrustability scale that are, behaviourally anchored ordinal scale based on progression to competence and reflects judgments that have clinical meaning for assessors[1] .

Table 3 – Levels of supervision

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

[1] Entrustability Sales: Outlining their usefulness for competency-based clinical assessment

Global judgement to be used for each CiP

Trainee self-assessment

FOR EACH CiP

Statement of what level of supervision is required.

Link to evidence on the ePortfolio.

SITM Educational Supervisors assessment

I agree with the trainee's self-assessment and have added my comments to each CiP.

I do not agree with the trainee's self-assessment for the following reasons:

SITM Educational Supervisors global judgement of the CiPs

I consider that the trainee's performance overall meets the clinical entrustability scale of 1-5 (specify) and that the trainee is:

- Not meeting expectations for the SITM; may not meet the requirements for critical progression point
- Meeting expectations for the SITM; expected to progress to next stage of training
- Exceeding expectations for this SITM; expected to progress to next stage of training.

5.5 Critical progression points

The Core Curriculum 2024 Definitive Document outlines the overall critical progression points for the whole O&G training programme. The O&G doctor must pass the Part 2 and 3 MRCOG, and have a satisfactory ARCP outcome, as well as be signed off for the relevant generic and specialty outcomes and practical procedures, to be able to enter Stage three of training.

There will be a final critical progression point at the end of training. Doctors in training will be required to reach the required level in all CiPs by the completion of training.

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The ESR will make a recommendation to the ARCP panel as to whether the trainee is making sufficient progress to complete the SITM and acquired the procedural competence required as specified in the relevant SITM. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training.

Section 2 of each SITM contains an outline grid of progress in procedures expected for each CiP.

5.6 Evidence of progress

The following methods of assessment will provide evidence of progress. The requirements for each training year/level are stipulated in the Matrix of Progression. Evidence is a crucial concept in the new curriculum, and as well as the methods listed below, can include other sources, such as the Personal Development Plan or quality improvement project or procedure log. The trainee will collect evidence to support their self-assessment, and the SITM Educational Supervisor will use it to reach a global judgement. These methods are described briefly below.

Summative assessment

- Objective Structured Assessment of Technical Skills (OSATS) – summative

Formative assessment

- Case-Based Discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS - formative
- Team Observation (TO1), TO2 and Self-observation (SO)
- Non-Technical Skills for Surgeons (NOTSS)

Supervisor report

- SITM Educational Supervisor Report (ESR)

Objective Structured Assessment of Technical Skills (OSATS)

There are a number of fundamental procedures in each SITM that require an objective assessment tool to aid the review process. OSATS are validated assessment tools that assess technical competency in a particular technique. OSATS will be completed throughout training until the trainee is competent to practise independently. OSATS can be undertaken as many times as the trainee and their supervisor feel is necessary (formative). A trainee can be regarded as competent

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to perform a procedure independently after they have completed 3 summative OSATS by more than one appropriate assessor.

Case-based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the outpatient department.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Multi-source feedback

The TO1 form is a multi-source feedback tool based on the principles of good medical practice, as defined by the GMC. TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of a trainee's assessment. The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. Individual team members completing a TO1 form should do so based on their experience of working with the trainee. The trainee will also be able to self-assess using a modified TO1 form (SO) that has been piloted along with the modified WBA tools. The TO1 forms are summarised in a TO2 form that informs the ARCP.

Non-Technical Skills for Surgeons (NOTSS)

The NOTSS system provides a framework and common terminology for rating and giving feedback on non-technical skills. Used in conjunction with medical knowledge and clinical skills, NOTSS is a tool to observe and rate behaviour in theatre in a structured manner. This enables clear and transparent assessment of training needs. NOTSS describes the main observable non-technical skills associated with good surgical practice, under the following headings:

- Situation awareness

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- Decision-making
- Communication and teamwork
- Leadership.

SITM Educational Supervisors report (ESR)

The SITM Educational Supervisors will annually record a longitudinal, global report of a trainee's progress over the full range of CiPs based on a range of assessments, including exams and observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESR can incorporate commentary or reports from observations, such as from supervisors, or formative assessments demonstrating progress over time. The SITM Educational Supervisor will offer a global judgement as to whether the trainee should progress to the next year of training.

Training evaluation form (TEF)

Trainees are required to complete a TEF on annual basis. The data from the TEF enables a proactive approach to the monitoring of quality of training by triangulating with other available data e.g. GMC National Training Survey. This data is shared with deaneries and published on the RCOG website. In recognition of the importance that the RCOG places on trainee feedback, completion of the TEF is a requirement in the training matrix of progression.

6.7 Annual Review of Progression (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors, or formative assessments demonstrating progress over time.

Decisions on progression fundamentally rely on the professional judgement of the SITM Educational Supervisor based on the global judgement produced for each CiP. The RCOG has produced the Matrix of Progression, which sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression point.

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Periodic (at least annual) reviews should be used to collate and systematically examine evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The ARCP process is described in the Gold Guide. NHSE/deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio. As a precursor to ARCPs, the RCOG strongly recommends that trainees have an informal ePortfolio review either with their Educational Supervisor or arranged by the local school of O&G. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

6 Supervision and feedback

6.1 SITM training

SITM training is delivered by SITM Educational Supervisors, SITM Preceptors and coordinated by SITM Directors.

SITM Educational Supervisors

SITM Educational Supervisors undertake the day-to-day, hands-on training of trainees in any aspect of the curriculum. The SITM Educational Supervisor must have clinical skill in the area being taught. For more information, please read the SITM Educational Supervisor job description.

SITM Preceptors

SITM Preceptors are responsible for the deanery-wide provision and quality control of their SITM. They ensure the appropriate educational support is provided and assessments are performed. Where the SITM requires course attendance, the SITM Preceptor decides which courses are suitable, with reference to the relevant course syllabus. For more information, please read the SITM Preceptor job description.

SITM Directors

SITM Directors are responsible for all SITMs within their deanery, including the standard and delivery of training. The SITM Director coordinates trainee attachments to ensure all trainees fulfill their SITM requirements. The SITM Director acts as the link between the deanery and the RCOG and must sign all SITM registration forms. For more information, please read the SITM Director job description and see the list of SITM Directors in the UK.

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Trainees

Trainees should make the safety of patients their first priority. Furthermore, trainees should not be practising in clinical scenarios that are beyond their experiences and competences without supervision.

Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Trainees would need to plan their workplace-based assessments accordingly so that they collectively provide a picture of their development during a training period. Trainees should actively seek guidance from their trainers to identify the appropriate learning opportunities and plan the appropriate frequencies and types of assessment according to their individual learning needs. It is the responsibility of trainees to seek feedback. Trainees should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio.

Induction appraisal

The trainee and SITM Educational Supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the ePortfolio at this time, recording their commitment to the training process.

Monthly meetings

Monthly meetings between the trainee and SITM Educational Supervisor are not mandatory but are encouraged. These are particularly important if either the trainee or educational or clinical supervisor has training concerns, or the trainee has been set specific targeted training objectives at their ARCP. At these meeting trainees should review their PDP with their supervisor using evidence from the ePortfolio. Workplace-based assessments and progress through the curriculum

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can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed.

End of attachment appraisal

Trainees should review the PDP and curriculum progress with their SITM Educational Supervisor using evidence from the ePortfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal, then the Training Programme Director should be informed.

7 Quality management

The organisation of training programmes for O&G is the responsibility of NHSE/local teams and the devolved nations' deaneries. The NHSE offices/deaneries will oversee programmes for postgraduate medical training in their regions. A Training Programme Director will be responsible for coordinating the O&G training programme in each trust. The Schools of O&G in England, Wales and Northern Ireland and NHS Education Scotland will undertake the following roles:

- Oversee recruitment and induction of trainees from Foundation to ST1 O&G.
- Allocate trainees into particular rotations for ST1 O&G appropriate to their training needs.
- Oversee the quality of training posts provided locally.
- Interface with other specialty training faculties (General Practice, Anaesthesia etc.) and other healthcare professionals (midwives, specialist nurses).
- Ensure adequate provision of appropriate educational events.
- Ensure curricula implementation across training programmes.
- Oversee the workplace-based assessment process within programmes.
- Coordinate the ARCP process for trainees.
- Provide adequate and appropriate career advice.
- Provide systems to identify and assist doctors with training difficulties.
- Provide flexible training.
- Recognise the potential of specific trainees to progress into an academic career.

Educational programmes to train Educational Supervisors and assessors in workplace-based assessment may be delivered by NHSE offices/deaneries or by RCOG or both.

7.1 Monitoring SITMs

The development, implementation, monitoring and review of the SITMs and SIPMs are the responsibility of the RCOG via the SEAC and the Subspecialty Committee. The SEAC is formally constituted with representatives from each health region in England, from the devolved nations

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and with trainee and lay representation. It is the responsibility of the RCOG to ensure that curriculum developments are communicated to Heads of Schools, regional specialty training committees, Training Programme Directors and SITM Directors.
The RCOG serves its role in quality management by monitoring and driving improvement in the standard of all O&G training. SEAC includes all Heads of UK O&G schools as members and is actively involved in assisting and supporting deaneries to manage and improve the quality of education within each of their approved training locations. It is tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing applications for new posts and programmes, provision of external advisors to deaneries and recommending trainees eligible for the CCT or Portfolio Pathway.

The RCOG uses data from five quality datasets across the O&G specialty and four subspecialties to provide meaningful quality management. The datasets include the GMC National Training Survey (NTS) data, Training Evaluation Form (TEF) data, ARCP outcomes, MRCOG exam outcomes and External Advisor reports. These datasets form the basis of the annual report to the GMC on the quality of O&G training nationally.

Quality criteria have been developed to improve the quality of training environments and ultimately, the patient safety and experience. These are monitored and reviewed by RCOG to improve the provision of training and ensure enhanced educational experiences.

8 Intended use of the SITMs by trainers and trainees

This curriculum and the ARCP decision aid (Matrix of Progression) are available on the RCOG website www.rcog.org.uk.

Clinical and SITM Educational Supervisors should use the curriculum and decision aid as the basis of their discussion with trainees, particularly during the appraisal process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme. Each trainee will engage with the curriculum by maintaining an ePortfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

8.1 Recording progress in the ePortfolio

The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support their education and development. The RCOG is investing in developments and changes on the existing ePortfolio platform which will enable the Curriculum

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2024 being delivered. The ePortfolio platform is designed to support the process of learning and recording of evidence with improved functionality. It will also include a procedures log.

The trainee's main responsibilities are to ensure the ePortfolio is kept up-to-date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their PDP, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and PDPs to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, and write end-of-attachment appraisals and supervisor's reports.

NHSE offices, Training Programme Directors, College Tutors and ARCP panels will use the ePortfolio to monitor the progress of trainees for whom they are responsible.
The RCOG will use summarised, anonymous ePortfolio data to support its work in quality assurance.

9 Equality and diversity

The RCOG will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

The RCOG believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates.

RCOG has a number of initiatives and working groups to keep exploring and addressing the areas of equality, diversity and inclusion. In partnership with the GMC, RCOG analyses and monitors a range of datasets and has plans to report on this new initiative.

NHSE local offices/deaneries will quality assure each training programme to ensure that it complies with the equality and diversity standards in postgraduate medical training as set by GMC. They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes.
- Ensuring all College representatives and Programme Directors have attended appropriate training sessions before appointment or within 12 months of taking up their post.
- NHSE local offices/deaneries ensuring that Educational Supervisors have had equality and diversity training (e.g. an e-learning module) every 3 years.

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- NHSE local offices/deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every 3 years.
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. NHSE local offices/deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. NHSE local offices/deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent).
- Monitoring of College Examinations.
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training, through reasonable adjustments and recognising that not all disabilities are visible.

9.1 RCOG's current work on race equality in the specialty

We have committed to an action plan with the GMC demonstrating how we are targeting the attainment gap and working towards achieving fair training cultures. This work is overseen by both the RCOG SEAC and the Exams and Assessment Committee, as well as the College's honorary Differential Attainment Advisor and Educational Supervision Champion. These issues have been explored in past RCOG World Congresses and other quality improvement and development conferences.

Race Equality Taskforce members have published on differential attainment in Obstetrics, Gynaecology and Reproductive Medicine and The Obstetrician and Gynaecologist, and contributed to the development of BMA guidance on induction for International Medical Graduates recruited to the NHS.

We have also worked hard to listen to lived experiences of these issues, surveying our membership and holding focus groups for over 400 trainees, SAS and LE doctors, consultants, and medical directors working in O&G in deaneries across the UK. Our annual Training Evaluation Form (TEF) now includes questions on racism and cultural bias. The information gained from these will inform future work.

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Part Two

2024 Special Interest Training Modules (SITMs) and Special Interest Professional Modules (SIPMs)

10 Introduction

Each SITM and SIPM is structured in the same way.

Section 1 Capabilities in Practice

Each CiP, the high-level outcome statement of what a doctor is supposed to have achieved by the end of training, is supported by the **key skills** expected to be demonstrated by an O&G doctor who has completed this module.

- Each key skill has a **set of descriptors** associated with that activity or task. These are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated by O&G doctors in the SITM. Descriptors can be used to help trainees when they self-assess their performance against the minimum expected standards for the CiPs. They are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance.
- Each CiP gives guidance for the kinds of **evidence** that will be required to demonstrate progress, including a list of the summative OSATS.
- Each CiP lists the **knowledge criteria** relevant to that CiP.

Section 2 Procedures
All the procedures that are expected to be experienced during the SITM are listed, with an indication of the final level expected by the end of training, and which CiP they belong to. Trainees will be able to record their procedures in the ePortfolio.

Section 3 GMC Generic Professional Capabilities
Appropriate professional behaviour should reflect the principles of the GMC's Good Medical Practice and the GPCs. Therefore all modules have been mapped to the GMC GPC domains.

Section 4 Mapping of assessments to CiPs
All workplace-based assessments have been mapped to the CiPs.

Section 5 Resources (optional)
A few frameworks have an optional resources section.

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SITM: Gynaecological Surgical Care (GSC)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

GSC CiP 1: The doctor demonstrates the skills and attributes needed to perform abdominal gynaecological surgery.	
Key skills	**Descriptors**
Manages preoperative planning and case selection	• Can counsel people on the options for managing non-cancerous gynaecological conditions, including not treating them. • Considers the different surgical options (open or laparoscopic) and discusses this with the patient. • Can counsel people on the benefits and risks of surgery, and discuss the alternatives. Takes into account a person's background, health and preferences. • Conducts appropriate preoperative investigations. • Involves other specialities where needed, setting up combined operating as necessary. • Uses human factors analysis tools to improve personal and team performance. • Plans for optimal care and how to enhance someone's recovery. • Interprets images in consultation with an imaging specialist. • Audits surgical practice. • Anticipates potential problems with planned surgical approach to make sure they are prepared.
Manages the ergonomic risks to patients and surgeons	• Makes sure the patient is in a position that avoids nerve injury during surgery. • Makes sure the operating table and camera stacks are positioned correctly to protect his or her own musculoskeletal system.
Recognises and manages delayed-onset complications	• Is able to manage postoperative complications. • Recognises the long-term complications of abdominal surgery.

Can counsel patients before and after receiving treatment	• Can counsel patients on:
	  ○ hormone replacement therapy (HRT) and the types of HRT given after someone has had an oophorectomy
	  ○ cervical screening strategies after having a hysterectomy

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	○ the implications of ovarian surgery for women who want to get pregnant in the future
Gets consent from a patient	• Supports women to make their own decisions • Understands the legal implications of consent. • Considers views, preferences and expectations when they work with patients and their families. This helps to make sure management plans are patient-centred. • Shares clear information with patients and their families, in a timely and non-judgmental way and supports them to understand the information being given to them by working with translators, advocates and supporters. when needed. • Recognises limitations and escalates care, where appropriate. • Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment.
Manages and advises on postoperative pain relief	• Is aware of options for postoperative analgesia. • Is able to use a variety of approaches for pain relief, including local anaesthetic delivery systems. • Prescribes appropriate analgesia and medication to counter side effects. • Liaises with pain teams for patients with complex pain issues.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• CbD • Mini-CEX • Reflective practice • NOTSS • Local and deanery teaching	• TO2 (including SO) • RCOG e-learning • At least one audit from any of the three procedure-related CiPs

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The theatre environment – knowledge of instruments, theatre set-up, how to position the patient and effective use of staff assistants
- Pelvic anatomy – the bladder, ureters and bowel
- The anatomy and innervation of the genital tract
- The potential risks and complications of abdominal surgery (including anaesthesia)
- Understand and know how to manage major haemorrhage Knowledge of emergency hysterectomy procedures, complications and risks
- The principles of diathermy

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• How to safely use different energy sources • Principles of governance over the introduction of new procedures, equipment and devices

GSC CiP 2: The doctor demonstrates the skills and attributes needed to perform open gynaecological surgery.	
Key skills	**Descriptors**
Manages open gynaecological surgery, using a number of techniques and procedures	• Discusses appropriate procedures with the patient. • Can counsel patients on the procedures, potential risks and complications of open gynaecological surgery.
Recognises and manages intraoperative complications	• Is aware of potential complications during open gynaecological surgery. • Recognises clinical scenarios where emergency hysterectomy is necessary (e.g. major haemorrhage during myomectomy). • Is able to control major haemorrhage. • Is able to recognise damage to the bowel, bladder and ureter. • Is aware of how to safely manage unexpected findings. • Seeks help from other specialists, or those with advanced surgical skills, when appropriate.
Recognises bowel and bladder complications of surgery	• Inspects bowel for perforation or damage. • Checks integrity of bladder using visual inspection and dye tests. • Visually checks ureter.
Recognises and manages delayed onset complications (e.g. peritonitis, ileus, faecal contamination and urinary leakage)	• Uses radiological investigations (ultrasound scan, computed tomography (CT) scan and magnetic resonance imaging (MRI)), as necessary, to diagnose a problem. • Liaises with other specialities (surgery and urology), as needed. • Seeks appropriate support in a timely manner. • Considers the need for the patient to return to theatre and is aware of their personal limitations.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• CbD • Mini-CEX • Reflective practice • NOTSS	• TO2 (including SO) • RCOG e-learning • Attendance at RCOG benign abdominal surgery course or similar

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• Local and deanery teaching	

Mandatory requirements

- OSATS:
  - midline incision, safe opening and closure technique
  - adnexal surgery (cystectomy, oophorectomy, post-hysterectomy)
  - abdominal total (or, if appropriate, subtotal) hysterectomy, with or without (+/-) bilateral salpingo oophorectomy (BSO), including surgery for large fibroids
  - abdominal myomectomy
  - adhesiolysis (including omentum, bladder and bowel)
  - surgical management of pelvic abscess
  - Emergency hysterectomy (e.g. major obstetric haemorrhage)

Knowledge criteria

- Anatomy of anterior abdominal wall and major vascular structures
- Anatomy and innervation of the genital tract
- Understand the principles of diathermy
- Anatomy of major vascular structures in relation to infundibulopelvic ligaments
- Variations in the anatomy of a uterus with large fibroids
- Post myomectomy counselling for future pregnancies e.g. IVF and delivery
- Emergency hysterectomy procedures, the complications and risks
- Knowledge of equipment, instruments and theatre set-up
- The potential risks and complications of abdominal surgery (including anaesthesia)
- How to manage major haemorrhage
- How to manage bowel, bladder and ureter damage

GSC CiP 3: The doctor demonstrates the skills and attributes needed to perform laparoscopic gynaecological surgery.

Key skills	Descriptors
Manages laparoscopic gynaecological surgery, using a number of techniques and procedures	• Selects patients appropriately for operative laparoscopy. • Can counsel people on the procedures, potential risks and complications of laparoscopic gynaecological surgery.
Recognises and manages complications that could happen during an operation, including knowing when to convert to an open procedure	• Is able to manage complications that could happen during an operation. • Is able to recognise visceral injury of the bowel and bladder. • Recognises when to convert to an open procedure. • Seeks help from other specialists and those with advanced laparoscopic surgery skills, when appropriate.

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Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • Local and deanery teaching • Mini-CEX • Attendance at a British Society for Gynaecological Endoscopy conference	• CbD • TO2 (including SO) • RCOG e-learning • Evidence of laparoscopic simulation training • Attendance at a laparoscopic hysterectomy course

Mandatory requirements

• OSATS:
  ○ adnexal surgery (cystectomy, oophorectomy and post-hysteroscopy)
  ○ adhesiolysis (including omentum, bladder and bowel)
  ○ treatment of superficial endometriosis or adhesions
  ○ total laparoscopic hysterectomy (or laparoscopic-assisted vaginal hysterectomy) in uncomplicated patients

Knowledge criteria
• Anatomy of the abdomen, female genital tract, bladder, ureters and lower bowel • The contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings • Laparoscopic equipment and theatre set-up • How to safely use energy sources • Safe entry techniques for carrying out laparoscopic gynaecological surgery, port positioning to insert the instruments and port site problems • Anatomy of the pelvis, including the relations of the ureter, ovarian and uterine vessels and major vascular structures • The different methods to retrieve tissue specimens • The techniques for extending laparoscopic incisions, vaginal morcellation, intra-abdominal morcellation and extraction through retrieval bags • Potential risks and complications of laparoscopic surgery, including anaesthesia • The pathological processes involved in ovarian disease and endometriosis

GCS CiP 4: The doctor understands the role of alternative treatments in the holistic management of the patient.	
Key s	**Descriptors**
Manages hormonal and non-hormonal treatments	• Is able to choose from appropriate hormonal treatments including: o combined oral contraceptive pill (COCP) o progestogens (including Mirena) o gonadotropin-releasing hormone analogues

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	o aromatase inhibitors • Is able to choose from appropriate non-hormonal treatments, including but not exclusively: o haematinics o counselling
Manages a patient's pain	• Can accurately document someone's description of pain. • Can prescribe effective and safe analgesia
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• CbD • Mini-CEX • Reflective practice • TO2	• Attendance at teaching sessions • RCOG Learning • Attendance at suitable meetings
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
• Understanding of hormonal control of menstrual cycle • How to manage anaemia • Ability to take a patient's history and perform an appropriate clinical examination • Can diagnose people with chronic pelvic pain • Can assess an acute flare of chronic pelvic pain	

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	***Level by end of training***	***CIP 2***	***CIP 3***
Midline incision, safe opening and closure technique*	5	X	
Adnexal surgery (cystectomy, oophorectomy and post-hysterectomy)*	5	X	X
Abdominal total (or, if appropriate, subtotal) hysterectomy +/- BSO, including surgery for large fibroids*	5	X	
Abdominal myomectomy*	5	X	

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Procedures	*Level by end of training*	*CIP 2*	*CIP 3*
Adhesiolysis (including omentum, bladder and bowel)*	5	X	X
Surgical management of pelvic abscess	3	X	
Emergency hysterectomy (e.g. major obstetric haemorrhage)	2	X	
Treatment of superficial or mild endometriosis*	5		X
Total laparoscopic hysterectomy (or laparoscopic assisted vaginal hysterectomy) in uncomplicated patients*	5		X
Excision and ablation of peritoneal, endometriosis and ovarian endometrioma	4		x

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO GSC CiPs

GSC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skills and attributes needed to perform abdominal gynaecological surgery.		X	X	X	X	X
2: The doctor demonstrates the skills and attributes needed to perform open gynaecological surgery.	X	X	X	X	X	X
3: The doctor demonstrates the skills and attributes needed to perform laparoscopic gynaecological surgery.	X	X	X	X	X	X
4: The doctor understands the role of alternative treatments in the holistic management of the patient.		X	X		X	X

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SITM: Management of complex non-malignant disease (MCND)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Gynaecological Surgical Care SITM.

MCND CiP 1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	
Key skills	**Descriptors**
Manages a preoperative planning and case selection	• Selects patients for laparoscopic gynaecological surgery appropriately. • Is able to map areas of pain or abnormal masses in relation to underlying anatomical structures. • Interprets images in consultation with an imaging specialist. • Audits surgical practice.
The doctor can safely perform a transvaginal scan of the female genital tract	• Able to identify all key pelvic structures, recognises and describes normality and deviations from normal. • Is able to construct a differential diagnosis using information obtained from ultrasound examination. • Is able to optimise image quality. • Can store images securely and constructs a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies.
Manages preoperative investigations	• Performs investigative surgery, where appropriate. • Plans surgery, taking into account someone's fertility desires.
Develops and provides information about laparoscopic gynaecological surgery for patients	• Produces appropriate information leaflets that are tailored for a person who is having laparoscopic gynaecological surgery. • Enters patients onto surgical database for severe rectovaginal endometriosis.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice • Personal learning	• TO2 (including SO) • NOTSS • RCOG Learning

Mandatory requirements

- OSATS:
  - cystoscopy
  - endoscopic lower bowel examination
  - ultrasound examination in gynaecology (non-pregnant patient)

Knowledge criteria

- How history, investigations and careful counselling determines which patients are selected for laparoscopic surgery
- The symptoms that women may talk about
- The various components of a relevant history, such as dysmenorrhoea, dyspareunia, dyschezia, pelvic pain, lower backache, and bowel and urinary symptoms
- The associated gastrointestinal and urological symptoms that should also be assessed
- The relevance of fertility history, if a woman is trying for pregnancy, and past investigations and treatment
- Relationship with other medical conditions and psychosexual health
- How standardised questionnaires for patients with MCND are devised
- The significance of quality-of-life questionnaires
- How questionnaires are validated
- The anatomy and innervation of the genital tract and the impact of disease on the organs
- The findings relevant to benign gynaecological conditions, including assessment of the posterior cul-de-sac
- How to determine whether someone is suitable for laparoscopic excisional surgery, including:
  - American Society of Anaesthesiologists (ASA) score and fitness
  - assessment to determine whether their condition will respond well to laparoscopi surgery
  - knowledge of appropriate preoperative investigations
  - knowledge of appropriate alternative options to laparoscopic gynaecological surgery
  - effect of previous surgery
  - impact of body mass
- The necessary laparoscopic equipment
- The alternatives, risks and benefits of laparoscopic surgery
- Indications for imaging (pelvic/renal ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), plain X-ray, contrast studies of renal/gastrointestinal tracts, and dimercaptosuccinic acid (DMSA) scans)
- Indications for endoscopy (sigmoidoscopy, colonoscopy and cystoscopy)

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- Physiological and pathological processes affecting blood tests, including haematological indices, renal function, liver function, future markets, sex steroids, a type of protein called CA125 and fertility tests
- Indications and how to refer for a tubal patency test and semen analysis for partners

MCND CiP 2: The doctor understands the role of alternative treatments in providing holistic care to a patient.	
Key skills	**Descriptors**

Manages hormonal and non-hormonal treatments	• Is able to choose from appropriate hormonal treatments including:
	  ○ combined oral contraceptive pill (COCP)
	  ○ progestogens
	  ○ gonadotrophin-releasing hormone (GnRH) analogues
	  ○ aromatase inhibitors
	• Is able to choose from appropriate non-hormonal treatments including:
	  ○ counselling
	  ○ physiotherapy
	  ○ initial treatments for bowel and urinary dysfunction
	• Understands the indications for hormone replacement therapy (HRT) in conjunction with hormonal treatments.

Is aware of assisted conception techniques	• Advises when it is appropriate to use assisted conception techniques and timing of treatments. • Understands indication for referral to a fertility specialist. • Can discuss fertility-sparing and surgical options that best preserve a woman's fertility. • Can observe an oocyte retrieval to better appreciate access requirements in women with endometriosis. • Is aware of the significance of hydrosalpinges on fertility and when to remove them.

Understands principles of how to manage sexual dysfunction	• Is able to identify causes of dyspareunia and offer appropriate treatment including:
	  ○ vaginal dilators
	  ○ lubricants
	  ○ referral to pelvic floor physiotherapy
	  ○ referral for psychosexual counselling

Pain management	• Has the ability to accurately document a woman's description of pain • Has the ability to prescribe effective and safe analgesia

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	• Has observed nerve blocks and transcutaneous electrical nerve stimulation (TENS) use in a pain clinic • Knowledge of multidisciplinary team (MDT) who work together on pain management

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Attending meetings at and membership of the British Society of Gynaecological Endoscopy (BSGE) • TO2 (including SO)	• RCOG Learning • CbD • Mini-CEX • Attendance at pain clinics

Mandatory requirements

- OSATS
  - Ultrasound examination in gynaecology (non-pregnant patient)

Knowledge criteria

- The principles of pharmacology and the side effects of non-steroidal anti-inflammatories, tranexamic acid and immune modulators
- The pharmacology of chemical substances that have an effect on benign gynaecological conditions
- Indication for hormonal treatments, including COCP, progestogens, GnRH analogues, aromatase inhibitors and HRT
- The pharmacology and side effects of analgesic drugs
- Understands overlay of constipation and irritable bowel syndrome (IBS) with symptoms of pelvic pain and initiates initial treatments, where appropriate
- Indication for assisted conception techniques
- How to choose appropriate treatment and counsel woman accordingly
- Theories of pain causation and perception
- Principles of pain mapping
- Understands that dyspareunia can be multifactorial and is able to offer appropriate surgical and non-surgical treatment options
- People's responses to and strategies for dealing with pain
- Indications for using nerve blocks and TENS for analgesia and the principles of how they work
- The role of complementary therapies and their contribution for analgesia
- When to refer to counsellors and pain management teams
- When to refer to gastroenterology, urology and other specialists, including the management of intraoperative surgical injury

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MCND CiP 3: The doctor can perform appropriate laparoscopic surgery to treat the patient.	
Key skills	**Descriptors**
Recognises bowel and bladder complications of surgery	• Inspects bowel for perforation or damage. • Checks integrity of bladder using visual inspection and dye tests. • Visually checks ureter and passes appropriate catheter. • Demonstrates understanding of the importance of nerve preservation in pelvic surgery.
Manages initial intraoperative complications	• Undertakes primary bladder closure. • Performs primary laparoscopic repair of bowel perforation, under supervision. • Recognises and is able to control haemorrhage during laparoscopic surgery.
Recognises and manages delayed onset complications of laparoscopic surgery	• Is aware of delayed onset complications such as peritonitis, ileus, faecal contamination and urinary leakage. • Uses appropriate investigations to manage delayed onset complications. • Seeks appropriate support in a timely manner to manage delayed onset complications.
Is able to demonstrate advanced laparoscopic surgical skills	• Builds on laparoscopic skills acquired in core training by using advanced skills in various complex clinical situations. • Is confident with a number of laparoscopic entry techniques (Hasson, Palmer's point and Veress etc).

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• CbD • Mini-CEX • RCOG Learning • NOTSS	• TO2 (including SO) • Reflective practice • Meeting attendance at and membership of the BSGE

Mandatory requirements

- OSATS:
  - laparoscopic myomectomy
  - laparoscopic division of adhesions, including ureterolysis
  - laparoscopic uterovesical and rectovaginal disease excision
  - laparoscopic excision of superficial and deep infiltrating endometriosis
  - total laparoscopic hysterectomy

Knowledge criteria

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- Relevant anatomy and pathophysiology
- The current controversies about and theories of aetiology about all benign gynaecological diseases that pertain to laparoscopic excisional surgery
- The advantages and pitfalls of:
    - Veress needle entry
    - Hasson technique
    - direct visual entry
    - Palmer's point entry
- The principles of port site closure and avoiding a port site hernia or damaging underlying structures
- The principles of electrosurgery, laser modalities, beam coagulators, ultrasound robotic surgery and other future energy sources
- How to competently suture pedicles and hollow viscera laparoscopically
- How to undertake intracorporeal and extracorporeal knot tying
- How to use tissue morcellation techniques, posterior colpotomy and tissue retrieval techniques
- How to inspect the bladder, ureters, small and large bowel for perforation or damage; recognising the perforation or damage; and undertaking appropriate special tests, such as air insufflation and use of dyes

Management of complications

- How to recognise bowel and bladder complications. Assessment of these and ability, if appropriate, to perform primary repair
- The principles of more complex repairs, such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise and control haemorrhage during laparoscopic surgery
- How to recognise delayed onset complications, such as peritonitis, ileus, faecal contamination or urinary leakage
- How to start appropriate initial management of delayed onset complications and the principles of subsequent management

Specific procedures

- The division of dense adhesions involving bowel
- The repair of seromuscular layer of bowel
- How to undertake adhesiolysis using appropriate instruments or energy source, the ability to check for bowel integrity and appropriate suture of sero-muscular tears
- How to explain the risks and benefits of the procedure to be undertaken
- How to recognise and deal with complications such as bowel perforation, ischaemic damage or haemorrhage

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Utero-vesical dissection, repair of bladder

- How to undertake dissection of the utero-vesical fold of the peritoneum and reflection of the bladder
- How to excise the peritoneum overlying the bladder and fibrotic lesions, such as infiltrating endometriotic deposits
- How to recognise and suture bladder defects
- How to recognise urinary leakage postoperatively

Excision of endometriosis, pelvic sidewall dissection

- How to excise superficial and deep endometriosis overlying pelvic structures, bowel and the pelvic sidewall using the appropriate instruments and energy sources
- How to dissect the pelvic sidewall to demonstrate the course of the pelvic ureter, the great vessels, uterine arteries and the root of the sigmoid colon
- Recognition of immediate and late postoperative complications

Rectovaginal dissection

- How to recognise and excise infiltrating and nodular endometriosis of the rectovaginal septum and uterosacral ligaments
- How to recognise the degree of obliteration of the posterior cul-de-sac and involvement of the rectum
- How to appropriately repair seromuscular lesions of the intraperitoneal and extraperitoneal rectum and vaginal epithelium of the posterior vaginal fornix
- The risks of ischaemic damage and wound breakdown leading to fistula formation or faecal peritonitis

Laparoscopic myomectomy

- How to assess the appropriateness of laparoscopic myomectomy, and how to undertake the excision of subserosal intramural and broad ligament fibroids
- How to suture the defect using the appropriate intra- and extra-corporeal techniques. The ability to deal with haemorrhage from the uterine serosa and myometrium
- How to remove fibroids using the appropriate morcellation, posterior colpotomy or tissue retrieval techniques
- Recognition of potential complications, such as haemorrhage, disseminated intravascular coagulation and late uterine dehiscence

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MCND CiP 4 The doctor is can manage urological and colorectal interventions.	
Key skills	**Descriptors**
Undertakes urological surgical procedures to support laparoscopic surgery	• Uses cystoscopy during laparoscopic surgery • Performs catheterisation of ureters • Recognises where more advanced urological techniques may be needed, such as stenting, anastomosis or ureteric reimplantation • Works closely with urology team during surgery
Undertakes colorectal procedures to support laparoscopic surgery	• Performs basic colorectal investigations (proctoscopy, rigid sigmoidoscopy). • Recognises specific bowel complications where more advanced techniques are required. • Liaises appropriately with colorectal team during laparoscopic surgery. • Recognises when more advanced colorectal techniques may be needed, such as colostomy or ileostomy. Cares for the physical and psychological needs of women who have experienced colorectal complications, including stoma formation.
Recognises and manages late complications of laparoscopic surgery	• Recognises the adverse functional bowel and bladder effects of radical surgery. • Diagnoses and manages fistulae when carrying out laparoscopic surgery. • Is able to counsel women about late complications of laparoscopic surgery. Liaises with appropriate members of MDT for further care.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• TO2 (including SO) • CbD • Mini-CEX • Log of experience	• Reflective practice • NOTSS • Personal learning

Mandatory requirements

- OSATS:
  - cystoscopy
  - endoscopic lower bowel examination
  - Ureteric catheterisation
  - bladder injury repair

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Knowledge criteria
• The indications for cystoscopy • The surgical principles for the treatment of ureteric injury • The investigation of and diagnostic criteria for fistulae • The surgical principles of the repair and complications that may occur • The correct investigations and treatments for ureteric obstruction and ureteric injury • When and how to insert ureteric stents • The surgical principles of ureteric re-anastomoses and reimplantation techniques • The principles of ureteric preservation and reconstructive techniques • The risks and management of voiding dysfunction postoperatively • The indications for and limitations of visual inspection of the lumen of the lower gastrointestinal tract. • The principles of bowel resection, stoma formation and bowel anastomosis • The principles and practice of postoperative care for women who have had bowel surgery

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CIP 4*
Cystoscopy*	5	X			X
Endoscopic lower bowel examination*	5	X			X
Ultrasound examination in gynaecology (non-pregnant patient)*	5	X	X		
Laparoscopic myomectomy*	5			X	
Laparoscopic division of adhesions including ureterolysis*	5			X	
Laparoscopic excision of superficial and deep infiltrating endometriosis*	5			X	
Laparoscopic uterovesical and rectovaginal disease excision*	5			X	
Total laparoscopic hysterectomy*	5			X	
Ureteric catheterisation*	5				X
Bladder injury repair*	5				X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO MCND CiPs

MCDN CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery	X	X	X	X	X	X
2: The doctor understands the role of alternative treatments in		X	X		X	X

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MCDN CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
providing holistic care to a patient						
3: The doctor can perform appropriate laparoscopic surgery to treat the patient	X	X	X	X	X	X
4: The doctor can manage urological and colorectal interventions	X	X	X	X	X	X

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SITM: Oncology (O)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Gynaecological Surgical Care SITM.

O CiP 1: The doctor assesses and manages people who are referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.	
Key skills	**Descriptors**
Can counsel people on and arranges appropriate tests for gynaecological pre-malignancy	• Differentiates between general and high-risk populations. • Can counsel patients appropriately about screening of the female reproductive tract. • Arranges appropriate tests, interprets the results and can counsel patients accordingly. • Recommends appropriate action independently, or as part of a multidisciplinary team (MDT).
Performs an initial assessment of a patient with suspected gynaecological cancer	• Takes an appropriate history, including someone's symptoms, co-morbidities and relevant family history. • Performs an examination adequate for the diagnosis and clinical assessment of gynaecological cancers and borderline ovarian tumours. • Is confident to exclude the clinical appearances of malignancy on examination. • Arranges appropriate radiological and non-radiological staging investigations. • Interprets and actions relevant oncology results in a timely manner. • Distinguishes gynaecological cancer from other malignancies.
Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up	• Assesses the need for radiological procedures. • Requests ultrasound scans, cross sectional imaging and nuclear medicine techniques appropriately. • Takes informed consent for radiological tests. • Liaises with radiology to make sure the most appropriate radiology investigations are safely performed. • Recognises and manages complications relating to interventional radiological procedures in conjunction with allied specialties, as appropriate.

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Anticipates results of investigations, acts on results and plans definitive care	• Anticipates likely results and starts to plan someone's care, involving the MDT, as appropriate. • Recognises when to involve other colleagues, including clinical nurse specialists, clinical and medical oncologists, and palliative care. • Awareness of referral pathways for supporting services e.g. ones dealing with weight loss, fertility or genetics. • Liaises effectively with MDT colleagues.
Can counsel people with suspected gynaecological malignancies	• Communicates the results of investigations to patients and family, and can counsel them about treatment options and prognosis. • Recognises and manages the dynamics of consultations e.g. when 'bad news' is broken. • Offers patients time and support to make decisions. • Awareness of clinical trials that may be relevant to someone's diagnosis.

Evidence to inform decision – examples of evidence (not mandatory requirements)

- Mini-CEX
- CbD
- NOTSS
- TO2 (including SO)
- Reflective practice
- Attendance at suspected cancer clinics
- MDT attendance
- British Gynaecological Cancer Society (BGCS) webinars
- eLearning courses
- Evidence of attendance at relevant course

<u>Experience with allied specialities</u>

- Time in colposcopy clinics/MDT
- Time with radiology team

<u>Recommended courses</u>

- Communication course
- NIHR Good Clinical Practice training

Mandatory requirements

No mandatory evidence

Knowledge criteria

Gynaecological cancer screening:

- National cancer screening programmes and the cervical screening programme
- When to involve a MDT

Cancer pathways and patient assessment at presentation and relapse:

- Risk factors for developing gynaecological cancers
- Patterns of presentation of gynaecological malignancies

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- Investigations required to accurately confirm or exclude a diagnosis of gynaecological malignancy
- Role in the investigation and initial management of suspected gynaecological cancer, as directed by the current national cancer strategy and guidance
- Assessment of a patient who has been referred through the suspected cancer referral pathway
- Knowledge of care pathways for suspected gynaecological cancer
- Disease relapse: patterns of relapse, specific investigations

Diagnostic tests, investigations and staging procedures:

- Serum tumour markers in presentation and follow up
- Histopathology: tumour types and relevance of tumour grade and lymph-vascular space invasion (LVSI)
- Genetic evaluation of tumour biopsies
- Cytology: basic use of cytology in cervical smear and fluids
- Specific imaging requirements for each cancer type, including the role of PET-CT scanning
- Disease staging: Federation Internationale de Gynecologie et d'Obstetrique, (FIGO) and TNM Classification of Malignant Tumors(TNM))

Radiology:

- Main imaging modalities in gynaecological oncology
- Limitations and side effects of using ultrasound scans, cross-sectional imaging and nuclear medicine techniques
- Interpreting imaging, in conjunction with a radiologist
- Indications and limitations of interventional radiological procedures
- Role of radiology investigations in follow-up and relapse

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O CiP 2: The doctor manages the surgical pathway for people with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early stage gynaecological cancer.	
Key skills	**Descriptors**
Prepares patients for surgery	• Makes sure that the right operation is performed by the right team, at the right time, in the right place. • Can counsel patients about surgical treatment options and the risks involved. • Can carry out a perioperative risk calculation with risk/benefit analysis, for and against surgery, in conjunction with colleagues working in anaesthetics and physicians who care for elderly people. • Interprets preoperative investigations and liaises with anaesthetic and radiology departments, where relevant. • Gets patient's consent for procedures. • Can set up combined operating with other specialities, where required. • Arranges perioperative intensive care unit(ICU)/high dependency unit (HDU) support, as appropriate.
Recognition, diagnosis and management of surgical complications	• Takes steps to minimise the risk of complications. • Is able to control major haemorrhage. • Manages unexpected findings, including inoperability of gynaecological cancer. • Recognises injury to relevant structures, including bowel, bladder, ureters and blood vessels. • Recognises and manages complications with wounds, such as infection, dehiscence and incisional hernia. • Undertakes repair of injury and involves other specialities, when required or appropriate. • Audits surgical practice.
Delivers perioperative supportive care	• Undertakes or delegates appropriate inpatient postoperative assessment and follow-up of patients. • Recognises and manages immediate, early and late post-operative complications, in conjunction with allied specialities, as appropriate.
Surgical management of gynaecological pre-invasive disease or genetic predisposition to gynaecological cancer	• Wide local excision of confirmed vulval intraepithelial neoplasia (VIN). • Can carry out a simple hysterectomy for persistent pre-malignant cervical histology.

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	• Can carry out risk reducing surgery for patients with a genetic predisposition to gynaecological cancer.
Surgical and post-operative management of early stage gynaecological cancer	• Can carry out wedge biopsy of suspected vulval malignancy. • Can carry out a simple hysterectomy for early stage uterine/cervical cancer, including minimal access surgical techniques. • Can carry out staging laparoscopy for ovarian cancer (+/-) biopsy. • Can carry out surgical staging of low malignant potential adnexal masses. • Communicates discharge information accurately. • Formulates appropriate follow-up schedules. • Assesses and arranges to manage the physical and holistic side effects of treatment for patients. • Considers all management options and determines when palliative, or best supportive care options, are appropriate.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • Evidence of attendance at a relevant course	<u>Experience with allied specialities</u> • Time with anaesthetics/ICU team • Attendance at genetics clinics/counselling sessions

Mandatory requirements

- OSATS
  - Laparoscopic assessment of ovarian cancer +/- biopsy
  - TLH and BSO for low-risk endometrial cancer
  - Infracolic omentectomy
  - Appendicectomy

Knowledge criteria

- Role of surgical and non-surgical interventions, complications and sequelae
- Procedures that preserve fertility in cervical, ovarian and endometrial cancer
- Preoperative investigation of patients, including radiology and assessment of fitness for surgery
- Identifies a high-risk surgical patient
- Type of surgery appropriate for each gynaecological cancer
- Selecting an appropriate surgical route to manage gynaecological cancers
- Complication risks of relevant surgeries, including anaesthesia
- Anatomy of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system and course of the ureter
- Relevant surgical equipment and knowledge of electrosurgical devices
- Principles and management of major haemorrhage
- Principles of fluid balance
- Prevention, recognition and management of wound complications, such as surgical site infection, dehiscence and incisional hernia
- Recognise initial and late complications, including but not limited to, damage to adjacent viscera, haemorrhage and thromboembolic disease

O CiP 3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.	
Key skills	**Descriptors**
Manages **gynaecological** oncology patient pathways	• Manages rapid access pathways for suspected gynaecological cancer. • Makes appropriate use of external protocols and guidelines for gynaecological cancer. • Stages gynaecological cancers correctly. • Is able to contribute effectively to cancer centre MDT meetings, including chairing them, when appropriate. • Collaborates with consultants and colleagues in other specialities and departments, when appropriate. • Takes part in quality improvement activities.
Investigates and manages patients with a genetic predisposition to gynaecological cancer	• Identifies patients and families with a family history suggestive of a genetic predisposition to gynaecological cancer. • Takes a genetic history, performs appropriate physical examination and orders appropriate investigations for patients with a genetic predisposition to gynaecological cancer. • Liaises with specialist genetic services to assess the risk of someone developing cancer. • Can counsel patients about managing a genetic predisposition to gynaecological cancer, including implications for family members.

Works within the MDT to assess the need for chemotherapy or radiation therapy in gynaecological cancers	• Is involved in MDT discussions and selecting patients for radiotherapy. • Takes part in MDT discussions to plan neoadjuvant or adjuvant chemotherapy.
Management of women with non-gynaecological cancers in pregnancy	• Providing individualised care, following a review by the MDT, including liaising with the primary oncology/surgical team, subspecialist gynaecological oncology team, consultant obstetrician and neonatologist.
Manages the holistic needs of people with terminal gynaecological cancer	• Can counsel patients and relatives and communicate information about disease, including someone's prognosis. • Uses a holistic approach (physical/psychological/social/spiritual) to assess symptoms and anxieties of the patient and their family members. • Involves members of the specialist palliative care team in hospital, hospice and community settings. • Implements and manages appropriate pain relief strategies and therapies for the relief of nausea and vomiting, oedema and to manage nutrition. • Recognises anxiety, depression and psychosexual problems in patients with gynaecological malignant disease and seeks specialist input, where necessary.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance (local and regional) • BGCS webinars • Evidence of attendance at relevant course	<u>Experience with allied specialties</u> • Time with the palliative care team • Attendance at genetics clinics/counselling sessions • Time with gynaecological oncology clinical nurse specialist

Mandatory requirements

No mandatory evidence

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Knowledge criteria

Management issues in the provision of gynaecological cancer unit services:

- Staffing, facilities and equipment
- Referral patterns and triage
- Managing a rapid access clinic
- Patient pathways and time constraints
- Clinical protocols
- Risk management
- Audit and research

Genetic predisposition to gynaecological cancer:

- Epidemiology, aetiology, clinical features and behaviour of familial gynaecological cancer syndromes, including BReast CAncer gene (BRCA) and Lynch syndrome
- Implications of genetic screening
- Counselling and complications of managing patients with a genetic predisposition to gynaecological cancer
- Role of risk-reducing surgery in managing people who have a genetic predisposition to gynaecological cancer, and the specific problems for follow up in relation to hormonal, psychological and reproductive sequelae

Chemotherapy:

- Indications for chemotherapy
- Concept of adjuvant and neoadjuvant therapy

Radiotherapy:

- Different types of radiation
- Principles of radiotherapy, effects on organs and radiosensitivity of different cancers

Palliative care:

- Role of specialist palliative care professionals within the MDT in hospital, hospice and community settings
- Role of the general practitioner, a district nurse, cancer specialist nurse, family, religion, cancer support groups/Macmillan Cancer Support and social services in supporting patients
- How to break bad news to a patient
- Symptoms associated with terminal malignancy
- Pain services available to people in palliative care

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SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*
Arranges insertion and manages an ascetic drain	5	X		
Laparoscopic assessment of ovarian cancer +/- biopsy*	5		X	
TLH and BSO for low-risk endometrial cancer*	5		X	
Infracolic omentectomy*	5		X	
Appendicectomy*	5		X	
Cystoscopy	5		X	
Wedge biopsy suspected vulval cancer	5		X	
Wide local excision of VIN	5		X	
Ureterolysis	4		X	

Subspecialty trainees in Gynaecological Oncology will be expected to acquire the procedural skills listed in this table and also those listed in the GO SST-specific procedures table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO O CiPs

O CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor assesses and manages people who are referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer	X	X	X	X	X	X
2: The doctor manages the surgical pathway for people with gynaecological pre-invasive disease, early stage gynaecological cancer, or a genetic predisposition to gynaecological cancer	X	X	X	X	X	X
3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT		X	X	X	X	X

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SITM: Management of Subfertility (MoS)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

MoS CiP 1: The doctor recognises, assesses and investigates women experiencing infertility	
Key skills	**Descriptors**
The doctor can safely perform a transvaginal scan of the female genital tract	• Able to identify all key pelvic structures, recognises and describes normality and deviations from normality. • Able to construct a differential diagnosis using information obtained from ultrasound examination and understands how the findings may indicate contributions to subfertility. • Able to optimise image quality. • Can store images securely and constructs a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies.
Assesses women with infertility	• Takes a detailed history, including: recording menarche, cycle regularity, past medical and obstetric history. • If cycle is irregular, asks additional questions about hirsutism, acne, alopecia, galactorrhoea, secondary sex characteristics, previous chemotherapy and pelvic radiotherapy. • Screens for associated conditions e.g. autoimmune factors, genetic causes, diabetes mellitus and late onset congenital adrenal hyperplasia. • Takes social and sexual history. • Screens for previous infections e.g. chlamydia and gonorrhoea. • Performs appropriate physical examination, including checking body mass index, secondary sex characteristics and rectovaginoassessment for endometriosis, if appropriate. • Understands how visual fields can affect fertility and carries out assessments, if appropriate.
Arranges appropriate endocrine, and other investigations, to make a diagnosis	• Arranges baseline investigations including luteal phase progesterone, follicle stimulating hormone (FSH) on day 2, luteinizing hormone (LH) and oestradiol, and rubella. • Arranges endocrine investigations, if appropriate, including a baseline hormone profile of FSH, LH, oestradiol, prolactin (PRL), thyroid function tests (TFTs), androgens (testosterone, sex hormone binding globulin (SHBG), free androgen index (FAI), dehydroepiandrosterone sulphate (DHEAS), androstenedione

	and 17α-hydroxyprogesterone) and is able to interpret results appropriately. ● Organises and interprets appropriate investigations of impaired glucose tolerance and hypercholesterolaemia. ● Takes vulvo-vaginal swabs. ● Discusses different techniques to diagnose tubal disease and uterine disease, and any associated risks and complications. ● Is able to carry out ultrasound scans of the pelvis to assess the shape and size of the uterus, ovarian size and morphology. ● Is able to diagnose an endometrioma on a pelvic ultrasound scan. ● Arranges and interprets hysterosalpingogram (HSG), Hysterosalpingo Contrast Sonography (HyCoSy) and saline infusion sonohysterography (SIS). ● Organises and reviews the results of computerised tomography (CT) scan and magnetic resonance imaging (MRI) scan, including MRI of the pituitary gland, if appropriate. ● Establishes the likely cause(s) of infertility. ● Records results appropriately, including the need for referral and/or additional imaging.
Makes a diagnosis of unexplained infertility	● Understands that it is a diagnosis of exclusion. ● Explains diagnosis of unexplained fertility to patients.
Demonstrates understanding of association of other medical conditions and practises a multidisciplinary approach	● Liaises with appropriate specialists for further management of associated medical conditions, such as diabetes with polycystic ovary syndrome (PCOS) and pituitary tumours with hypogonadotropic hypogonadism. ● Advises the patient on lifestyle factors and is sympathetic to the difficulties of overcoming issues such as obesity. ● Is able to discuss long-term effects and management of conditions such as PCOS and premature ovarian failure with patients. Arranges appropriate referral, when needed.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
● CbD ● Mini-CEX: ● Local and deanery teaching ● RCOG Learning ● NOTSS ● Reflective practice ● TO2 (including SO)	● Confirmed attendance at specialist clinics, such as menopause, endocrinology, reproductive endocrinology, assisted reproductive technology (ART) and weight loss clinics ● Attendance at RCOG and British Fertility Society (BFS) special interest training module course, and advanced hysteroscopy course

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Mandatory requirements

- OSATS:
  - Ultrasound examination in gynaecology (non-pregnant patient), including variety of different pathologies

Knowledge criteria

- Physiology of ovulation and pathophysiology
- Female anatomy – abdomen and pelvis
- Scoring system for hirsutism
- Normal ultrasound appearance of uterus, ovaries and adnexae
- Standardised terms and definitions to describe sonographic features of normal pelvis and pelvic pathology
- Anatomical classification of ovulation disorders
- The association of other medical conditions with anovulation, such as diabetes with polycystic ovaries and pituitary tumours with hypogonadotropic hypogonadism
- The influence of lifestyle, including diet and weight, on anovulation
- The impact of psychiatric and psychological issues on anovulation
- The usefulness of initial screening investigations such as FSH, LH, anti-müllerian hormone (AMH), prolactin, androgens (testosterone, SHBG and FAI), thyroid function tests, pelvic ultrasound (ovarian volume and antral follicle count). Also follow-up investigations such as MRI and karyotype
- Aetiology of tubal factor infertility: infection, surgery, endometriosis and congenital abnormalities
- Classification of tubal disease relevant to natural and therapeutic prognosis
- Classification of uterine disease
- Aetiology of uterine factor infertility: infection, surgery, tumours, congenital abnormalities, intrauterine adhesions, fibroids and polyps
- Diagnostic techniques available for assessing uterine and tubal disease, any associated risks and complications
- Pathological features of acute and chronic inflammation associated with infertility
- Indications, pre-requisites and possible complications of HyCoSy, sonohysterography and HSG
- The hypotheses on the pathogenesis of endometriosis and mechanism by which endometriosis may have an impact on fertility
- Endometriosis classification systems, their usefulness and limitations
- The relationship between stages of endometriosis and infertility (defective folliculogenesis, ovulatory dysfunction, distorted pelvic anatomy, altered peritoneal function, autoimmune disorders and impaired implantation)
- The usefulness and limitations of MRI of the pelvis and abdomen
- The contribution of preoperative investigations, particularly a CA125 blood test and transvaginal ultrasound scan findings
- The epidemiology and natural history, including prognosis for unexplained infertility
- An understanding of other investigations that could be carried out to arrive at a diagnosis of unexplained infertility and the scientific basis for them
- Other suggested causes of infertility:

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- subtle ovulation defects
- cervical mucus hostility
- subclinical pregnancy loss
- endometriosis
- occult infection
- sperm dysfunction
- immunological causes

- Immunological screening
- Screening of high-risk groups

MoS CiP 2: The doctor recognises, assesses and investigates men experiencing infertility	
Key skills	**Descriptors**
Takes relevant history and arranges initial investigations to diagnose infertility in men	• Arranges semen analysis and interprets results. • Understands the reasons for and timing of a repeat semen analysis and arranges appropriately. • Takes and interprets urethral swabs, and arranges for appropriate management of any abnormality, including referral to genitourinary medicine (GUM) clinics.
Performs physical examination to assess the male reproductive system	• Uses an orchidometer to assess testicular volume. • Assesses the epididymis to detect any abnormalities. • Recognises varicocele, testicular tumours, undescended testicles, hypospadias, absence of vas deferens and inguinal hernia.
Arranges further investigations to identify the cause of severe infertility in men (azoospermia or severe oligospermia with a sperm density of < 5 million/ml)	• Arranges relevant further investigations: repeat semen analysis, urine for retrograde ejaculation, endocrine, microbiological, genetic (karyotype, cystic fibrosis (CF) screening, y chromosome microdeletions), scrotal and testicular ultrasound and testicular biopsy. • Reviews investigations and is able to differentiate between pre-testicular, testicular and post-testicular causes of severe sperm abnormality.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• CbD • Mini-CEX • Reflective practice • TO2 (including SO) • Attendance at RCOG/BFS SITM course • Local and deanery teaching • RCOG Learning	• Confirmed attendance at Assisted Reproductive Technology (ART) clinics and appropriate urology and andrology clinic • Exposure to specialist clinics: urology, GUM, endocrinology, clinical genetics and oncology

	• Observes surgical sperm retrieval (SSR) procedures • Observes vasectomy reversal

Mandatory requirements
No mandatory evidence

Knowledge criteria
• The male reproductive system – anatomy, physiology and the process of spermatogenesis • The impact of male factors in the genesis of infertility • The environmental factors influencing male reproductive function • The endocrine disorders affecting male fertility • The effect of reproductive pathologies such as varicocele, undescended testicles, sexually transmitted infections such as chlamydia and gonorrhoea, previous orchitis and chemoradiotherapy • The impact of previous surgery such as vasectomy, reversal of vasectomy, inguinal herniorrhaphy and orchidopexy • Coital dysfunction associated infertility • Y chromosome microdeletion and when to discuss sperm DNA damage and aneuploidy • Idiopathic male infertility • The availability of various advanced sperm function tests and their role in managing infertility in men • When to carry out a vasectomy reversal • The related aspects of male factor infertility, including the sequelae of long-term low testosterone levels and the association with testicular cancer • Appropriate investigations for ejaculatory failure, impotence, retrograde ejaculation, genital infection, immunological causes, undescended testicles, chromosomal abnormality, chemotherapy, radiotherapy and toxins (including drug effects) • The causes of severe oligozoospermia (<5 million per ml) and azoospermia (pretesticular, testicular and post testicular)

MoS CiP 3: The doctor manages infertility	
Key skills	**Descriptors**
Communicates and formulates an appropriate plan to manage infertility	• Explains the possible causes of infertility to patients. • Formulates a management plan based on pathological findings, taking into account relevant moral and ethical considerations. • Counsels people about the different treatment options available, taking into account their preferences and expectations. • Discusses treatment-related complications and adverse effects. • Implements management plan and modifies treatment, if necessary.

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	• Manages coital dysfunction related infertility. • Arranges appropriate referrals to: urologist, endocrinologist, andrologist, clinical geneticist, psychosexual counsellor and IVF centre team.
Manages women with anovulatory dysfunction, including PCOS	• Discusses potential consequences of expectant management. • Able to diagnose and manage thyroid disorders and refer appropriately. • Explains treatment regimes of ovulation induction (anti-oestrogens and aromatase inhibitors); success rates (pregnancy rate and live birth rate); and potential side effects of drugs and complications of procedures, including the risk of multiple pregnancy and ovarian hyperstimulation syndrome (OHSS) and the link with ovarian cancer. • Prescribes ovulation induction agents and progestogens for withdrawal bleed appropriately. • Provides appropriate treatment for and monitoring of anovulatory dysfunction to assess effectiveness and minimise the risk of multiple pregnancy. • Provides appropriate advice for the management of a condition, including the risk of developing gestational diabetes in patients with polycystic ovary syndrome, and advises on the effects of medications in pregnancy. • Recognises the influence of lifestyle, including diet and weight, on anovulation and is able to advise the patient on lifestyle factors, being sympathetic to the difficulties of overcoming issues such as obesity and has an understanding of the long-term health risks of lifestyle issues, metabolic effects and cancer risks.
Manages women with tubal or uterine factor infertility	• Discusses the impact of hydrosalpinx on natural fertility and assisted conception, including the role of salpingectomy. • Discusses the impact of proximal tubal disease on natural fertility and the role of selective salpingography. • Discusses with the patient where they can have their sterilisation reversed. • Performs effective and safe surgery, where appropriate and refers as necessary. • Is able to decide when to operate for diagnosis or surgical management. • Keeps accurate notes of operative procedures. • Recognises the limitations of their operative laparoscopic, open and hysteroscopic surgery skills and, when appropriate, refers on to colleagues who have advanced laparoscopic skills.

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Manages people with endometriosis and infertility	• Understands and is able to communicate which treatments for endometriosis will improve fertility, and refers when appropriate. • Able to decide when to operate for diagnosis or surgical management of endometriosis and infertility. • Keeps accurate notes of operative procedures. • Refers on to colleagues who have advanced laparoscopic skills, when appropriate. • Arranges referral to other specialists when appropriate (e.g. pain clinic or surgeons).
Manages male infertility	• Explains the possible causes, treatment options, risks and benefits and the need for onward referral. • Arranges appropriate referrals to: urologist, endocrinologist, clinical geneticist, psychosexual counsellor and assisted conception. • Able to discuss the role of ART. • Discusses role of donor sperm in ART.
Manages unexplained infertility	• Explains the diagnosis to the patient or patients. • Discusses options with the patient or patients – to continue to try to conceive naturally, or to move to ART and the timing of this. • Advises on suitable therapeutic option, taking a patient's or patients' wishes into consideration. • Devises a care plan with the different treatment options, explaining the risks, benefits and alternatives.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• CbD • Mini-CEX • NOTSS • TO2 (including SO)	• Reflective practice • Local and deanery teaching • RCOG Learning • Attendance at RCOG/BFS SITM course

Mandatory requirements

- OSATS:
  - Ultrasound examination in gynaecology (non-pregnant patient), including variety of different pathologies
  - Ultrasound examination in gynaecology (non-pregnant) for follicular assessment
  - Hysteroscopic surgery – resection of polyp
  - Laparoscopic surgery – salpingostomy
  - Laparoscopic ovarian diathermy for anovulatory polycystic ovary syndrome

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Knowledge criteria

- Treatment strategies, including:
  - antiestrogens
  - aromatase inhibitors
  - antiandrogens
  - gonadotrophins
  - laparoscopic ovarian diathermy (LOD)
  - dopamine agonists
  - steroids
  - insulin sensitisers
  - glitazones
  - artificial insemination
  - in vitro fertilisation
  - intracytoplasmic sperm injection
- The range of treatments for anovulation, including risks of multiple pregnancy and OHSS
- The risks and sequelae of hypoestrogenism, and the risk and benefits of antiestrogens, steroids, gonadotrophin analogues, dopamine inhibitors and LOD
- Follicle tracking
- Hysteroscopic techniques, risks and the principles of safe use of energy sources
- The surgical options and alternatives for tubal and uterine factor infertility
- The place of adhesiolysis in the treatment of intrauterine adhesions
- The role of laparoscopy
- Treatment options for uterine fibroids
- When a myomectomy is appropriate and the most appropriate way to do this
- Excision or occlusion of hydrosalpinges prior to starting IVF
- The success rates, limitations and risks of salpingostomy, proximal tubal blockage, adhesiolysis and metroplasty
- Management of intra- and postoperative complications of salpingostomy, surgery for proximal tubal blockage, adhesiolysis and metroplasty
- Knowledge of reversal of sterilisation: patients at risk, pregnancy rates and the place of reversal of sterilisation
- The benefits, risks and alternatives of empirical, non-pharmacological, medical and surgical methods of treating endometriosis
- The limits of hormonal treatment and surgery for endometriosis on fertility outcomes
- The place of assisted conception in unexplained, uterine and tubal factor infertility
- Intrauterine insemination and in vitro fertilisation
- The indications for SSR and vasectomy reversal
- The prerequisites and arrangements for SSR
- The principles of various SSR techniques (Percutaneous epididymal *sperm* aspiration (PESA), Testicular *sperm* extraction (TESE), Microsurgical epididymal *sperm* aspiration (MESA) and Microscopic testicular sperm extraction (micro-TESE))
- Psychological factors in female infertility (e.g. amenorrhoea) and male infertility (e.g. erectile dysfunction)
- Effects of infertility on the family

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- The importance of counselling for people experiencing infertility
- Local facilities for counselling, self-help groups and community networks
- Local facilities for adoption

MoS CiP 4: The doctor understands the principles of assisted reproduction techniques (ART) and their possible complications, and can counsel patients effectively	
Key skills	**Descriptors**
Demonstrates understanding of psychological aspects of male and female factor subfertility and ART	• Recognises psychological factors in female (e.g. amenorrhoea) and male infertility (e.g. erectile dysfunction). • Demonstrates understanding of stress related to infertility, marital disharmony, and difficulties in having intercourse. • Discusses the effects of infertility on the family. • Explains about the stress associated with ART. • Arranges appropriate referral to counsellors and psychosexual medicine. • Discusses the role and value of counselling for people experiencing infertility. • Have spoken to a fertility counsellor about their role; understand the different types of counselling (support, implications and welfare of the child). Preferably have attended a fertility ethics committee meeting.
Discusses pros and cons of different therapeutic options	• Clearly explains results of investigations. • Informs people experiencing infertility of the chances of natural conception and with the different treatment options.
Decides when to proceed with therapeutic options	• Provides support for people experiencing infertility if expectant treatment is the appropriate way forward. • Is aware of local fertility funding policies and variation in them nationally.
Preparation of patients for ART	• Ensures appropriate assessments are undertaken to confirm suitability for ART. • Selects patients appropriately. • Where necessary, arranges relevant further investigations in preparation for ART and interprets the results: ○ endocrine including ovarian reserve tests ○ virology screening to include HIV, hepatitis B and hepatitis C. Be aware of current guidance on timing (within three months of gamete donation)

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	○ microbiological screening: chlamydia and gonorrhoea ○ genetic screening (karyotype, CF) ● Assesses welfare issues of the child.
Decides and communicates the timing of assisted conception and recommends an appropriate ART procedure	● Discusses suitable ART options. ● Explains the role of ART and what an ART programme entails. ● Discusses and recommends the most appropriate ART treatment according to the cause of infertility, the results of the investigations and prognostic factors. ● Explains the need for onward referral to an ART centre. ● Discusses the benefits, risks, success and limitations of ART. ● Able to discuss the potential complications of ART, including OHSS, poor response, failed fertilisation, low fertilisation, multiple pregnancy, ectopic pregnancy, risk of infection and bleeding with oocyte retrieval procedure and the risk of genetic disorders after IVF/intracytoplasmic sperm injection (ICSI). ● Explains the benefits of treating hydrosalpinx, fibroid and ovarian cysts (if any) prior to assisted conception and associated risks. ● Liaises with tertiary centres to arrange appropriate referrals for ART. ● Undertakes transvaginal ultrasound scan for monitoring ovarian stimulation. ● Discusses the role of pre-implantation testing. ● Is able to discuss fertility preservation for people undergoing medical/surgical treatment that affects fertility and arranges appropriate referrals. ● Is aware of local arrangements for fertility preservation categories (e.g. oncology and transitioning).
Diagnoses and manages OHSS	● Discusses the risk factors for developing OHSS and strategies to minimise the risk of OHSS in an ART cycle. ● Assesses someone who is presenting with symptoms of OHSS, classifying according to severity. ● Formulates a management plan for OHSS (outpatient and inpatient). ● Understands the complications of severe OHSS and the importance of multidisciplinary team management. ● Advises how to manage pregnancy for women who have had severe OHSS. ● Able to discuss subsequent treatment for women who have previously had severe OHSS.

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Directs patients to information sites and patient support groups	• Discusses the role and value of self-help groups and community networks of support and arranges appropriate referrals. • Arranges appropriate referral to social services for adoption/fostering and local independent adoption societies.
Human Fertilisation & Embryology Authority (HFEA) Code of Practice	• Has read and understood the HFEA Code of Practice.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• CbD to assess application of knowledge • Mini-CEX • Attend ART clinics • TO2 (including SO) • Reflective practice • Local and deanery teaching	• Observe psychosexual medicine clinics or equivalent • RCOG Learning • Attendance at RCOG/BFS SITM course

Mandatory requirements

- OSATS:
  - Ultrasound examination in gynaecology (non-pregnant) for follicular assessment

Knowledge criteria

- The UK legal and regulatory aspects of fertility treatment
- Clinical prognostic factors that should be considered when selecting appropriate patients for ART i.e. gender, age, duration of infertility, ovarian reserve, past reproductive history and pelvic organ abnormalities
- Stress associated with assisted conception treatment
- Preparation of patients for assisted reproduction: treating or managing hydrosalpinx and fibroids; screening for HIV, hepatitis B and hepatitis C, and the place of counselling
- How to assess the welfare of the child, including communication and consent
- The HFEA and its role

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

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Procedures	*Level by end of training*	*CIP 1*	*CIP 3*	*CIP 4*
Ultrasound examination in gynaecology (non-pregnant patient), including variety of different pathologies*	5	X	X	
Ultrasound examination in gynaecology (non-pregnant) for follicular assessment*	5		X	X
Hysterosalpingography (HSG)	2	X		
HyCoSy or saline infusion sonohysterography (SIS)	5	X		
Hysteroscopic surgery – resection of polyp*	5		X	
Hysteroscopic proximal tubal catheterisation	3	X		
Hysteroscopic surgery – resection of fibroid	3		X	
Hysteroscopic surgery – division of adhesions	3		X	
Laparoscopic surgery – salpingostomy*	5		X	
Laparoscopic ovarian diathermy for anovulatory polycystic ovary syndrome*	5		X	

Subspecialty trainees in Reproductive Medicine will be expected to achieve the procedural competencies in this table, as well as those in the SST-specific procedures table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working

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Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO MoS CiPs

MoS CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises, assesses and investigates women experiencing infertility	X	X	X	X	X	X
2: The doctor recognises, assesses and investigates men experiencing infertility		X	X		X	X
3: The doctor manages infertility	X	X	X	X	X	X
4: The doctor understands the principles of assisted reproduction techniques (ART) and their possible complications, and	X	X	X		X	X

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MoS CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
can counsel patients effectively						

SECTION 5: RESOURCES (OPTIONAL)

1. **British Infertility Counselling Association** [www.bica.net].
2. European Society of Human Reproduction and Embryology guidelines [www.eshre.eu].
3. Fertility Network UK [www.fertilitynetworkuk.org].
4. Human Fertilisation & Embryology Authority documents [www.hfea.gov.uk].
5. Royal College of Obstetricians & Gynaecologists guidelines [www.rcog.org.uk].
6. The National Institute for Health and Care Excellence. *Fertility problems: assessment and treatment. Clinical guideline [CG156].* London: NICE; 2013 [https://www.nice.org.uk/guidance/cg156].
7. British Fertility Society. *Human Fertility* Milton Keynes: Taylor & Francis Online
8. *Human Reproduction* Oxford: Oxford Academic
9. American Society for Reproductive Medicine. *Fertility and Sterility* Amsterdam: Elsevier.
10. American Society of Andrology. *Journal of Andrology* New York City: Wiley Online Library

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SITM: Chronic Pelvic Pain (CPP)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

CCP CiP 1: The doctor can assess the patient with CPP	
Key skills	**Descriptors**
Takes history and performs an appropriate clinical examination	• Takes a detailed history with a focus on pain history, pain burden, pelvic pain comorbidities, non-pain comorbidities and bladder and bowel function. • Has the ability to sensitively take a history to identify psychological or social triggers. • Can respond to and discuss sensitively any trauma history that may be revealed. • Understands the usefulness and limitations of validated tools to assess pain and other symptoms. • Trying to explain the difficulty of communicating with patients who have a chronic condition with no answers. • Carries out a general assessment, musculoskeletal and neurosensory assessment, external vulvovestibular and neurosensory assessment, and internal single-digit musculoskeletal assessment. • Understands when it is inappropriate to perform internal examination and to defer this until a subsequent appointment.
Is able to appropriately investigate women and people with CPP	• Demonstrates a clear understanding of the differential diagnoses associated with CPP. • Recognises that there is a lack of evidence to support the diagnosis of pelvic congestion syndrome (PCS) as a cause of CPP. • Demonstrates a clear understanding of the mechanisms that can generate and maintain CPP and can explain these in an understandable and sensitive manner. • Is able to arrange appropriate investigations and understands their strengths and limitations. • Understands when laparoscopy is appropriate, and is able to counsel the patient accordingly, including about possible findings and their significance. • Recognises the red flag symptoms that warrant repeat investigations. • Understands that repeated investigations in the absence of red flag symptoms can perpetuate a “medical model”.

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	• Recognises that diagnoses can co-exist. • Recognises that, in many cases, structural pathology that could account for pain, may not be found through investigating chronic pelvic pain syndrome (CPPS). • Understands that when a clear pathology cannot be identified, the pain should still be considered as real. • Understands that, in cases in which examination and pelvic imaging does not reveal an organic cause for the pain, it is acceptable to start pain management and/or hormonal suppression, before laparoscopy.
Is able to diagnose and appropriately investigate CPP in transgender men	• Recognises that pelvic pain in transgender men can be a clinical challenge and has a broad differential diagnosis. • Considers that medical aetiologies include: atrophic vaginitis, cervicitis, adhesions and post-surgical sequelae. • Can appreciate that associated factors to consider include: depression, history of emotional trauma and post-traumatic stress disorder. • Understands that the use of testosterone has a dose dependent effect on vaginal tissue and induces a hypoestrogenic state. This promotes atrophy and can increase the vaginal pH and risk of vaginitis and cervicitis. • Recognises that transgender men may have decreased access to or utilisation of screening and treatment. • Appreciates that prior surgery may cause adhesions, bladder dysfunction, or nerve injury, which may contribute to pain. • Appreciates that a genotypic female skeleton and increased muscle mass, caused by testosterone therapy, may result in changes in postural carriage and contribute to pain.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • Attendance at pelvic pain clinics • Attendance at chronic pain clinics +/- MDTs • Attendance at endometriosis clinics +/- MDTs • Attendance at urology and/or urogynaecology clinics • Attendance at a mesh centre/mesh centre MDT • Attendance at gastroenterology clinics • Attendance at rheumatology clinics • Attendance at appropriate neurology clinics (e.g. headache, neuropathy) • Attendance at vulval dermatology clinics	• Local and deanery teaching • RCOG e-learning • Attendance at relevant courses • NOTSS • Team observation (including supervisor observation) • Mini-CEX • CbD

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• Attendance at menopause clinic	

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The concept of pain burden
- Causes of pelvic pain co-morbidities
- Causes of non-pain morbidities
- Differential diagnoses associated with chronic pelvic pain, including
    - Ongoing pathology and/or tissue damage
    - Peripheral and central sensitisation
    - Myofascial dysfunction
    - Visceral hypersensitivity
    - Viscero-visceral and viscerosomatic referral
    - Musculoskeletal dysfunction including deconditioning
    - Psychological factors
    - Trauma and other adverse childhood events (ACEs)

CPP CiP 2: The doctor can counsel and instigate/describe treatments for CPP	
Key skills	**Descriptors**
Understands the key principles to managing CPP	• Understands and can convey to the patient the concepts of restoration of function and reduction in the burden of pain. • Demonstrates understanding that management of CPP often requires several visits, long-term follow-up, and the involvement of the multi-disciplinary team. • Management of chronic pelvic pain requires patient engagement with this multidisciplinary approach. • Appreciates that becoming too focused on disease or investigations can delay therapy for pain and be counterproductive. • Recognises that pain management should focus on all biopsychosocial factors known to affect the severity of and recovery from pain, including sleep and mood. • Recognises that the relationship between trauma, abuse, and mental health and CPP is complex. • Understands psychoeducation about pain mechanisms is a key component of pain management and facilitates patients to engage with this. • Recognises that condition-specific interventions should be

	combined with adjuvant therapies addressing anxiety, depression, sleep, fatigue and sexual dysfunction when needed. • Recognises that condition-specific interventions need to be combined with pelvic floor physiotherapy to address myofascial pain when musculoskeletal factors contribute to CPP. • Recognises (and can diagnose and manage) CPP after the menopause. • Recognises the importance of empowering patients. • Understands that there is limited evidence for treatments for CPP specifically. • Recognises and manages pain flares e.g. using 'rescue packages'.
Recognises and manages endometriosis	• Understands the indication for, and gives advice about, using hormonal treatments for CPP. • Recognises the need for diagnostic laparoscopy and surgical treatment. • Is aware of the limited evidence for other treatments for endometriosis-associated pain. • Recognises the need for referral to an endometriosis specialist, including referral for MDT. • Understands that endometriosis can coexist with other pain generating and maintaining factors. • Can sensitively explain the need to focus on other pain generating/maintaining factors while acknowledging the role endometriosis plays as a predisposing or perpetuating factor in the chronic pain cycle. • Understands the value to patients of feeling part of a supportive community. • Understands the value of hormonal treatment to help with CPP, even if endometriosis is not present.
Recognises and manages adenomyosis	• Understands the benefits/limitations of pelvic ultrasound and magnetic resonance imaging (MRI) in the diagnosis of adenomyosis. • Understands the indication for, and gives advice about, using hormonal treatment for CPP (see the above section).
Recognises and manages irritable bowel syndrome (IBS)	• Initiates appropriate treatment for constipation and diarrhoea. • Understands the role of viscero-visceral referral in generating IBS-like symptoms. Plus the value of treating bowel symptoms to reduce viscero-visceral and viscero-somatic referral.

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Recognises and manages bladder pain syndrome/interstitial cystitis	• Recognises the limitations in the diagnostic tools used to exclude UTIs and is able to take a detailed history of recurrent infections and liaise with an appropriate specialist to treat/manage chronic infection. • Understands that voiding problems may be related to pelvic floor dysfunction and can distinguish between retention and sensory/pelvic floor dysfunction. • Understands the role of viscero-visceral referral in generating BPS-like symptoms. Plus the value of treating bladder symptoms to reduce viscero-visceral and viscero-somatic referral. • Is able to appreciate the indications and limitations of investigations of the urinary tract, such as cystoscopy, c**omputerised tomography** (CT) scan/MRI/ultrasound scan (USS) kidney ureters and bladder (KUB)/urodynamics and when onward referral to specialist urogynaecology services is needed. • Appreciates the evidence for the use of local oestrogens/HRT for bladder pain/bladder syndromes.
Recognises and manages myofascial dysfunction	• Understands that myofascial dysfunction may be localised (e.g. pelvic floor) or widespread (e.g. chronic widespread pain). • Recognises the components of the history that make myofascial dysfunction likely. • Understands that myofascial dysfunction may be primary. • Appreciates that Kegel-type pelvic floor exercises are likely to exacerbate pelvic floor dysfunction and can counsel appropriately. • Can adequately describe their findings on musculoskeletal examination and make a referral to specialist physiotherapy. • Is familiar with current diagnostic criteria for fibromyalgia and can refer appropriately to local services to confirm this diagnosis, if suspected. • Is familiar with the presentation of inflammatory arthropathies (e.g. rheumatoid arthritis and psoriatic arthritis) and can refer appropriately to rheumatology for investigation and management.
Recognises and manages CPPS	• Understands the limited evidence supporting the use of medication in CPPS and the importance of counselling when suggesting these medications. • Understands the indication for, and counsels people about, using analgesic treatments. • Considers side effects of medication and appropriate treatment.

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Recognises and manages pain from vulvovestibular syndromes	• Counsels patients about what treatment options are available, including a multidisciplinary approach. • Counsels patients on what drugs are available for managing pain, as well as the effectiveness, side effects and complications of treatment. • Manages vulvodynia subgroups, including poor responders to treatment.
Recognises and manages chronic post-surgical pain	• Understands that chronic post-surgical pain is relatively common. • Is aware that multiple mechanisms can contribute to chronic post-surgical pain. • Understands the risk factors for chronic post-surgical pain and can discuss these sensitively with patients. • Is aware of, and can communicate to patients, the expectations of further surgical management for post-operative pain and its limitations. • Can arrange initial management of chronic post-surgical pain and appropriate referrals. For example, to chronic pain clinic and mesh centre.
Recognises and manages chronic pain in obstetrics	• Is aware that pregnancy-induced biomechanical, hormonal, and vascular changes can give rise to a wide variety of musculoskeletal problems. • Understands the limits of pain management approaches in pregnancy and the benefits of a multidisciplinary approach. • Is aware of strategies to prevent perineal trauma in the antenatal and intrapartum period and their limitations. Plus the importance of information sharing with pregnant people about perineal trauma. • Understands the limited role of perineal refashioning procedures for pain management. • Is aware that evidence to support interventions to alleviate postpartum pain is sparse. • Can appreciate the risks associated with postpartum pain. • Understands the use of pharmacological methods of pain management to support breastfeeding. • Appreciates that postpartum pain can have an impact on someone's sexual function, micturition and defecation and is able to refer to appropriate services to manage this. • Understands that a hypooestrogenic state, postpartum and during breastfeeding, can contribute to persistent vulval/vaginal symptoms.

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Is able to recommend or prescribe appropriate analgesics, including co-analgesics	• Understands the World Health Organization (WHO) Analgesic Ladder. • Can discuss the pros and cons of pharmacological management in the context of an MDT approach. • Understands the risks of opioids and that they should not be routinely started for CPP. • Understands harm reduction strategies if opioids are deemed necessary. • Understands the limited evidence in CPP specifically for other analgesics/co-analgesics and is able to discuss their value in other chronic pain conditions. • Is aware of the dependence, addictive and abuse potential of gabapentinoids drugs. • Can describe the side effect profile of each class of co-analagesics to facilitate patient choice. • Understands regimes for starting and stopping co-analgesics and appropriate intervals for reviewing their efficacy and side effect profile. • Realises the benefit of treating other chronic pain conditions in reducing someone's overall pain burden and can refer, as appropriate, to other specialties and work with primary care to make sure there is coordinated care.
Ability to describe the role of physiotherapy in the multidisciplinary treatment of CPP (and understand when to refer)	• Recognises that more than 70% of women with pelvic pain have a musculoskeletal component to their pain. • Understands the role of interventions aimed at this component.
Ability to describe the role of psychology in the multidisciplinary treatment of CPP (and understand when to refer)	• Understands the importance of addressing beliefs and help with reframing them. • Understands the importance of increasing engagement in valued activities. • Awareness of specific therapies and coping strategies. • Adjusting to life with pain (use of pain imagery)
Understands the role of lifestyle factors in CPP and can counsel appropriately	• Demonstrates awareness of the role of lifestyle factors in chronic pain. • Can discuss lifestyle factors sensitively without making the patient feel dismissed or blamed. • Is able to signpost to resources to facilitate lifestyle improvements. • Understands the value of patient support groups and can point to specific resources, as required.

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Understands the role of procedural interventions e.g. nerve blocks	• Understands that interventional techniques involving nerve blocks target the specific nerves and pathways involved in pain transmission. • Aware that nerve blocks may be performed for diagnosis, pain relief or both (usually under imaging). • Awareness of the role of sympathetic nerve blocks, somatic nerve blocks, trigger point injections and neuromodulation with nerve root or spinal cord stimulators in CPP management. • Can discuss the limited evidence for the above interventions these in CPP specifically and the potential side effects of altered visceral functions, as appropriate.
Has an understanding of the ethics of pain management	• Pain as a public health problem. • The right to receive treatment for pain. • Gender bias in accessing treatment for pain.

Evidence to inform decision – examples of evidence (not mandatory requirements)

- Reflective practice
- Attendance at pelvic pain clinics
- Attendance at chronic pain clinics +/- MDTs
- Attendance at endometriosis clinics +/- MDTs
- Attendance at urology and/or urogynaecology clinics
- Attendance at gastroenterology clinics
- Attendance at rheumatology clinics
- Attendance at appropriate neurology clinics (e.g. headache, neuropathy)
- Attendance at vulval dermatology clinics
- Attendance at women's health physiotherapy sessions with relevant case mix
- Attendance at psychological therapy sessions with a relevant mix of patients and/or attendance at psychosexual study day or Balint groups
- Attend menopause clinic
- Local and deanery teaching
- RCOG Learning
- Attendance at professional courses
- NOTSS
- Team observation (including supervisor observation)
- Mini-CEX
- CbD

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Understands the basic principles of managing CPP
- Can to manage an acute flare of CPP
- Knows the clinical and diagnostic presentations of a range of contributors to pelvic pain, and how to manage them, including:
    - endometriosis and adenomyosis

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- irritable bowel syndrome
- bladder pain syndrome/interstitial cystitis
- myofascial dysfunction
- CPPS
- vulvovestibular pain syndromes
- chronic post-surgical pain
- antenatal and post-partum pain
- analgesics ladders and the role of co-analgesics

- Understands the role of lifestyle factors in chronic pain
- Recognises the role of physiotherapy and psychology in CPP management
- Knows of coping strategies that can be recommended, including:
  - cognitive behavioural therapy / acceptance and commitment therapy
  - challenging unhelpful thoughts linked to difficulty
  - relaxation
  - mindfulness
- Basic knowledge of the role of procedural interventions in managing CPP
- Knows the full range of targeted treatment strategies for the musculoskeletal components of pain, including:
  - postural exercises
  - breathing release techniques
  - pelvic floor manual therapy
  - TENS
  - myofascial trigger point therapy
  - dry needling
  - connective tissue manipulation
- Understanding the ethics of managing pain

CPP CiP 3: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary pelvic pain service	
Key skills	**Descriptors**
Demonstrates service development	• Liaises with management. • Has an understanding of financial considerations. • Participates in clinical governance experience. • Demonstrates involvement in quality improvement. • Can collect and analyse data about outcomes.
Is able to be part of a multidisciplinary team	• Liaises effectively with colleagues in other disciplines aligned to CPP (including, primary care, specialist nurses, gynaecology, pain management, gastroenterology, urology/urogynaecology, physiotherapy and psychology). • Recognises the impact of caring for patients with chronic conditions and/or traumatic pasts on both themselves and the

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	other members of the team. • Is able to signpost other members of the team to sources of psychological support and to engage with support and wellbeing opportunities themselves.
Develops clinical guidelines and patient information	• Is aware of available sources of written and web-based information. • Designs or adapts patient information for local use and understands local process. • Participates in writing protocols, clinical pathways, developing services and evidence-based guidelines. • Establishes and/or enhances local clinical pathways. • Supports the alignment of their pelvic pain service to the national standards on CPP.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Meeting attendance and membership of one or more of the following – British Pain Society, World Congress on Abdominal and Pelvic Pain (WCAPP), European Pain Federation (EFIC), International Association for the Study of Pain (IASP), International Pelvic Pain Society (IPPS) • TO2 (including SO) • Mini-CEX • CbD	• RCOG Learning • Leadership questionnaire • Quality improvement project • Develops and enhances local clinical pathways • Attendance and presentation at chronic pain MDTs • NOTSS

Mandatory requirements

No mandatory evidence

Knowledge criteria

- NHS service requirements and local procedures for service development/improvement.
- Clinical governance issues in pelvic pain services
- The importance of the pelvic pain MDT and the different skills across different disciplines and roles, including:
    - primary care
    - specialist nurses
    - gynaecology
    - pain management
    - gastroenterology
    - urology/urogynaecology

- physiotherapy
- psychology

- National guidance on CPP
- The role of guidelines audit (including the analysis of workload) and how this influences practice
- The principles underlying evidence-based guidelines and audit and how they relate to outcomes for patients with CPP

SECTION 2: PROCEDURES

Procedures	*Level by end of training*	*CIP*
Cystoscopy	1	1
Imaging guided nerve blocks	1	1
Pudendal nerve block	1	2

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO CCP CiPs

CCP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor can assess a patient with CPP		X	X	X	X	X
2: The doctor can counsel and instigate/describe treatments for CPP		X	X	X	X	X
3: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary pelvic pain service		X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Faculty of Pain Medication of the Royal College of Anaesthetists [https://www.fpm.ac.uk/opioids-aware].

2. Royal College of Obstetricians and Gynaecologists. *Green-top Guideline No. 41.* London: RCOG; 2012 [https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/].

3. Royal College of Obstetricians and Gynaecologists. *Third- and Fourth-degree Perineal Tears, Management. Green-top Guideline No. 29.* London: RCOG; 2015 [https://www.rcog.org.uk/media/5jeb5hzu/gtg-29.pdf].

4. The National institute for Health and Care Excellence. *Endometriosis: diagnosis and management. NICE guideline [NG73].* London: NICE; 2017 [https://www.nice.org.uk/guidance/ng73/informationforpublic].

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5. The National institute for Health and Care Excellence. *Neuropathic pain in adults: pharmacological management in non-specialist settings. NICE guideline* [CG173]. London: NICE; 2011 [https://www.nice.org.uk/guidance/cg173].

6. The National institute for Health and Care Excellence. *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain*. NICE guideline [NG193]. London: NICE; 2011 [https://www.nice.org.uk/guidance/ng193].

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SITM: Colposcopy (C)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

C CiP 1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital tract pre-malignant disease.	
Key skills	**Descriptors**
Is able to take history, perform a clinical examination and use appropriate investigations to establish a diagnosis	• Assesses symptoms and takes a focused personal and family history, including comorbidity, other pre-disposing factors and a cervical screening history. • Conducts an appropriate examination of the whole of the lower genital tract.
Communicates how they will manage care effectively to patients and other healthcare professionals	• Can counsel people appropriately about HPV vaccination, cytology cervical screening, primary HPV screening and test of cure for cervix. • Interprets screening results and communicates these to patients. • Recognises colposcopy requirements for people who are pregnant, immune-compromised or postmenopausal, and those who have had a hysterectomy. • Communicates the results of investigations and treatment, including outcomes and follow-up plans, for both cervical squamous and glandular pre-invasive disease. • Can counsel people about examination techniques, management and treatment plans and potential referrals to specialised services for vulva, vagina, perineum and anal disease. • Communicates clinical plan to patients, relatives and primary care professionals.
Initiates appropriate management plans	• Starts an appropriate discussion or specialist referral with the multidisciplinary team (MDT). • Communicates management plan to primary care professionals.
Demonstrates ability to undertake colposcopic treatment	• Counsels and demonstrates ability to take informed consent or coloposcopic procedures. • Performs diagnostic and colposcopic treatment procedures where appropriate. • Manages immediate and post procedure complications. • Communicates ongoing management plans and pathology results with patients.

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Evidence to inform decision – examples of evidence (not mandatory requirements)	

• Mini-CEX
• CbD
• Reflective practice
• NOTSS
• Local and deanery teaching
• TO2 (includes SO)
  ○ diagnostic colposcopy
  ○ treatment: cold coagulation or cryotherapy
  ○ treatment: large loop excision of the transformation zone (LLETZ)
	• UK NHS guidance
	• RCOG Learning
	• Communications courses
	• British Society for Colposcopy and Cervical Pathology (BSCCP) or RCOG accreditation
	• Attendance at recommended British Society for the Study of Vulval Disorder courses

Mandatory requirements	

• OSATS
  ○ Colposcopy of the lower genital tract
  ○ Treatment: Cold coagulation or cryotherapy
  ○ Treatment: LLETZ	

Knowledge criteria	
• Epidemiology, aetiology, diagnosis, prevention, management prognosis of a female lower genital tract pre-malignant disease, including HPV screening and triage and HPV vaccination • Indications to use, and limitations of, screening and investigative techniques • Cytology • The recognised national and international colposcopy classifications and terminologies • Methods and limitations for colposcopy • The colposcopy requirements for pregnant, immune-compromised, postmenopausal or transplant patients • Complications and anatomical considerations of pre-malignant conditions of the female lower genital tract • Indications, techniques, complications and outcomes of treatment of benign and pre-malignant conditions of the female lower genital tract • The psychosexual sequalae of disease and clinical management	

C CiP 2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy service.	
Key skills	**Descriptors**
Understands the role of the lead colposcopist	• Creates local guidelines in tandem with national guidance and structures. • Defines a regular audit programme. • Demonstrates an awareness of the minimum dataset required for quality assurance (QA) • Makes sure all colposcopists are BSCCP-accredited. • Organises compliant regular MDT meetings and chairs them. • Attends local business meetings regularly.

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	• Refers someone, when appropriate, to gynaecological oncology MDT.
Understands QA structures and processes	• Is involved in writing a cervical screening provider lead (CSPL) report, understanding the principles of critical incident reporting. • Demonstrates understanding of the practical interaction between primary and secondary care within QA. • Is involved in an invasive cancer audit.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • Reflective practice • NOTSS • Audits • TO2 (includes SO)	• Attendance at relevant meetings • Participation at QA visits • RCOG Learning • NHS colposcopy lead and QA publications • CbD

Mandatory requirements
No mandatory evidence

Knowledge criteria
• The structure of the NHS cervical screening programme, including the roles and responsibilities of all involved • How colposcopy integrates with the NHS cervical screening programme, including the roles and responsibilities of all involved • QA structures and standards, implementation, documentation and the process of inspection, as locally appropriate

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	***Level by end of training***	***CIP***
Colposcopy of the lower genital tract*	5	1
Treatment: Cold coagulation or cryotherapy*	5	1
Treatment: LLETZ*	5	1

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SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO C CiPs

C CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital	X	X	X	X	X	X

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C CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
tract pre-malignant disease.						
2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy service.		X	X	X	X	X

SITM: Complex Early Pregnancy and Non-Elective Gynaecology (CEPNG)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

CEPNG CiP 1: The doctor uses ultrasound to appropriately diagnose and guide treatment of complications in early pregnancy.	
Key skills	**Descriptors**
Able to safely perform transabdominal and transvaginal scanning of the female genital tract	• Is able to identify all key pelvic structures, recognises and describes normality and deviations from normal. • Is able to construct a differential diagnosis using information obtained from ultrasound scanning. • Is able to optimise image quality. • Can store images securely and constructs a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies.
Diagnoses and manages people experiencing miscarriage	• Applies the diagnostic criteria to diagnose miscarriage. • Assesses when an interval scan is required. • Counsels people on the choice between expectant, medical and surgical management of miscarriage. • Manages complications following initial treatment for a miscarriage, including complex cases. • Manages and investigates women diagnosed with a second trimester miscarriage.

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Diagnoses and manages people experiencing ectopic pregnancy	• Is able to diagnose an ectopic pregnancy on an ultrasound scan. • Is able to diagnose non-tubal ectopic pregnancies. • Counsels people on the choice between expectant, medical and surgical management of ectopic pregnancy. • Manages non-tubal ectopic pregnancies, including liaising with other colleagues and speciality departments.
Diagnoses and manages people with inconclusive scans	• Arranges appropriate follow up for people with early pregnancies of uncertain viability (PUV). • Demonstrates that they understand management protocols for women classified with a pregnancy of unknown location (PUL). • Demonstrates understanding of diagnostic uncertainty.
Diagnoses and manages people with other causes of pelvic pain in early pregnancy	• Organises appropriate imaging in early pregnancy. • Organises appropriate management plans for people with other pelvic pathology in early pregnancy. • Collaborates with consultants and other specialities and works as part of a multidisciplinary team (MDT).
Diagnoses and manages women with recurrent pregnancy loss	• Is able to fully evaluate the endometrial cavity and assess for the presence of any uterine pathology or congenital anomaly in people presenting with recurrent pregnancy loss. • Arranges required investigations and follow up for people with recurrent pregnancy loss. • Supports care in future pregnancies.
Diagnoses and manages women with gestational trophoblastic disease (GTD)	• Recognises and instigates initial management of suspected trophoblastic disease. • Arranges appropriate follow up for women confirmed to have trophoblastic disease.
Manages women with hyperemesis gravidarum	• Recognises and instigates inpatient, outpatient or domiciliary treatment of hyperemesis, as appropriate. • Ensures continuity of care, effective handover and appropriate discharge planning for women with hyperemesis gravidarum.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice	• TO2 (including SO) • NOTSS • RCOG SITM Theoretical Course • Local and deanery teaching • RCOG Learning

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Mandatory requirements

- OSATS:
  - Manual vacuum aspiration
  - Complex surgical management of miscarriage and scar ectopic
  - Ultrasound examination of early pregnancy complications

Knowledge criteria

- The aetiology and differential diagnosis of acute abdominal pain:
  - gynaecological causes – ovarian cyst accidents (rupture and torsion), acute pelvic inflammatory disease, degenerating/prolapsing uterine fibroid and ectopic pregnancy.
  - non-gynaecological causes – acute appendicitis, acute bowel obstruction, diverticular disease, inflammatory bowel disease, perforated ulcer, incarcerated hernias (inguinal, femoral, umbilical and incisional, mesenteric infarction, pelvic vein thrombosis, ruptured aortic aneurysm, acute urinary tract infection (UTI), acute urinary retention and urolithiasis
- Haematological, biochemical, microbiological and radiological investigations:
  - haematological changes in acute haemorrhage, sepsis and thrombosis
  - biochemical findings in acute sepsis and urinary tract obstruction
  - dynamics of serum **human chorionic gonadotropin** (hCG) and progesterone in normal and abnormal early pregnancy
  - relevant infection screens
  - indications for plain abdominal film, chest x-ray, abdominal ultrasound scan, computed tomography (CT) scan and magnetic resonance imaging (MRI) in the investigation of acute pelvic pain
- The safety of ultrasound including safety indices and scanning modes
- Image orientation and optimisation
- The need to store images
- Developmental milestones of the normal intrauterine pregnancy and associated biochemistry
- Diagnostic criteria for miscarriage and non-tubal ectopic pregnancy
- Sonographic features of GTD
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications:
  - epidemiology of miscarriage
  - causes and risk factors of miscarriage – chromosomal defects, structural uterine anomalies, cervical incompetence and autoimmune causes
  - other factors affecting the development of early pregnancy: drugs (prescription and recreational), viral infections, radiation and chemotherapy, and immunisation
  - transvaginal ultrasound – morphological features of normal early pregnancy development, and differential diagnosis between complete, incomplete and missed miscarriage
  - the use of serum biochemistry for the diagnosis of miscarriage
  - causes and risk factors for ectopic pregnancy
  - variations in clinical presentation of ectopic pregnancies
  - clinical, ultrasound, laparoscopic and histological diagnosis of ectopic pregnancy

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- risk factors, clinical presentation, ultrasound and laparoscopic diagnosis of non-tubal ectopic pregnancy
- The options for managing early pregnancy problems:
  - expectant management of miscarriage – selection criteria, follow up and success rates
  - medical treatment with misoprostol and mifepristone – selection criteria, route of administration and dosage, effectiveness, side effects and follow up
  - surgical management of miscarriage – selection criteria, outpatient, local anaesthetic and in-patient under general anaesthesia, antibiotic prophylaxis, complications, effectiveness and follow up
  - expectant management of tubal ectopic pregnancy – selection criteria, success rates and follow up
  - medical treatment with methotrexate – selection criteria, dosage, side effects, effectiveness and follow up
  - laparoscopy and laparotomy for ectopic pregnancy – choice of appropriate route for surgery
  - salpingectomy and salpingotomy surgeries for ectopic pregnancy – selection criteria, complications and follow up
  - fertility after ectopic pregnancy and future follow up
  - management of non-tubal ectopic pregnancy – conservative or surgical treatment, risks, complications, follow up and future fertility
  - the treatment protocols for women diagnosed with persistent GDT
- The investigations and current management strategies for people with recurrent pregnancy loss
- The investigations and current management strategies for people with nausea and vomiting in pregnancy and hyperemesis gravidarum

CEPNG CiP 2: The doctor has the knowledge and clinical skills to manage the care of people presenting with acute gynaecological problems.	
Key skills	**Descriptors**
Diagnoses people with acute gynaecological problems	• Manages rapid access clinic for gynaecological emergencies. • Acts as clinical expert for complex cases. • Uses ultrasound to form differential diagnosis of acute gynaecological symptoms. • Carries out ultrasound diagnosis of uterine pathology: • Carries out ultrasound diagnosis of adnexal pathology: • Able to detect hemoperitoneum and assess its severity.
Manages the care of women with acute pelvic pain	• Diagnoses and assesses people with acute pelvic pain.

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	• Able to perform emergency surgery such as open and laparoscopic ovarian cystectomy, laparoscopic adhesiolysis and surgical management of ectopic pregnancy. • Collaborates with consultants and other specialties and works as part of a MDT. • Acts as a clinical expert for complex cases • Arranges appropriate follow up
Manages the care of women with haemorrhagic and septic shock	• Makes appropriate decisions rapidly in daily clinical practice. • Works with the MDT to manage women who are presenting acutely unwell. • Arranges appropriate follow up.
Manages the care of women with acute pelvic infection	• Organises the correct investigations and instigates treatment. • Coordinates with the MDT to arrange appropriate treatment in complex cases. • Arranges appropriate follow up for women with acute pelvic infection.

Manages the care of people with other acute gynaecological problems	• Arranges appropriate follow up for women with acute pelvic infection.
	• Able to diagnose and manage:
	  ○ perineal abscesses
	  ○ non-obstetric genital tract trauma
	  ○ emergency presentations of gynaecological malignancies
	  ○ ovarian hyperstimulation syndrome
	• Coordinates with the MDT to arrange appropriate treatment in complex cases.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• RCOG SITM Theoretical Course • Mini-CEX • CbD	• Reflective practice • TO2 (including SO) • Local and deanery teaching • RCOG Learning NOTSS

Mandatory requirements

- OSATS:
  - ultrasound examination in early pregnancy (non-pregnant patient)

Knowledge criteria

- Causes and differential diagnosis of acute pelvic and lower abdominal pain
- Interventional options for pelvic and perineal abscesses
- Haematological, biochemical, microbiological and radiological investigations (as for CiP 1)

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- The options available to treat acutely ill women:
    - resuscitation measures
    - management of massive blood loss
    - effective pain relief
    - antimicrobial therapy
    - management of acute thromboembolic events
    - conservative and surgical management of acute pain
    - management of hyperemesis gravidarum
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications (as for CiP 1)
- The options for managing early pregnancy problems (as for CiP 1)
- The management issues in the provision of acute gynaecological care:
    - environment
    - staffing
    - facilities and equipment
    - referral patterns and triage
    - external support
    - training
    - clinical protocols
    - risk management
    - audit and research

CEPEG CiP 3: The doctor has the communication and governance skills to set up, run and develop an early pregnancy and acute gynaecology unit.	
Key skills	**Descriptors**
Demonstrates service development	• Liaises with management teams and Integrated Care Boards. • Has an understanding of the financial considerations that are needed to run a service. • Participates in clinical governance experience. • Demonstrated involvement in quality improvement (including collecting data and analysing outcomes). • Is able to undertake data analysis and collection related to outcomes.
Is able to be part of a multidisciplinary team (MDT)	• Liaises effectively with colleagues in other disciplines aligned to early pregnancy and emergency care (e.g. emergency medicine, surgery, urology, paediatrics).

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Develops clinical guidelines and patient information	• Is familiar with sources of both written and web-based information. • Designs or adapts patient information for local use and understands local process. • Participates in writing protocols, clinical pathways, developing service or evidence-based guidelines. • Establishes and/or enhances local clinical pathways. • Supports the alignment of the service to the national standards on early pregnancy and acute gynaecology care.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Attending a meeting of the British Association of Early pregnancy units • TO2 (including SO) • Mini-CEX • CbD • NOTSS	• RCOG Learning • Leadership questionnaire • Quality improvement project • Develops, enhances local clinical pathways • Attendance and presentation at early pregnancy MDTs

Mandatory requirements

No mandatory evidence

Knowledge criteria

- NHS service requirements and local procedures for developing or improving services
- Clinical governance issues in early pregnancy and acute gynaecology
- National guidance on early pregnancy and acute gynaecology
- The role of a guidelines audit (including the analysis of workload) and how this influences practice
- The principles how they relate to outcomes for patients in early pregnancy or acute gynaecology

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*
Manual vacuum aspiration*	5	X	
Complex surgical management of miscarriage and scar ectopic*	5	X	
Ultrasound examination in gynaecology (non-pregnant patient)*	5		X

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Procedures	*Level by end of training*	*CIP 1*	*CIP 2*
Ultrasound examination of early pregnancy complications*	5	X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO CEPNG CiPs

CEPNG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses ultrasound to appropriately diagnose and guide treatment of	X	X	X	X	X	X

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CEPNG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
complications in early pregnancy						
2: The doctor has the knowledge and clinical skills to manage the care of people presenting with acute gynaecological problems	X	X	X	X	X	X
3: The doctor has the communication and governance skills to set up, run and develop an early pregnancy and acute gynaecology unit.		X	X	X	X	

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SITM: Therapeutic Hysteroscopy (TH)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

TH CiP 1: The doctor demonstrates skills and attitudes to manage the care of people who need hysteroscopic surgery.	
Key skills	**Descriptors**
Carries out preoperative planning and makes case selection	• Can counsels people on benign gynaecological conditions and how they are managed. • Can counsel people on the benefits and risks of surgery and explains the alternatives. • Conducts appropriate preoperative investigations. • Performs ultrasound of the pelvis to form a differential diagnosis and plans how to manage someone's care. • Appropriately triages people to inpatient or outpatient pathway.
Manages hysteroscopic surgery using a number of techniques and procedures	• Manages difficult cervical dilation. • Manages complications during and after surgery. • Demonstrates safe use of mechanical instrumentation (conventional and tissue removal devices). • Can safely use electrosurgery. • Can safely use hysteroscopic fluid management.

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Manages outpatient hysteroscopy	• Demonstrates awareness of how to diagnose and treat people using outpatient services. • Performs diagnostic and simple operative procedures, where appropriate. • Applies the principles of best practice in outpatient hysteroscopy.
Manages advanced outpatient procedures	• Counsels on and performs outpatient procedures where appropriate, such as endometrial ablation and polypectomy.

Evidence to inform decision – examples of evidence (not mandatory requirements)

- Reflective practice
- NOTSS
- Local and deanery teaching
- Mini-CEX
- CbD
- TO2 (including SO)
- RCOG e-learning
-
- Evidence of hysteroscopic simulation training
- Attendance at RCOG/British Society for Gynaecological Endoscopy (BSGE) Diagnostic and Operative Hysteroscopy course
- Attendance at BSGE conference or similar

Mandatory requirements

- OSATS:
  - Hysteroscopic biopsy/removal of foreign bodies
  - Hysteroscopic removal of products of conception
  - Hysteroscopic polypectomy
  - Resect submucous fibroids
  - Resects filmy intrauterine adhesions without cavity distortion or incomplete septum
  - Endometrial ablation
  - Ultrasound examination in gynaecology (non-pregnant person)

Knowledge criteria

- The theatre environment –set-up, how to position the patient and effective use of assistants
- The outpatient operative environment – clinic set-up and infrastructure, and awareness of national guidance for best practice in outpatient hysteroscopy
- Instrumentation – knowledge of endoscopes, imaging systems and ancillary instruments (electrosurgical and mechanical)
- Principles of safely using mechanical instrumentation, including:
  - conventional hysteroscopic instruments (forceps and scissors)
  - hysteroscopic tissue removal systems
- Principles of safely using different energy sources, including:
  - monopolar and bipolar electrosurgery
  - second-generation endometrial ablation (e.g. impedance controlled electrosurgical, thermal balloons and microwave techniques)
- Principles of safely using distension media and awareness of national guidelines
- Potential strategies for preventing intrauterine adhesions and managing them

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TH CiP 2: The doctor demonstrates the skills to develop and manage a hysteroscopy service.	
Key skills	**Descriptors**
Demonstrates service development	• Liaises with management teams and clinical commissioning groups. • Has an understanding of financial considerations. • Participates in clinical governance. • Demonstrates involvement in quality improvement. • Is able to analyse and collect data related to outcomes.

Develops clinical guidelines and information for patients	• Is aware of available sources of both printed and web-based information.
	• Designs ands adapts information for patients for local use and understands local process.
	• Participates in:
	  ○ writing protocols
	  ○ developing clinical pathways
	  ○ service development
	  ○ developing evidence-based guidelines.
	• Establishes and/or enhances local clinical pathways.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • Meeting attendance and membership of the BSGE • TO2 (including SO) • Mini-CEX • CbD	• RCOG e-learning • Performs a quality improvement project • Develops and/or enhances local clinical pathways • NOTSS

Mandatory requirements
No mandatory evidence

Knowledge criteria
• NHS service requirements and local procedures to develop and improve services • Clinical governance issues in hysteroscopy • The different skills needed for job roles in different disciplines • National guidance on best practice in outpatient hysteroscopy, hysteroscopic fluid management and heavy menstrual bleeding

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SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

Procedures	*Level by end of training*	*CIP 1*
Hysteroscopic biopsy/removal of foreign bodies*	5	X
Hysteroscopic removal of products of conception*	5	X
Hysteroscopic polypectomy*	5	X
Resect submucous fibroids*	5	X
Resect filmy intrauterine adhesions without cavity distortion or incomplete septum*	5	X
Endometrial ablations*	5	X
Ultrasound examination in gynaecology (non-pregnant person)*	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPC)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
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Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO TH CiPs

TH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates skills and attitudes to manage the care of people who need hysteroscopic surgery	X	X	X	X	X	X
2: The doctor demonstrates the skills to develop and manage a hysteroscopy service		X	X	X	X	X

SITM: Menopause Care (MPC)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

MPC CiP 1: The doctor is able to assess someone presenting with menopausal symptoms.	
Key skills	**Descriptors**
Takes a relevant medical and lifestyle history and performs an appropriate examination	• Takes an appropriate history and performs a relevant examination relating to menopause. • Formulates a differential diagnosis to identify the proper diagnosis. • Provides relevant health and lifestyle advice to help someone going through the menopause. • Is able to address ethnic and transcultural issues of someone going through the menopause. • Can prioritise a woman's needs.

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Applies an understanding of the pathophysiology of the menopause to someone presenting with menopausal symptoms	• Performs an appropriate examination with minimum distress to the patient. • Demonstrates the principles of psychosexual evaluation. • Takes a sexual history, including dyspareunia, vaginismus, psychosexual dynamics and libido. • Identifies and refers women with psychosexual problems to Psychosexual counselling.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • Reflective practice • Local and deanery teaching • RCOG Learning	• Log of cases and audit • Observation of consultations • Management of consultations • TO2 (including SO)

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The use of visual analogue scores and quality of life questionnaires
- The short- and medium-term sequelae of the menopause, including:
    - vasomotor symptoms, incidence and aetiology
    - connective tissue effects, including skin and hair
    - urogenital atrophy, the effect on someone's urethra, bladder, vagina and pelvic floor muscles
    - mood disorders
    - cognitive symptoms
    - sexual changes and sexual dysfunction
- The benefits of hormone replacement therapy (HRT) on someone's cognitive function and memory
- The role of support and education from affiliated psychosexual counsellors

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MPC CiP 2: The doctor understands the benefits and risks of HRT and alternative therapies.	
Key skills	**Descriptors**
Is able to evaluate the need for and prescribe appropriate medical therapy and how it will be delivered	• Creates an individual benefit (e.g. osteoporosis and cardiovascular) / risk (e.g. breast, venous thromboembolism (VTE), stroke endometrial) ratio for HRT. This is based on someone's personal and family risk profile and their choices. The patient should understand how this is affected by route of delivery. • Can counsel someone a with specific pre-existing medical conditions on managing the menopause. • Demonstrates familiarity with the long-term effects of HRT on bones. • Is able to advise someone about the long-term effects of HRT on their cardiovascular system and cognitive function and dementia risk, and to the breast. • Discusses changes in memory and cognitive function in menopausal women and the potential benefits of HRT.
Is aware of alternative treatments for managing menopausal symptoms	• Can counsel someone on the efficacy and safety of pharmaceutical alternatives for managing menopausal symptoms. • Can counsel someone on the efficacy and safety of complementary therapies for managing menopausal symptoms.
Is able to undertake clinical assessment of osteoporosis risk and make appropriate recommendations	• Correctly identifies patients with risk factors for osteoporosis. • Discusses lifestyle and therapeutic interventions to women at risk of osteoporosis and those who already have the disease. • Applies knowledge of the role of calcium and vitamin D supplements in menopausal women at risk of osteoporosis. • Recommends appropriate investigations, e.g. a bone density scan (DEXA scan). • Interprets bone density assessment findings. • Conveys bone density findings to patients to enhance their understanding without causing unnecessary alarm. • Liaises with osteoporosis/radiologist specialist.
Is able to risk assess and advise women with personal and/or familial cardiovascular risk factors	• Discusses cardiovascular benefits and risks of HRT. • Discusses the following with patients: Effect on VTE and stroke risks of HRT with modification due to route of administration. • Makes appropriate recommendations regarding therapeutic choices for patients with pre-existing cardiovascular disease. • Liaises with haematology specialist, where appropriate.

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Is able to undertake clinical assessment of someone's breast cancer risk	• Identifies and refers women with breast problems/cancer risk. • Offers management options for menopause symptoms/low bone density in women with previous breast cancer and those at an increased risk due to a family history. This includes those who have undergone prophylactic risk-reducing surgery, and women using chemoprevention.
Is able to recognise and investigate abnormal endometrial/unscheduled bleeding in per- and post-menopausal patients on HRT	• Assesses bleeding pattern and recognises abnormal bleeding. • Interprets ultrasound and endometrial histology results. • Chooses appropriate HRT regimen, according to someone's bleeding pattern and uterine status. • Modifies HRT regimen if they have bleeding or side effects from taking progesterone. • Discusses the risk of developing endometrial cancer when someone is on HRT.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • Reflective practice	• TO2 (including SO) • Local and deanery teaching • RCOG Learning

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The place of estrogen, progestogen, and testosterone and their side effects
- The routes of delivery for medication and circumstances when these are indicated
- The types of HRT that are available and different combinations
- Contraindications, risks and the adverse effects of different preparations
- The implications and management options, and the role of conventional and complementary therapies, for a woman with:
  - breast cancer
  - gynaecological malignancy, e.g. ovarian, endometrial and cervical
  - endometriosis
  - fibroids
  - neurological disease, e.g. migraine, epilepsy, Parkinson's disease, Alzheimer's disease and multiple sclerosis
  - gastrointestinal disease, e.g. Crohn's disease, disorders of the gall bladder and liver, and lactose intolerance
  - endocrine, e.g. diabetes and thyroid disease
  - autoimmune disease, e.g. rheumatoid arthritis and systemic lupus erythematosus (SLE)
  - HIV
- The importance of lifestyle and environment on risk of e.g. being obese, smoking and alcohol consumption

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- Bone physiology, including genetics, peak bone mass, and contributing factors (environment, exercise and anorexia/bulimia)
- Methodology for investigating and screening bone density, including the DEXA scan and ultrasound densitometry
- Bone markers and their relevance
- Fracture risk assessment tools (e.g. Fracture Risk Assessment Tool (FRAX®, QFracture, Garvan Institute of Medical Research)
- The role and place of HRT and pharmaceutical alternatives, e.g. bisphosphonates and Selective Estrogen Receptor Modulators (SERMs)
- The predisposing factors for cardiovascular risk, e.g. obesity, diabetes, blood pressure and thrombotic risk
- The effect of estrogen on someone's lipid profile, vascular dynamics, coagulation factors, insulin sensitivity, weight distribution and cellular oxidation
- Epidemiological studies and the distinction between primary and secondary prevention
- Understanding of basic lipid profile, homocysteine and cardiovascular risk markers, e.g. lipoprotein (a), and genetic markers
- The concepts and application of cognitive assessment and examination
- Epidemiology of dementia and genetic predisposition of developing the disease
- Pathoaetiology of dementia, e.g. amyloid deposition and cholinergic transmission
- Effects of estrogen on the central nervous system and neural cells
- Oestrogen receptor sites and neurotransmitters
- Suppression of apolipoprotein E
- Effects on cerebral blood flow
- Different types of dementia
- Treatable causes, e.g. endocrine, toxic, traumatic and metabolic and, cholinesterase inhibitors
- Non-modifiable and lifestyle risk factors for breast cancer
- The role of HRT in women with benign breast conditions and the different levels of risk in these groups
- Principles of the NHS breast screening programme and the indications for imaging in symptomatic women
- The referral guidelines for women with breast symptoms and diagnostic triple assessment
- Principles of adjuvant endocrine therapy for breast cancer and chemoprevention in women at high risk of developing the disease so that doctor can advise patients appropriately
- The risks of treatment and non-treatment
- The difference between sequential and continuous combined HRT regimens and the bleeding patterns that are expected with both.
- The causes of abnormal bleeding in perimenopausal and postmenopausal women and unscheduled bleeding in people on HRT, plus how to assess such cases.
- The management options for women with unscheduled bleeding on HRT, including changing the way they take progestogen. This could include changing the dose, duration of taking it or how progestogen is prepared in their HRT regimen.

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MPC CiP 3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI).	
Key skills	**Descriptors**
Is able to diagnose POI	• Applies an understanding of the physiological changes in follicle-stimulating **hormone** (FSH) levels, inter-cyclical variations and the role of FSH in the diagnosis of POI. • Is able to diagnose POI and discusses differential diagnosis with patients who have the condition.
Is able to discuss the short-term and long-term sequelae of POI and how it can be managed	• Can counsel someone on the impact of POI on their bone, cardiovascular and cognitive health. Is able to discuss the role of HRT/combined hormonal contraception (Combined Oral Contraception (COC)) in minimising the long-term health sequelae associated with POI. • Discusses the role of HRT for managing symptoms. • Is able to demonstrate understanding of contraceptive needs/options in women with POI.
Manages low bone density in women with POI	• Screens for bone density e.g., DEXA scan and bone turnover markers and understands their relevance. • Discusses lifestyle modifications, the role of weight-bearing exercise, calcium and vitamin D supplements.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CBD • Reflective practice	• TO2 (including SO) • Local and deanery teaching • RCOG Learning

Mandatory requirements
No mandatory evidence

Knowledge criteria

• The physiology, epidemiology and demography of the climacteric to include:
  ○ endocrine changes
  ○ aetiology of ovarian failure
  ○ primary and secondary ovarian failure and surgical menopause
• The role of anti-Müllerian Hormone (AMH) in assessing ovarian reserve and its potential role in the assessment of women with POI, where the diagnosis is inconclusive
• Genetics of the menopause and the role of genetic screening and autoantibody screening in women with POI
• The differences between HRT and COC. Also the difference between COC containing ethinylestradiol and those containing estradiol.
• The fertility implications of POI and the options available to women with POI who want to get pregnant, including the role of egg donation
• The role and pros and cons of fertility preservation and oocyte freezing in women at risk of POI

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- The role of HRT in treating low bone density
- The limitations and reservation regarding the use of bisphosphonates in women with POI

MPC CiP 4: The doctor is able to manage a menopause service.	
Key skills	**Descriptors**
Demonstrates that they can develop the service	• Liaises with management teams and clinical commissioning groups (CCGs). • Has an understanding of financial considerations to develop a menopause service. • Has experience in participating in clinical governance. • Can demonstrate that they have been involved in quality improvement. • Is able to undertake data analysis and collection related to outcomes.
Develops clinical guidelines and patient information	• Is aware of available sources of written and web-based information for patients. • Designs or adapts patient information so that it can be used locally and understands local processes for patient information. • Participates in writing protocols, clinical pathways, service development plans and evidence-based guidelines. • Establishes and/or enhances local clinical pathways.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • Reflective practice • Local and deanery teaching • TO2 (including SO)	• RCOG Learning • Perform quality improvement project • NOTSS • Develops and enhances local clinical pathways

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Principles of setting up and maintaining a formulary
- Organisational structure of CCGs/trusts and funding issues
- Ethical issues related to clinical decision making and legal responsibilities
- Links with primary and secondary care
- The leadership skills required in clinical organisation
- The definition and conduct of auditing e.g. benchmarking, audit cycle and closing the loop

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- The evidence base of best practice, including quantitative research, principles of statistics, healthy user bias and factors of statistical confabulation
- The principles of research methodology, specifically:
    - types of projects e.g. observational/Randomised Controlled Trial (RCT)/translational
    - role of research and development department
    - importance of Good Clinical Practice (GCP)
    - obtaining ethics approval
    - Central Office for Research Ethics Committees/Multicentre Research Ethics Committees/Local Research Ethics Committees)
    - application for funding
    - role of Medicines and Healthcare Products Regulatory Agency/EMEA/FDA

SECTION 2: PROCEDURES

There are no procedures in this SIPM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO MPC CiPs

MPC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess someone presenting with menopausal symptoms		X	X		X	X
2: The doctor understands the benefits and risks of HRT and alternative therapies		X	X		X	X
3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI)		X	X		X	X
5: The doctor is able to manage a menopause service		X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Avis NE, Carolina N and Crawford SL. Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA* 2015; 175: 531–539.
2. Baber RJ, Panay N and Fenton A The IMS Writing Group. 2016 IMS Recommendations on women's midlife health and menopause hormone therapy. *Climacteric* 2016; 19: 109–150.
3. Boardman HM, Hartley L, Eisinga A, et al. Hormone therapy for preventing cardiovascular disease in postmenopausal women. *Cochrane Database Syst Rev* 2015; 3: CD002229.
4. British Menopause Society. *Management of the Menopause 6th Edition*. British Menopause Society; September 2017.
5. Collins P, Webb CM, de Villiers TJ, et al. Cardiovascular risk assessment in women – an update. *Climacteric* 2016; 19: 329–336.
6. European Society of Human Reproduction and Embryology (ESHRE). Management of women with premature ovarian insufficiency. December 2015

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[https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Management-of-premature-ovarian-insufficiency.aspx].
7. Fournier A, Berrino F and Clavel-Chapelon F. Unequal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat* 2008; 107: 103–111.
8. Fournier A, Mesrine S, Dossus L, et al. Risk of breast cancer after stopping menopausal hormone therapy in the E3N cohort. *Breast Cancer Res Treat* 2014; 145: 535–543.
9. Hamoda H; British Menopause Society and Women's Health Concern. The British Menopause Society and Women's Health Concern recommendations on the management of women with premature ovarian insufficiency. *Post Reproductive Health* 2017 Mar;23(1):22-35. doi: 10.1177/2053369117699358. Review. PubMed PMID: 28381102.
10. Hamoda H, Panay N, Arya R, Savvas M. The British Menopause Society & Women's Health Concern 2020 recommendations on hormone replacement therapy in menopausal women - PubMed (nih.gov)
11. Hodis HN, Mack WJ, Henderson VW, et al. ELITE Research Group. Vascular effects of early versus late postmenopausal treatment with estradiol. *N Engl J Med* 2016; 374: 1221–1231.
12. MacLennan AH, Broadbent JL, Lester S, et al. Oral estrogen and combined estrogen/progestogen therapy versus placebo for hot flushes. *Cochrane Database Syst Rev* 2004; 4: CD002978.
13. Morris E and Currie H, editors. *Post Reproductive Health Journal – The Official Journal of the British Menopause Society* Sage Publications.
14. National Institute for Health and Care Excellence. *Menopause: diagnosis and management. NICE guideline*[NG23]. London: NICE, 12 November 2015 [https://www.nice.org.uk/guidance/ng23].
15. Renoux C, Dell'Aniello S and Suissa S. Hormone replacement therapy and the risk of venous thromboembolism: a population-based study. J Thromb Haemost 2010; 8: 979–986.
16. Renoux C, Dell'aniello S, Garbe E, et al. Transdermal and oral hormone replacement therapy and the risk of stroke: a nested case-control study. *BMJ* 2010; 340: c2519.
17. Stute P, Neulen J and Wildt L.. The impact of micronized progesterone on the endometrium: a systematic review. *Climacteric* 2016; 7137: 1–13.

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SITM: Paediatric and Adolescent Gynaecology (PAG)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PAG CiP 1: The doctor is able to assess children presenting with gynaecological problems during prepuberty and adolescence.	
Key skills	**Descriptors**
Takes an age-appropriate history and carries out a clinical examination, including a genital assessment in a prepubertal girl	• Makes sure that carers or family members are involved when they assess children. • Assesses pubertal status including Tanner stage. • Appropriately manages a consultation with a child who has neurodiversity issues, learning difficulties or complex needs. • Understands when it is appropriate to carry out a clinical examination on a child.
Takes an age-appropriate history and carries out a clinical examination, including a genital assessment in an adolescent girl	• Is aware of the elements of a paediatric history • Negotiates appropriate involvement of parents or carers in the consultation. • Establishes rapport with adolescent and parents. • Appropriately manages a consultation with an adolescent who has neurodiversity issues, learning difficulties or complex needs. • Understands when it is appropriate to carry out a clinical examination on an adolescent girl.
Recognises the indicators of child sexual abuse and where safeguarding may be needed	• Identifies a child at risk of sexual abuse and refers appropriately in line with local safeguarding policy. • Is able to discuss possibility of sexual abuse in a sensitive manner with the child's parents. • safeguarding to level 3.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice	• TO2 (including SO) • Local and deanery teaching • RCOG Learning

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Mandatory requirements
No mandatory evidence

Knowledge criteria
• Normal and abnormal puberty, including precocious puberty • Prepubertal conditions related to the vulva and vagina • Primary amenorrhoea • Menstrual disorders in adolescence • How to manage menstruation in adolescents with neurodiversity or learning difficulties • Polycystic ovary syndrome (PCOS) and its evolution in adolescence • Adolescent sexual health, teenage pregnancy and contraception • Adolescent athletes and Relative Energy Deficiency in Sport (RED-S) • The effects of cancer on children who survive it, including premature ovarian insufficiency and fertility issues • Pelvic pain, including endometriosis and non-gynaecological causes • How to investigate and manage ovarian cysts or pelvic masses and when to refer someone • How to investigate and manage congenital gynaecological anomalies • Disorders of Sex Development (DSD), previously known as intersex, including the psychological implications on someone who has it, disclosing of karyotype and possible gender identity issues • Gynaecological problems in those with other related congenital anomalies e.g. urological • Human papillomavirus (HPV) vaccination programme in the UK • Practical and legal issues arising from female genital mutilation • Child protection issues and child sexual abuse • The principles of competence, capacity, confidentiality and consent

PAG CiP 2: The doctor appropriately manages vulval symptoms, vaginal discharge, abnormal bleeding and pelvic mass during pre-puberty and adolescence.	
Key skills	**Descriptors**
Manages the care of girls with vulval symptoms	• Recognises normal and abnormal appearance of the vulva in children. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.

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Manages the care of girls with vaginal discharge	• Distinguishes between normal and abnormal discharge. • Investigates and manages vaginal discharge. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.
Manages the care of girls with vaginal bleeding and menstrual disorders	• Distinguishes between normal and abnormal bleeding. • Investigates and manages vaginal bleeding appropriately, both in routine and emergency situations. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.
Recognises abdominopelvic pathology	• Evaluates and manages the lower abdominal and pelvic mass presenting in pre-puberty or adolescence.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• NOTSS • TO2 (including SO) • Local and regional teaching • RCOG Learning • Reflective practice	• Mini-CEX • CbD

Mandatory requirements

- OSATS:
  - examination under anaesthetic and vaginoscopy

Knowledge criteria

- Prepubertal conditions related to the vulva and vagina:
  - vulvovaginitis
  - vaginal bleeding
  - labial adhesions
  - lichen sclerosus
- Vulval skin problems in adolescents e.g. eczema and lichen sclerosus
- Other vulval pathology e.g. Lipschütz ulcers and herpes
- Body dysmorphia relating to the appearance of the vulva
- Menstrual disorders in adolescence:
  - menorrhagia
  - dysmenorrhoea
  - causes and management of primary amenorrhoea, oligomenorrhoea and secondary amenorrhoea
  - menstruation suppression in adolescents with learning difficulties or neurodiversity

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- Pelvic pain, endometriosis and non-gynaecological causes of pain in children
- Child protection issues and child sexual abuse
- The investigation and appropriate referral of a pelvic mass
- The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues
- Primary amenorrhoea
- Congenital gynaecological anomalies
- The principles of competence, capacity, confidentiality and consent

PAG CiP 3: The doctor recognises and manages endocrine and congenital anomalies that affect puberty.	
Key skills	**Descriptors**
Manages the care of girls with endocrine anomalies that impact on sexual development and menstruation	• Recognises, investigates and manages all causes of primary amenorrhoea. • Recognises, investigates and manages virilisation at puberty and can counsel an adolescent who has this condition. • Diagnoses and explains the impact of and how to manage PCOS, premature ovarian insufficieny and less common endocrine disorders of sexual development, such as androgen insensitivity syndrome (AIS). • Recognises the effects of eating disorders, exercise, RED-S and high body mass index on sexual development and menstruation.
Manages the care of girls with congenital structural anomalies that may have an impact on their sexual development	• Discusses issues relating to sexual function and potential fertility options with an adolescent who has a known DSD, including appropriate referral. • Performs examination of the shortened vagina and provides advice on vaginal dilation therapy.
Recognises DSD	• Develops an understanding of the psychological implications of DSD including disclosing karyotype and possible gender identity issues. • Understands the need for honesty and disclosure about the range of issues the condition raises for the patient and their family. Is sensitive to the challenges these conditions pose for all involved. • Prescribes hormones to a patient with DSD. • Is sensitive to the patient's increased risk of abuse

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Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • TO2 (including SO) • Local and regional teaching • RCOG Learning	• Mini-CEX • CbD

Mandatory requirements

- OSATS:
  - Treatment of haematocolpos due to imperforate hymen

Knowledge criteria

- Normal and abnormal puberty, including precocious puberty
- The effects of precocious puberty and when it is appropriate to refer to another professional
- PCOS and its evolution in adolescence, including:
  - how it presents
  - how to investigate it
  - how to treat it
  - how diet and lifestyle issues can affect it
- Effects of BMI and RED-S
- The features and implications of Turner syndrome
- The presentation and management of obstructive, septal or duplex Müllerian anomalies and Müllerian agenesis (Rokitansky syndrome)
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Psychological problems associated with a diagnosis of reproductive congenital anomaly
- The effects of complex conditions on reproductive issues e.g. a stoma having an impac on sexual confidence, as well as health implications for pregnancy
- Understands the implications of gender dysphoria in children

PAG CiP 4: The doctor provides advice that is tailored to adolescents on safe sex, pregnancy and contraception.	
Key skills	**Descriptors**
Provides appropriate contraceptive advice	• Takes sexual and contraceptive history from adolescents, including those with complex chronic conditions, long-term illness and current health problems. • Discusses contraceptive choices, infection risks and sequelae, and safe sex.

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Investigates and manages genitourinary tract infections	• Examines and investigates the adolescent appropriately, including carrying out screening and treating genital infections. • Manages persistent urinary symptoms.
Manages the disclosure of a planned or unplanned pregnancy	• Discusses all options for the pregnancy and makes an appropriate referral or arrangements. • Respects confidentiality of the adolescent.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice	• TO2 (including SO) • Local and deanery teaching • RCOG Learning

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Adolescent sexual health and contraception
- Gynaecological and sexual health in adolescents with chronic illness e.g. diabetes, learning difficulties, complex needs or other problems, such as social deprivation
- The advice, legal and consent issues around unplanned teenage pregnancy
- Chronic pelvic pain
- Child protection, safeguarding issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	***Level by end of training***	***CIP 2***	***CIP 3***
Examination under anaesthetic and vaginoscopy*	5	X	
Treatment of haematocolpos due to imperforate hymen*	5		X

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SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPC)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO PAG CiPs

PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess children presenting with gynaecological problems during prepuberty and adolescence		X	X		X	X
2: The doctor appropriately	X	X	X	X	X	X

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PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
manages vulval symptoms, vaginal discharge, abnormal bleeding and pelvic mass during pre-puberty and adolescence						
3: The doctor recognises and manages endocrine and congenital anomalies that affect puberty	X	X	X		X	X
4: The doctor provides advice that is tailored to adolescents on safe sex, pregnancy and contraception		X	X		X	X

SITM: Robotic Assisted Gynaecological Surgery (RAGS)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Gynaecological Surgical Care SITM.

RAGS CiP 1: The doctor can be an effective assistant within the multidisciplinary robotic surgical team.	
Key skills	**Descriptors**

Is familiar with robotic components, instruments, mechanics, ergonomics and fundamental techniques in RAGS involved	• Understands how to set up the operating room for RAGS. • Can correctly position the patient for robotic surgery. • Undertakes vaginal preparation for a robotic procedure. • Aware of principles of the robotic system and the fundamentals of the component of instruments used by the technology. • Is able to drape the robot. • Is able to respond to system errors. • Able to drive the robot. • Can maintain a clear image by cleaning/changing the camera. • Is able to insert, change and remove robotic instruments. • Is able to place the port to perform the robotic procedure. • Understands different docking positions and able to dock the robot in different positions. • Can troubleshoot and re-dock the robotic system. • Can use suction and maintain a clear operative field to carry out surgery. • Is able to introduce and present a loaded needle. • Understands and can use different methods to maintain pneumoperitoneum. • Can safely retrieve needle, swabs and specimen.
Safely uses energy sources as part of robotic surgery	• Uses correct energy type and setting for each procedure. • Takes steps to prevent diathermy related complications. • Is aware of mechanism of how to use different energy sources when performing RAGS.
Works effectively as part of the multidisciplinary team (MDT)	• Appreciates the impact of human factors on how the team functions and the safety of the surgery. • Provides leadership within the MDT when carrying out robotic surgery. • Communicates clearly with the theatre and anaesthetic team. • Understands specimen handling and histology and cytology requests. • Communicates with recovery and ward staff to determine the post-operative treatment plan. • Instructs nursing staff on postoperative care and pain management. • Makes sure someone's thromboprophylaxis type, dose and duration is communicated to postoperative teams and the patient.

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Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • TO2 • Direct observation by senior colleagues • Attendance at local, deanery and national teaching • Completed online training module for robotic system • Attendance at local, regional or national robotic courses	• Confirmed participation in MDT meetings and clinics • Leads critical incident review • CbD • Mini-CEX • TO2 (including SO)

Mandatory requirements

- OSATS:
  - Docking and undocking of robot
  - robotic assisted hysterectomy

Knowledge criteria

- Understands the fundamentals of the robotic system components and instrumentation
- Understands how energy sources are used in robotic surgery and the potential complications if they are used inappropriately
- Understands the importance of communicating with the scrub team about needle/swab count
- Relevant anatomy and how robotic systems could interfere with them
- Understands indications for robotic surgery including:
  - informed consent
  - effects of pneumoperitoneum
- Is able to understand why the robot arm clashes and adjust its position
- Understands the appropriate use of an assistant port to insert instruments
- Understands neurological conditions that could be due to the patient being poorly positioned during a prolonged procedure
- Objective methods for assessing port placement and pneumoperitoneum

RAGS CiP 2: The doctor uses robotic assistance to provide high-quality surgery for pelvic pathology	
Key skills	**Descriptors**
Demonstrates safe surgical practice	• Selects people appropriately for robotic surgery with emphasis on complex patients, high body mass index and those with deep pelvic pathology, where robotic assistance will enhance someone's surgery and recovery. • Can overcome lack of haptic feedback with robotic surgery.

	• Can carry out microdissection and atraumatic tissue handling with the robotic system. • Maintains the safety of the operative field where the surgery is performed. • Can perform ovarian or uterine artery ligation. • Can independently perform laparoscopic/robotic adhesiolysis. • Can independently perform a robotic hysterectomy. • Has appropriate suture handling and knot tying skills for robotic surgery.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • NOTSS • Attendance at risk management meetings • Attendance at skills drill events • Completion of online system training • Completion of 30 hours of simulation console training (indicative) • Attendance at robotic course(s)	• NOTSS • CbD • Feedback from trainer • TO2 • Mini-CEX

Mandatory requirements

- OSATS:
  - docking and undocking of robot
  - robotic assisted hysterectomy

Knowledge criteria

- The necessary robotic equipment and how to set up the theatre
- Potential surgical complications
- How to manage major haemorrhage
- The indications and complications of robotic procedures:
  - robotic port placement
  - surgical anatomy of pelvis
- Alternative treatment options for patients with pelvic disorders, the indications that they are necessary , complications of other treatment options and getting informed consent
- Understands the fundamentals of the robotic system components and instrumentation
- Understands how energy sources are used in robotic surgery and their potential complications if used inappropriately
- Understands the importance of communicating with the scrub team and checking the needle/swab count.
- Can prevent excessive blood loss during the surgical procedure

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• Is able to undertake robotic assisted suturing • Surgical management of complications and making an appropriate referral • Can involve another specialist and ask for help, as required. • Is able to perform an emergency undocking procedure • Is able to change to laparoscopy or laparotomy, as appropriate • Demonstrate understanding of specimen handling and histology/cytology requests • Effective communication with recovery and ward staff

RAGS CiP 3: The doctor can recognise assess and manage complications and emergencies in robotic theatre.	
Key skills	**Descriptors**
Recognises, minimises, and manages harm from complications of RAGS	• Recognises surgical complications, such as bowel, urinary and vascular injuries, and involves appropriate specialists, where needed. • Recognises potential risks during surgery and makes appropriate decisions to prevent harm to the patient. • Recognises the role of other specialists in managing surgical complications. • Recognises the potential effect of prolonged pneumoperitoneum. • Understands the indications for moving to laparoscopic or open surgery. • Demonstrate situational awareness and monitors blood loss. • Can assess and manage an unstable patient. • Is able to perform an emergency undocking procedure. • Recognises early warning signs of complications in patients who have had surgery. • Manages complications after surgery and can determine the need for care from the high dependency unit (HDU)
Can lead and manage robotic theatre in an emergency	• Understands the importance of 'human factors' in the context of the robotic theatre environment. • Manages any complication calmly and requests help early, as and when needed, as part of working in a MDT. • Puts patient in a safe ergonomic position in the theatre to keep them safe. • Is able to communicate clearly with the scrub and anaesthetic teams, and assistants during an emergency. • Safely removes instruments under their direct vision.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Evidence of setting up local robotic teaching programme • Reflective practice • Feedback from trainees and theatre staff • Attend theatre team briefing and World Health Organisation checklist • Attend risk management meetings	• NOTSS • CbD • Mini-CEX • Feedback from trainees • TO2 • Local and deanery teaching

Mandatory requirements

- OSATS
  - docking and undocking of robot

Knowledge criteria

- Understands why it is important to communicate with the scrub team and assistant.
- Aware of the impact of human factors on running a safe theatre list to reduce complications during surgery.
- Understands what you need to do with the robot system before removing instruments
- Understands how to overcome a system error in an emergency
- Understands that uninterrupted power supply to robot components is essential
- Teaching skills and giving clear instructions
- Understands the importance of giving precise instructions to assistant to perform arterial clip application to prevent bleeding
- Is able to give supportive, constructive feedback to trainees and assistants
- Has knowledge of how to perform an emergency undocking procedure and knows how to communicate with the team
- Can prevent excessive blood loss during a surgical procedure
- Effectively communicates with recovery and ward staff

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*
Docking and undocking of robot*	5	X	X	X
Robotic assisted hysterectomy*	5	X	X	

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Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*
Robotic assisted myomectomy	1	X		
Robotic assisted excision of rectovaginal endometriosis	1	X		
Robotic assisted hysterectomy for gynaecological cancer with or without (+/-) lymph node dissection	1	X		
Robotic assisted procedure for pelvic floor prolapse or incontinence	1	X		

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPC)

Mapping to GPCs
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SECTION 4: MAPPING OF ASSESSMENTS TO RAGS CiPs

RAGS CIP	Online Modules Possible Courses	OSATS	Mini-CEX	CbD	NOTSS	TO1 / TO2	Reflective practice
1: The doctor can be an effective assistant within the multidisciplinary robotic surgical team	Online Modules Simulator training certification	Simulator task based	X	X	X	X	X
2: The doctor uses robotic assistance to provide high- quality surgery for pelvic pathology	Log book Audit Project Dry lab/Wet lab robotic courses Training courses	X	X	X	X	X	X
3: The doctor can recognise, assess and manage complications and emergencies in robotic theatre	Skills drill/robotic courses Human factors/ communication course	X	X		X	X	X

SITM: Safe Practice in Abortion Care (SPAC)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

SPAC CiP 1: The doctor communicates and manages effectively to provide safe abortion care.

Key skills	Descriptors

Provides accurate information, without judgement, on the appropriate methods for termination of pregnancy for the gestational age	• Can counsel a person on all options and the associated health issues should they choose to terminate their pregnancy, including explaining:
	  ○ what support there is for continuing their pregnancy
	  ○ adoption
	  ○ the medical and surgical methods for terminating a pregnancy
	• Demonstrates understanding of the benefits, risks and alternatives for surgical and medical methods, including Manual Vacuum Aspiration (MVA), outside of a theatre setting.
	• Clearly explains treatment regimes, potential side effects of drugs and complications of procedures.

Communicates and puts together an appropriate management plan, taking into account the person's preferences and how urgent it is	• Identifies the reason for a consultation and allows the person to fully explain why they are there. • Deals sensitively with embarrassing and/or disturbing topics. • Structures interviews with people in a logical sequence, and phrases questions simply and clearly. • Involves other specialists, as appropriate; respects and observes confidentiality; and displays tact, empathy, respect and concern for the patient. • Discusses the potential consequences of not completing a treatment regime.
Plans management for high risk and vulnerable groups appropriately	• Ascertains whether a person under 16 has support from other people and encourages them to involve their parents or carers. • Respects religious and cultural diversity and beliefs. • Is aware of women experiencing coercive control from a partner or family member and the need for privacy in interviews. • Appreciates the range of sexuality, culture and lifestyle choices that patients might have, and the way these things can affect them and have an impact on how their abortion is managed. • Checks patient and carer is aware of the procedure, analgesia requirements, what support is available and the expected course of recovery. • Makes sure everyone knows what signs and symptoms after abortion are not normal, including who to contact in an emergency.

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	• Works effectively as part of a multidisciplinary team (MDT) in high-risk situations.
Makes sure people receive screening for sexually transmitted infections (STI), post abortion contraception and appropriate follow-up care.	• Discusses and documents a plan for STI screening, post-abortion contraception, and indications for and availability of post-abortion follow-up care. • Prescribes contraception and gives sexual health advice appropriate to the person's circumstances.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • Reflective practice • NOTSS	• Local and deanery teaching • RCOG Learning • TO2 (including SO)

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The UK legal and regulatory aspects of abortion care: the Abortion Act 1967 and The Abortion (Amendment) (England) Regulations 2002 (legislation.gov.uk)
- Abortion (Northern Ireland) (No. 2) Regulations 2020
- The role of the doctor in completing necessary forms for authorising an abortion and notifying the Chief Medical Officer
- Understand the benefits, risks and alternatives for surgical and medical methods, including MVA, outside of a theatre setting, depending on the gestational age, and the person's medical and social history
- Understand how these options change after 12 weeks and after approximately 19 weeks, depending on local policies
- Familiarity with local and national guidelines
- Local care pathways for high risk and protected groups, including any safeguarding issues
- Department of Health. *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health;* 2004.

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SPAC CiP 2: The doctor has the ultrasound skills that are needed to provide safe abortion care.	
Key skills	**Descriptors**
Able to safely perform transabdominal and transvaginal scanning of the female genital tract.	• Is able to identify all key pelvic structures, recognises normality and deviations from normal. • Is able to optimise image quality. • Can store images securely and construct a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies. • Is able to date the pregnancy across all trimesters. • Recognises normal and abnormal uterine anatomy. • Recognises the possibility of non-viable. intrauterine/ectopic/heterotopic/scar pregnancy and refers appropriately.
Uses ultrasound to guide and confirm that evacuation of the uterus.	• Identifies the endocervical canal and its instrumentation when the cervix is dilated. • Directs others to provide effective ultrasound guidance when the uterus is being evacuated. • Recognises successful completion of the procedure.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • Reflective practice	• NOTSS • TO2 (including SO) • Local and deanery teaching • RCOG e-Learning
Mandatory requirements	
• OSATS: ○ Ultrasound examination of early pregnancy complications	
Knowledge criteria	
• Cervical, uterine and placental anatomy • The use of ultrasound to date crown rump length (CRL) or from 14 weeks head circumference (HC), abdominal circumference (AC) and femur length (FL) • The ultrasound features of normal and abnormal uterine anatomy and implantation (e.g. cervical or scar pregnancy) • The ultrasound appearances during termination and after the procedure has been successfully completed	

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SPAC CiP 3: The doctor has the procedural skills that are needed to provide safe abortion care.	
Key skills	**Descriptors**

Manages safe abortion using their technical skills	• Prescribes appropriately for a medical abortion, including abortifacients and analgesia.
	• Prescribes appropriately for cervical priming before surgical abortion.
	• Prescribes appropriately to reduce the risk of complications (eg. Infection, haemorrhage and alloimmunisation).
	• Identifies indications for, performs cervical preparation andsafely inserts and removes osmotic cervical dilators.
	• Safely performs mechanical dilatation of the cervix.
	• Completes the procedure and investigations by:
	  ○ confirming complete evacuation of products on inspection of these
	  ○ safely and sensitively disposing of the pregnancy remains
	  ○ arranging investigations, as indicated in the case of a fetal or placental anomaly or forensic examination
	  ○ correctly placing intrauterine contraceptive, if chosen
	  ○ producing a suitable report of the procedure

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• NOTSS • Local and deanery teaching • RCOG Learning	• Mini-CEX • CbD • Reflective practice

Mandatory requirements

• OSATS:
  ○ MVA
  ○ EVA
  ○ dilation and evacuation for pregnancies for 13+6 and more weeks pregnant)

Knowledge criteria

• The pain management options for MVA:
  ○ local cervical anaesthesia
  ○ oral analgesia
  ○ mild-moderate (conscious) sedation
• The environment staffing, supplies and set-up required to safely and effectively provide:
  ○ office-based uterine evacuation

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- theatre-based uterine EVA
- theatre-based D&E, including theatre set-up, positioning the patient and required equipment

- The indications and contra-indications to, and cautions for the, use of mifepristone and/or misoprostol or other prostaglandin analogue (e.g. gemeprost)
- The evidence-based recommendations for prescribing antibiotics, uterotonics and anti-D immunoglobulin
- The indications and contra-indications to, and cautions for, using osmotic cervical dilators [not required for surgical skills at 13+6 weeks]
- Familiarity with the Human Tissue Authority Guidance (2015) on disposing pregnancy remains following pregnancy loss or termination
- The indications for post-mortem examination and karyotyping when terminating for a fetal anomaly. Understand documentation and follow up for gestational trophoblastic disease (GTD).
- Best practice including:
  - *Renner R, Jensen JTJ, Nichols MDN, Edelman A.* Pain control in first trimester surgical abortion*. Cochrane Database of Systematic Reviews* 2009;(2): CD006712.
  - Okusanya BO, Oduwole O, Effa EE. Immediate postabortal insertion of intrauterine devices. *Cochrane Database of Systematic Reviews* 2010;(6): CD001777.
  - Department of Health. *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health;* 2004.

SPAC CiP 4: The doctor can safely manage complications associated with abortion care.	
Key skills	**Descriptors**
Manages cervical trauma	• Recognises when to call for assistance for cervical trauma. • Communicates and works effectively with the MDT when they are managing cervical trauma.
Manages uterine trauma	• Recognises when to call for assistance for uterine trauma. • Communicates and works effectively with the MDT when they are managing uterine trauma.
Manages post-abortion haemorrhage and collapse	• Recognises and manages immediate complications of surgical abortion (eg. Cervical laceration, uterine perforation, acute haemorrhage and vasovagal episode) and medical abortion (e.g. retained placenta, acute haemorrhage and uterine rupture). • Recognises and manages delayed complications of medical and surgical abortion (eg. Endometritis, incomplete

	abortion/retained products of conception and mental health problems.
Manages complex cases that require medical or surgical abortion	• Recognises when a transcervical approach is not feasible and appropriately refers for hysterectomy or hysterotomy, in women with specific medical comorbitities, uterine or placental anomalies. • Communicates and works effectively with the MDT. • Identifies and manages immediate complications by inserting osmotic cervical dilators (e.g. vasovagal or false passage) or removal (e.g. hourglassing).
Manages post-abortion mental health	• Manages emotional difficulties and refers to appropriate health professional.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice	• Local and deanery teaching • TO2 (including SO) • NOTSS • RCOG Learning • Participating in MDT simulation training • Leads critical incident review

Mandatory requirements
No mandatory evidence

Knowledge criteria
• How to recognise and manage the complications of surgical abortion (e.g. cervical laceration, uterine perforation, acute haemorrhage and a vasovagal episode) and medical abortion (e.g. retained placenta, acute haemorrhage and uterine rupture) • How to recognise and manage delayed complications of medical and surgical abortion (e.g. endometritis, incomplete abortion/retained products of conception and mental health problems)

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

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Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CIP 4*
Ultrasound examination of early pregnancy complications*	5		X		
MVA*	5			X	
EVA*	5			X	
Dilation and evacuation for pregnancies for 13+6 and more weeks pregnant*	5			X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO SPAC CiPs

SPAC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor communicates and manages effectively to provide safe abortion care		X	X	X	X	X
2: The doctor has the ultrasound skills that are needed to provide safe abortion care	X	X		X	X	X
3: The doctor has the procedural skills that are needed to provide safe abortion care	X	X	X	X	X	X
4: The doctor can safely manage complications associated with abortion care	X	X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Abortion Act 1967. London: HMSO [www.legislation.gov.uk/ukpga/1967/87/contents].
2. Darney PD, Sweet RL. Routine intraoperative ultrasonography for second trimester abortion reduces incidence of uterine perforation. *J Ultrasound Med* 1989 Feb;8(2):71-5.
3. Abortion (Northern Ireland) (No.2) Regulations 2020 https://www.legislation.gov.uk/uksi/2020/503/part/7/made

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4. Department of Health. Abortion Notification Forms [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4063863].
5. Department of Health. *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health;* 2004.
6. Faculty of Sexual and Reproductive Healthcare. Clinical Effectiveness Unit. Clinical Guidance. *Contraception after pregnancy* 2007 [www.fsrh.org/news/new-fsrh-guideline--contraception-after-pregnancy/].
7. Fox MC, Krajewski CM. Cervical preparation for second-trimester surgical abortion prior to 20 weeks' gestation: *SFP Guideline* #2013-4. Contraception 2014;89:75-84.
8. General Medical Council. *Consent guidance: patients and doctors making decisions together.* 2008.
9. Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH et al. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. *Obstet Gynecol* 2015 Sep;126(3):599-609.
10. Grimes DA. The choice of second trimester abortion method: evolution, evidence and ethics. *Reprod Health Matters* 2008 May;16(31 Suppl):183-8.
11. Harris LH. Second trimester abortion provision: breaking the silence and changing the discourse. *Reprod Health Matters* 2008 May;16(31 Suppl):74-81.
12. Kelly T, Suddes J, Howel D, Hewison J, Robson S. Comparing medical versus surgical termination of pregnancy at 13-20 weeks of gestation: a randomised controlled trial. *BJOG* 2010 Nov;117(12):1512-20.
13. Kerns J, Steinauer J. Management of postabortion hemorrhage: November 2012 SFP Guideline #20131. Contraception. 2013 Mar;87(3):331-42.
14. Lichtenberg ES. Complications of osmotic dilators. *Obstet Gynecol Surv* 2004 Jul;59(7):528-36.
15. Medical versus surgical methods for first trimester termination of pregnancy. *Cochrane Database of Systematic Reviews* 2005;(1):CD003037.
16. Newmann S, Dalve-Endres A, Drey EA. Society of Family Planning. Clinical guidelines. Cervical preparation for surgical abortion from 20 to 24 weeks' gestation. *Contraception* 2008;77:308-14.
17. Okusanya BO, Oduwole O, Effa EE. Immediate postabortal insertion of intrauterine devices. *Cochrane Database of Systematic Reviews* 2010;(6): CD001777.
18. Paul M, Lichtenberg S, Borgatta L, et al. eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care.* 2nd ed. Chichester: WIley-Blackwell; 2009.
19. RCOG Presenting Information on risk. *Clinical Governance Advice* No. 7; 2008.
20. RCOG: Patient leaflet: *Information about abortion care*; 2012.
21. *Renner R, Jensen JTJ, Nichols MDN, Edelman A.* Pain control in first trimester surgical abortion. *Cochrane Database of Systematic Reviews* 2009;(2): CD006712.
22. Rowlands S, ed. *Abortion Care.* Cambridge: Cambridge University Press, 2014.

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23. Statutory Instrument 2002 No. 887. The Abortion (Amendment) (England) Regulations 2002. London: HMSO; 2002 [www.legislation.gov.uk/uksi/2002/887/made].
24. Termination of Pregnancy for Fetal Abnormality in England, Scotland & Wales. *Report of a Working Party*. RCOG;2010 [www.rcog.org.uk/termination-pregnancy-fetal-abnormality-england-scotland-and-wales].

SITM: Urogynaecology and Vaginal Surgery (UGVS)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

UGVS CiP 1: The doctor has the knowledge, skills and attitudes required to clinically assess patients who have pelvic floor dysfunction.	
Key skills	**Descriptors**
Takes and presents a urogynaecological history in patients with urinary, bowel, pelvic organ prolapse and sexual problems	• Takes and presents an appropriate history, including the impact on quality of life. • Uses terminology in accordance with the International Continence Society. • Communicates patient's symptoms effectively and understands their severity and social and psychological impact.
Uses standardised assessment tools when assessing patients	• Uses a clinical history and a bladder diary to make an initial diagnosis. • Selects appropriate standardised symptom and quality of life questionnaires.
Performs a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction	• Performs an appropriate examination, elicits abdominal and pelvic signs, and highlights relevant findings to the team. • Describes the stage of pelvic organ prolapse using a recognised method, like the Pelvic Organ Prolapse Quantification (POP-Q) system, or new assessments as they are introduced into clinical practice.

	• Performs a neurological examination to assess neurological conditions that may affect the pelvic floor, and for perineal denervation. • Puts clinical findings in the context of the patient's symptoms.
Communicates and links with members of local and regional multidisciplinary teams	• Communicates the significance of clinical findings to the patient and multidisciplinary team. • Recognises indications and refers appropriately to specialist centres (e.g. mesh complications, fistula).

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • TO1/TO2 (including SO) • Attend urogynaecology clinics • Case discussion and observation of senior medical staff • Personal study	• Tailored clinical experience • Feedback from trainer • CbD • Mini-CEX • Evidence of attendance at appropriate courses

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The terminology used for pelvic floor dysfunction
- The relationship between pelvic floor symptoms and other medical conditions, including neurological conditions and their impact on the pelvic floor
- An understanding of evidence-based guidance
- Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)
- Objective methods for assessing pelvic organ prolapse, including the POP-Q system
- Design and validation of standardised symptom and quality of life questionnaires
- Examination findings relevant to lower urinary tract disorders and prolapse

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UGVS CiP 2: The doctor selects and performs tests appropriate for common urogynaecological presentations and interprets the results.	
Key skills	**Descriptors**
Performs, understands, and interprets appropriate investigation for assessment of pelvic floor and functional bladder symptoms	• Requests and interprets results of urinalysis and formal urine culture and cytology. • Assesses urinary residual by bladder scan. • Undertakes urodynamics according to the standards set down in the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net). • Undertakes urodynamic investigation according to national standards. • Demonstrates an understanding of fluid dynamics, bladder, and urethral function. • Understands the basic principles of urodynamic testing. • Demonstrates an ability to set up, use and maintain the equipment. Takes the measures necessary to achieve quality control of the equipment. • Explains the relevance of the test findings. • Is able to understand the impact of results on clinical management.
Refers for further investigation and management when appropriate	• Recognises indications for more advanced urodynamic assessment (ie video urodynamics, ambulatory urodynamics and urethral function studies) and refers appropriately. • Identifies available modalities and indications for imaging the urinary tract and makes appropriate requests. • Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.

Evidence to inform decision – examples of evidence (not mandatory requirements)	

• Reflective practice
• Direct observation of senior colleagues
• Attendance at local, deanery and national teaching and meetings:
  ○ attendance at a national urodynamics course
  ○ attendance at a national or regional anatomy teaching course
	• Leads critical incident review
	• CbD
	• Mini-CEX
	• TO1/TO2 (including SO)

• Confirmed participation in multidisciplinary team meetings and clinics	

Mandatory requirements

- OSATS:
  - standard urodynamics (cystometry)

Knowledge criteria

- Relevant anatomy and physiology, and pathophysiology of pelvic floor conditions
- Indications for and methods of urodynamic testing, including:
  - Urinalysis
  - Urine culture and cytology
  - Pad tests
  - Assessment of urinary residual and bladder scan
  - Uroflowmetry
  - Subtracted dual channel cystometry
- Modalities for imaging the urinary tract
- Regional referral pathways and the role of regional subspecialist in the management of complex cases
- Modalities for investigating bowel symptoms

UGVS CiP 3: The doctor manages pelvic floor dysfunction using non-surgical methods.	
Key skills	**Descriptors**
Demonstrates conservative management of pelvic floor dysfunction	• Recognises the importance of non-surgical management in the treatment pathway and explains this to patients. • Manages patients using agreed clinical pathways and evidence-based guidelines. • Is aware of referral of patients to physiotherapists and nurse specialists at an early stage in the treatment pathway. • Works in a multidisciplinary team and liaises appropriately with community continence services. • Counsels patients on containment measures and support groups.
Demonstrates conservative management of overactive bladder syndrome	• Analyses charts (frequency, frequency/volume, input/output) and counsels the patient accordingly. • Recognises the role of drug therapy for patients with overactive bladder symptoms, including pharmacological action,

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	interactions and adverse effects. • Implements drug therapy appropriately and counsels patients on its success and adverse effects. • Manages patients with mixed urinary incontinence as part of a multidisciplinary team.
Demonstrates conservative management of stress urinary incontinence (SUI)	• Assesses pelvic floor strength. • Instructs patients on the role of pelvic floor muscle assessment and training, and other physical therapies, and refers on to colleagues, as appropriate.
Demonstrates non-surgical management of pelvic organ prolapse	• Assesses and manages complications of vaginal pessaries as part of a multidisciplinary team, referring on to other specialities as appropriate.
Recognises indications for anorectal investigation and treatment	• Counsels patients on simple treatments for faecal incontinence and obstructive defaecation and refers appropriately.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist • Attend a continence clinic and observe continence nurse • Confirmed participation in multidisciplinary team clinics and meeting	• Demonstrates adequate exposure to managing pelvic floor dysfunction using non-surgical methods during training • CbD • Mini-CEX • Feedback with trainer • TO1/TO2 (including SO) • Attendance at local/deanery teaching or training days/courses

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The role of pharmacology in pelvic floor dysfunction, including mechanism of action, adverse effects, and interaction, for treatment of:
    - overactive bladder syndrome
    - nocturnal frequency and nocturia
    - stress urinary incontinence

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- painful bladder syndrome
- use of hormone replacement therapy, including vaginal oestrogen

- Use of different charts to assess intake and/or output of urine and to assess and treat patients with excessive voiding patterns
- Principles of pelvic floor muscle training and role of different physical therapies
- Principles of bladder retraining and how to instruct patients on this treatment
- Non-surgical management of pelvic organ prolapse
- The indications for and fitting of ring, shelf, and other pessaries
- Basic understanding of anorectal dysfunction, faecal urgency, and incontinence

UGVS CiP 4: The doctor provides high-quality surgery for primary incontinence and prolapse.	
Key skills	**Descriptors**
Counsels patients appropriately on surgical management of pelvic floor disorders	• Formulates a management plan and modifies it, if necessary. • Counsels on the different surgical options for prolapse and incontinence, including non-surgical alternatives, complications, and outcomes. • Demonstrates ability to take informed consent for surgery accordingly.
Demonstrates safe surgical practice	• Recognises the indications and complications of surgical procedures in the management of pelvic floor dysfunction. • Selects patients appropriately for vaginal prolapse and/or continence surgery. • Performs surgery for primary incontinence and prolapse in a fluent and safe manner. • Recognises the clinical findings which need onward management from a multidisciplinary team, including urology and sub-specialist urogynaecologists. • Counsels on remaining NICE-approved primary procedures for stress urinary incontinence.
Manages postoperative complications, including voiding difficulty	• Advises nursing staff on catheter management following continence surgery. • Supervises a patient undergoing a programme of intermittent self-catheterisation. • Recognises the role of other specialists in the management of surgical complications.

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Recognises indications for referral to sub-specialist teams	• Demonstrates an understanding of the different available surgical procedures for apical prolapse, including their indication and how to refer on for them, if required.
Actively participates in clinical audit	• Commits to audit of procedures, according to guidelines. • Uses nationally recommended databases, such as the BSUG Audit Database. • Engages in local audits and leads a minimum of one audit a year, which must include one surgical audit.

Evidence to inform decision – examples of evidence (not mandatory requirements)

- Reflective practice
- Non-Technical Skills for Surgeons NOTSS
- Attendance at postoperative ward rounds
- Attendance at risk management meetings
- Direct observation/consultant supervision within the module
- Attendance at multidisciplinary team (MDT) meetings
- Participation and completion of audit
- Tailored clinical experience under supervision:
  - personal study
  - appropriate postgraduate education courses and reading
  - recording outcomes on national databases (e.g. BSUG Audit Database)

- CbD
- Feedback from trainer
- TO1/TO2 (including SO)
- Mini-CEX

Mandatory requirements

- OSATS:
  - rigid cystourethroscopy
  - anterior vaginal wall repair (colporrhaphy)
  - posterior vaginal wall repair ± perineorrhaphy
  - vaginal hysterectomy
  - sacrospinous fixation
  - colposuspension (open,laparoscopic or robotic)
  - autologous fascial sling

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Knowledge criteria

• The necessary equipment, diathermy instrumentation and theatre set-up
• Potential surgical complications, assessment, investigation (including imaging) and management
• How to manage major haemorrhage
• The indications and complications of the following procedures, including principles of surgery:
  ○ cystoscopy
  ○ anterior and posterior vaginal wall repair +- perineorrhaphy
  ○ vaginal hysterectomy for prolapse, including uterosacral plication or McCall culdoplasty
  ○ continence procedures in line with NICE guidance and as relevant to local services
  ○ bladder neck injections
  ○ sacrospinous fixation
• Surgical management of detrusor overactivity
• Treatment options for recurrent SUI and pelvic organ prolapse (POP) and ability to refer appropriately
• Surgical management of faecal incontinence and appropriate referral
• The surgical procedures for vault and apical prolapse, including potential benefits and risks
• The role of the local and regional MDT in primary and complex pelvic floor surgery
• How to audit surgical outcomes
• Preoperative and postoperative care

SECTION 2: PROCEDURES

Procedures marked with * require 3 summative OSATS

Procedures	*Level by end of training*	*CIP 2*	*CIP 3*	*CIP 4*
Standard urodynamics (cystometry)*	5	X		
Bladder scan	5	X		
Inserts and changes pessaries	5		X	
Rigid cystourethroscopy*	5			X
Vaginal surgery for primary pelvic organ prolapse				

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Procedures	*Level by end of training*	*CIP 2*	*CIP 3*	*CIP 4*
○ anterior vaginal wall repair (colporrhaphy)*	5			X
○ posterior vaginal wall repair (colporrhaphy)*	5			X
○ vaginal hysterectomy*	5			X
○ uterosacral plication or McCall culdoplasty for vault support at vaginal hysterectomy	5			X
○ sacrospinous fixation*	5			X
One first line procedure for primary stress urinary incontinence in line with NICE guidance and as relevant to local services, eg				
○ colposuspension (open or laparoscopic)*	5			X
○ autologous fascial sling*	5			X

Subspecialty trainees in Urogynaecology will be expected to acquire the procedural skills listed in this table as well as the subspecialty-specific procedures listed in the subspecialty-specific CiPs table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training **Domain 9: Capabilities in research and scholarship**

SECTION 4: MAPPING OF ASSESSMENTS TO UGVS CiPs

UGVS CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes required to clinically assess patients with pelvic floor dysfunction		X	X		X	X
2: The doctor selects and performs tests appropriate for common urogynaecological presentations, and interprets the results	X	X	X		X	X
3: The doctor manages pelvic floor dysfunction using non-surgical methods		X	X		X	X
4: The doctor provides high-quality surgery for primary	X	X	X	X	X	X

UGVS CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
incontinence and prolapse						

SITM: Vulval Disease (VD)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

VD CiP 1: The doctor recognises and manages non-malignant disease that affects the vulva.	
Key skills	**Descriptors**
Takes history, performs a clinical examination and uses appropriate investigations to establish a diagnosis	• Takes a detailed history with, if relevant, a focus on psychosexual, continence, skin and pain issues. • Understands the common psychosexual sequelae. • Carries out a general skin assessment and uses dermatology descriptors (e.g. ecchymosis, macule and ulcer).
Is able to recognise and manage common and less common vulval disease and infections	• Demonstrates a clear understanding of the differential diagnoses for vulval pain and itch. • Investigates patients appropriately (e.g. biopsy, sexually transmitted infection screening, microscopy and culture, and patch testing). • Diagnoses and manages common vulval disease and discusses initial assessment, follow up, risk stratification and self-management strategies with a patient and their GP. • Is able to describe less common diseases and the problems associated with VD. • Demonstrates an understanding of second-line treatments (e.g. imiquimoid and tacrolimus). • Demonstrates understanding of the benefits and limitations of surgical refashioning procedures of the vulva (e.g. Z-plasty and Fenton's). • Recognises that diagnoses of vulval disease and infections can co-exist.

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Recognises and manages sexual and psychological dysfunction in the context of vulval disease	• Is able to provide basic psychosexual advice (e.g. discussion of vaginal trainers for vaginismus).
Recognises, assesses and plans initial management of pre-malignant disease of the vulva, vagina, perineum (including Paget's disease and uncertain pigmented lesions)	• Differentiates between malignant, premalignant and benign disease. • Selects and can counsel patients about their initial medical, surgical options and the role of observational follow up (including special scenarios, e.g. pregnancy). • Explains the importance of follow-up for pre-malignant disease of the vulva, vagina and perineum.
Recognises and manages systemic diseases that affect the vulva	• Recognises features and clinical signs of systemic disease that may affect the vulva in the clinical history. • Looks for and recognises dermatological clues elsewhere on the body, e.g. oral and/or perianal disease. • Plans and performs appropriate investigations, including investigations of related medical conditions.
Recognises and manages chronic pain disorders that affect the vulva	• Can counsels people about their treatment options, including a multidisciplinary approach. • Can counsel people about the available drugs for pain management, and the effectiveness, side effects and complications of treatment. • Manages vulvodynia subgroups, including poor responders to treatment.
Is able to recommend or prescribe appropriate topical agents on the skin, including emollients	• Can counsel people about using topical corticosteroids, lubricants, oestrogen and emollients.
Manages vulval procedures and histological reports	• Is able to assess patients for vulval biopsies (excisional vs incisional, site, size and importance of including adequate histology information). • Obtains appropriate written and verbal consent. • Manages complications of surgery. • Interprets histopathology reports and discusses them appropriately.

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Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • Attendance at vulval clinics • Attendance at dermatology clinics • Attendance at female sexual health clinics • Attendance at sessions with vulval pathologist • Attendance at pain management clinics with a relevant mix of cases • Attendance at women's health physiotherapy sessions with a relevant mix of cases • Attendance at psychosexual therapy sessions with a relevant mix of cases • Attendance at a patch testing clinic • Local and deanery teaching	• RCOG Learning • Attendance at vulval disease course • NOTSS • TO2 (including SO) • Mini-CEX • CbD

Mandatory requirements

- OSATS:
  - excision of vulval lesion under local or general anaesthetic with primary closure

Knowledge criteria

- Patient reported outcome measures
- The anatomy and physiology of the vagina and vulva and how it varies between prepubertal, reproductive and post-menopausal states (including female genital mutilation)
- Clinical photography – consent and governance
- The spectrum of pre-malignant disease and the genital tract, including multizonal disease
- Epidemiology, aetiology, diagnosis, prevention, management, prognosis, complications and anatomical considerations of pre-malignant conditions of the lower genital tract (with particular reference to VIN, Paget's disease and melanoma)
- Skin microstructure and pathology
- Examination techniques:
  - biopsy techniques (incisional and excisional techniques)
  - local anaesthetic properties
- The terms used to describe skin lesions (e.g. ecchymosis, macule and ulcer)
- Aetiology, epidemiology, natural history, associated medical conditions and prognosis of dermatoses, including:
  - lichen sclerosus
  - eczema
  - contact dermatitis

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- lichen planus
- psoriasis
- lichen simplex

- The manifestation of other dermatoses which affect the vulval skin
- Topical agents on the vulva (e.g. emollients, benefits and risks of steroids)
- The difficulties of skin closure for different lesion sizes and different anatomical areas of the vulva
- The indication for local skin flaps to cover defects and when to liaise with plastic surgeon colleagues
- Managing the complications of vulval disease, e.g. lichen sclerosus (fissuring and shrinking of the introitus, clitoral cysts and phimosis, and pain management)
- The differential diagnoses for vulval pain and pruritus vulvae
- The role of biopsy assessment in management
- The impact of comorbidities on vulval health, e.g. diabetes and immune suppression
- Available drugs for pain management, the effectiveness, side effects and complications of treatment for this
- Possible reasons for poor response to treatment
- Other pain syndromes, common pain pathways, modern neuropathic research findings and their influence on vulval pain
- The biopsychosocial model and its impact on clinical presentation
- Cancer waiting times and referral methods to gynaecological cancer team
- The female sexual response cycle and correlation with sexual dysfunction (e.g. vaginismus)

VD CiP 2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.	
Key skills	**Descriptors**
Demonstrates service development	• Liaises with management teams and Integrated Care Boards (ICBs). • Has an understanding of the financial considerations that are needed to run a service. • Participates in related clinical governance. • Demonstrates involvement in quality improvement (including collecting data and analysing outcomes)
Is able to be part of a multidisciplinary team (MDT)	• Liaises effectively with colleagues in other disciplines aligned to vulval disease (dermatology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, sexual therapy, gynaecological oncology, histopathology, oral medicine and urogynaecology).

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Develops clinical guidelines and patient information	• Is familiar with sources of both written and web-based information.
	• Designs or adapts patient information for local use and understands local process.
	• Participates in:
	  ○ writing protocols
	  ○ clinical pathways
	  ○ developing services
	  ○ develop evidence-based guidelines.
	• Establishes and/or enhances local clinical pathways.
	• Supports the alignment of the vulval service to the national standards on vulval disease.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Meeting attendance of the British Society for the Study of Vulval Disease (BSSVD) • TO2 (including SO) • Mini CEX • CbD • NOTSS	• RCOG e-Learning • Leadership questionnaire • Quality improvement project • Develops and enhances local clinical pathways • Attendance and presentation at vulval MDTs

Mandatory requirements

No mandatory evidence

Knowledge criteria

- NHS service requirements and local procedures for developing or improving services
- Clinical governance issues in vulval skin services
- The importance of the vulval MDT and the different skills across different disciplines and roles, including:
  - dermatology
  - GUM
  - pain management
  - physiotherapy
  - clinical psychology
  - gynaecological oncology
  - histopathology
- National guidance on vulval disease
- The role of a guidelines audit (including the analysis of workload) and how this influences practice

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• The principles underlying evidence-based guidelines and audit and how they relate to outcomes for patients with vulval disease

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*
Excision of vulval lesions under local or general anaesthetic with primary closure*	5	X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO VD CiPs

VD CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises and manages non-malignant disease that affects the vulva.	X	X	X	X	X	X
2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.		X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Bornstein J, Bogliatto F, Haefner HK, Stockdale CK, Preti M, Bohl TG et al. The 2015 International Society for the Study of Vulvovaginal Disease (ISSVD) Terminology of Vulvar Squamous Intraepithelial Lesions. *Obstet Gynecol* 2016 Feb;127(2):264-8 [https://www.ncbi.nlm.nih.gov/pubmed/26942352].
2. Bornstein J, Goldstein AT, Stockdale CK, Bergeron S, Pukall C, Zolnoun D. 2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia. J Sex Med 2016 Apr;13(4):607-12 [https://www.ncbi.nlm.nih.gov/pubmed/27045260].
3. British Association for Sexual Health and HIV [https://www.bashhguidelines.org/current-guidelines/all-guidelines/].
4. British Society for the Study of Vulval Disease and Royal College of General Practitioners. *Standards of Care for women with Vulval Conditions. 2013* [https://bssvd.org/wp-content/uploads/2020/10/Standards-of-Care_Vulval-Conditions-Report.pdf].

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5. NHS England. eLearning for healthcare. Dermatology section/vulval disease [https://www.e-lfh.org.uk/programmes/dermatology/].

6. Nunns D, Simpson R, Watson A, Murphy R. The management of vulval itching caused by benign vulval dermatoses. *The Obstetrician & Gynaecologist*. 2017; 19:307–15 [https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/tog.12438].
7. RCOG Learning.
8. Vulvovaginal Disorders: A pathway to diagnosis and treatment [http://vulvovaginaldisorders.com].

SITM: Fetal Care (FC)

SECTION 1: CAPABILITIES IN PRACTICE

FC CiP 1: Uses ultrasound skills to recognise, monitor and manage compromise to fetal wellbeing.	
Key skills	**Descriptors**
Uses ultrasound to screen, diagnose and manage fetal compromise	• Understands the principles of transabdominal and transvaginal scanning, using ultrasound safely. • Able to measure fetal biometry to monitor the fetus at risk of growth restriction. • Able to recognise and manage early and late severe fetal growth restriction (FGR), referring cases of early FGR to tertiary services. • Able to recognise disorders of amniotic fluid volume and plan accordingly.
Uses Doppler studies to screen, diagnose and manage fetal compromise	• Able to perform uterine artery Dopplers to assess the risk of placental dysfunction. • Able to perform umbilical artery Dopplers to assess fetal resilience. • Able to perform middle cerebral artery (MCA) Dopplers to evaluate fetal compromise. • Able to perform ductus venosus Dopplers to evaluate fetal compromise.

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Uses ultrasound to assess placental location	• Able to use transvaginal scanning to diagnose and manage low-lying placenta.
Discusses their findings with the pregnant woman	• Demonstrates the ability to communicate their findings and the degree of risk effectively so that the woman can be involved in an informed decision-making process.
Assesses and plans the management and delivery of a fetus with severe growth restriction	• Provides ongoing assessment of fetal biometry over time when severe FGR is identified. • Able to use fetal Dopplers – umbilical, MCA and ductus venosus – to assess fetal wellbeing and plan the timing of delivery. • Able to discuss gestation-related risk of delivery versus continuation of pregnancy with the pregnant woman and facilitate informed decision-making.
Provides support and counselling post birth and for future pregnancies	• Provides follow up after the birth and accesses support services for the parents, where outcomes are complicated or poor. • Explains additional information learned after the birth e.g. placental histology. • Able to make a plan for future pregnancies, outlining recurrence risks and preventive strategies.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• NOTSS • TO2 • CbD • Mini-CEX	• Reflective practice • Attendance at appropriate courses e.g. ultrasound theory/practice • Log of cases with outcomes

Mandatory requirements

- OSATS
  - fetal biometry and liquor volume
  - transvaginal placental localisation
  - umbilical artery Doppler
  - middle cerebral artery Doppler
  - fuctus venosus Doppler
  - uterine artery Doppler

Knowledge criteria

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- The risks associated with the different ultrasound modalities and how to limit them – mechanical index (MI) and thermal index (TI)
- How to use machine controls to optimise the image, including: power, gain, focal length, magnification, sector width, frame rate, pulse repetition frequency, colour and power Doppler modes.
- The difference between small for gestational age (SGA) and fetal growth restriction (FGR)
- The differential diagnosis for fetal growth restriction
- How Doppler assessments are used to monitor growth restriction, timing of birth and detect fetal anaemia
- National guidance on monitoring for FGR, the timing of birth and signs that a referral need to be made to a subspecialist when managing FGR
- How fetal anomalies may influence the Doppler waveforms (e.g. cardiac arrhythmias, fetal anaemia, hydrops and twin-to-twin transfusion syndrome (TTTS))
- Definition of low-lying placenta and how to make the diagnosis using ultrasound
- Management of placenta praevia
- The risk factors for abnormal placental invasion (AIP) and vasa praevia and how to diagnose them using ultrasound, and/or when to refer to a regional AIP service
- Definition of oligohydramnios and polyhydramnios and the differential diagnosis, investigation and management

FC CiP 2: The doctor demonstrates the skills and attributes required to assess the fetus at risk of red cell alloimmunisation.	
Key skills	**Descriptors**
Safely manages the pregnancy where there is a risk of red cell immunisation	• Provides appropriate antenatal care to the woman with a pregnancy at risk. • Recognises when there is a risk of fetal anaemia. • Explains the potential fetal and maternal risks of red cell antibodies. • Liaises with blood transfusion and neonatal services. • Classifies the risks for any pregnancy complicated by red cell antibodies. • Performs and interprets the findings of a MCA Doppler. • Monitors the pregnancy at risk and understands the thresholds for referral to tertiary units with transfusion services.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• NOTSS	• Reflective practice

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• TO2 • CbD • Mini-CEX	• Evidence of MDT working • RCOG e-learning: ○ observation of fetal blood transfusion

Mandatory requirements

- OSATS
  - middle cerebral artery Doppler

Knowledge criteria

- Differential diagnosis for fetal anaemia
- Ultrasound and cardiotocography (CTG) changes secondary to severe fetal anaemia
- Which red cell antibodies may cause haemolytic disease of the fetus and newborn, and threshold antibody levels that carry significant risk
- When and how surveillance for fetal anaemia should be instituted
- How MCA velocities are used to monitor signs of anaemia
- Triggers for referral to a tertiary level unit capable of performing intrauterine transfusion
- Treatment of fetal anaemia
- The role of intravenous immunoglobulin (IVIgG) in haemolytic disease of the fetus and newborn
- Management of the newborn risk of kernicterus

FC CiP 3: The doctor demonstrates the skills and attributes required to assess complications of twin pregnancies.

Key skills	Descriptors
Uses ultrasound to monitor twin pregnancies	• Able to determine the chorionicity of a twin pregnancy when scanning in first trimester. • Able to assess and monitor a twin pregnancy using biometry and Doppler scanning techniques.
Manages complicated twin pregnancies	• Able to diagnose and make an initial assessment of growth discordancy in twin pregnancies. • Able to discuss effectively the timing of delivery with parents and facilitate informed decision-making, considering the risk to both twins of delivery or continuing the pregnancy when there is growth discordancy. • Refers to tertiary services when early and severe growth discordancy occurs. • Able to assess and monitor the monochorionic twin pregnancy for presence and evolution of TTTS.

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	• Refers to tertiary services when there is evidence of TTTS or selective FGR in monochorionic twins. • Assists with follow up after treatments for TTTS. • Recognises the possibility of other complications of monozygotic twinning, including selective FGR, discordant anomalies, twin reversed arterial perfusion sequence (TRAP) and single intrauterine death, and refers appropriately to fetal medicine tertiary services. • Is aware of the principles of management of higher multiples.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• NOTSS • TO2 • CbD • Mini-CEX	• Reflective practice • Attendance at specialist twin clinics • Log of cases with outcomes • Observation of advanced procedures in the management of complicated twin pregnancies e.g. fetal reduction and laser ablation

Mandatory requirement

- OSATS
  - multiple gestation chorionicity
  - twin pregnancy assessment

Knowledge criteria

- Definition of significant growth discordance in twin gestations and the importance of chorionicity
- Management of growth discordancy in twin pregnancies
- The clinical and ultrasound features of TTTS, and referral triggers for fetal medicine subspeciality input
- Short and long-term outcomes from TTTS
- The management of TTTS and follow up regimes, following treatment
- The ultrasound features of TRAP and conjoined twins
- Ongoing management of a pregnancy complicated by co-twin death
- Other complications of multiple gestations that necessitate discussion with, or referral to, a tertiary fetal medicine service, e.g. discordant anomaly

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

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Procedures	*Level by end of training*	*CiP 1*	*CiP 2*	*CiP 3*
Fetal biometry and liquor volume*	5	X		
Transvaginal placental localisation*	5	X		
Umbilical artery Doppler*	5	X		
Middle cerebral artery Doppler*	5	X	X	
Ductus venosus Doppler*	5	X		
Uterine artery Doppler*	5	X		
Multiple gestation chorionicity*	5			X
Twin pregnancy assessment*	5			X

Subspecialty trainees in Maternal and Fetal Medicine will be expected to acquire the procedural skills listed in this table as well as the subspecialty-specific procedures listed in the MFM subspecialty-specific procedure table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO FC CiPs

FC CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: Uses ultrasound skills to recognise, monitor and manage compromise to fetal wellbeing	X	X	X	X	X	X
2: The doctor demonstrates the skills and attributes required to assess the fetus at risk of red cell alloimmunisation	X	X	X	X	X	X
3: The doctor demonstrates the skills and attributes required to assess complications of twin pregnancies	X	X	X	X	X	X

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SITM: Prenatal Diagnosis (PD)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Fetal Care SITM

PD CiP 1: The doctor can use ultrasound to recognise where fetal anatomy is not normal.	
Key skills	**Descriptors**
Demonstrates normal structural findings in all trimesters and recognises iwhen they cannot be demonstrated	• Performs and records a detailed, systematic ultrasound of the fetus in line with NHS Fetal Anomaly Screening Programme (FASP) guidance. • Understands the strengths and limitations of ultrasound for each organ system within each trimester. • Explains normal anatomical views to the pregnant person. • Documents and records normal anatomical views. • Recognises when image quality is technically poor. • Can explain next steps to the pregnant person if normal views cannot be obtained.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • FASP online training • Local and deanery teaching • Attendance at relevant courses and conferences • Log of cases and outcomes • Attendance at fetal medicine clinics • Attendance at multidisciplinary team (MDT) meetings • Attendance at specialist neonatal and paediatric clinics • Examples of anonymised birth plans
Mandatory requirements	

• OSATS
  ○ fetal anomaly scan
  ○ fetal echo	

Knowledge criteria	
• The normal appearance on ultrasound scans, in all trimesters, of the fetal central nervous system (CNS), face and neck, thorax, cardiovascular system, abdominal wall and gastrointestinal	

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tract, urogenital system, and the fetal skeleton and extremities
- Local protocols for follow up, if any, after an incomplete anatomy scan
- Normal embryology of all body systems, and the common fetal anomalies that can happen when they do not develop in the way they should, as identified by FASP.
- Normal fetal behaviour and activity, and abnormalities of this
- Fetal circulation, and how it adapts at birth
- Diagnostic features of each condition targeted by FASP, their differential diagnosis and chance of structural, chromosomal and syndromic associations. These conditions are Trisomy 21, 18 and 13, anencephaly, spina bifida, congenital diaphragmatic hernia, gastroschisis, exomphalos, renal agenesis, facial cleft, hypoplastic right or left heart and lethal skeletal dysplasia
- The thresholds for diagnosing mild, moderate and severe ventriculomegaly measurements, and the potential implications of the different severities of ventriculomegaly
- The role of magnetic resonance imaging (MRI) for CNS lesions
- The difference between Dandy-Walker malformation, Dandy-Walker Variant and mega cisterna magna, the implications of each and the pitfalls in prenatal diagnosis
- The common fetal tachycardia and bradycardia arrhythmias and the role of the paediatric cardiologist in their management
- The different types of ventricular septal defect (VSD) and their association with cardiac, extracardiac and chromosomal anomalies. Understand the role of the paediatric cardiologist in their management
- The ultrasound features of transposition of the great arteries, atresia of either outflow tract, stenosis of either outflow tract, double outlet right ventricle or a common outflow tract (truncus arteriosus)
- The association of these conditions with further cardiac, extracardiac and chromosomal anomalies
- The role of the paediatric cardiologist in the management of fetal cardiac problems
- The ultrasound features of gastrointestinal (GI) atresia, associations and surgical options following birth
- The spectrum of ultrasound findings of echogenic bowel and its association with chromosomal anomalies, cystic fibrosis, growth restriction and viral infections
- Urinary tract obstruction and multi cystic dysplastic kidney (MCDK): aetiology, spectrum of severity, postnatal investigation and the likely short- and long-term impact of these conditions
- The local pathway for postnatal referral for talipes and the Ponseti approach to treatment
- Limb reduction defects: associations and aetiology
- Findings suggestive of lethal skeletal dysplasia and the features of the more common non-lethal dysplasias, particularly certain types of osteogenesis imperfecta and achondroplasia
- A differential diagnosis for non-immune hydrops, the need for tertiary referral and the range of investigations likely to be offered

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PD CiP 2: The doctor can assess and investigate a pregnancy where there are concerns about the fetus.	
Key skills	**Descriptors**
Can provide genetic counselling in common prenatal situations	• Takes medical history and constructs, where appropriate, a family tree for people who are pregnant, or have a chance of, genetic conditions. • Explains common modes of Mendelian and multifactorial inheritance, and recurrence risks. • Counsels for previous trisomy and monosomy X. • Counsels for previous neural tube defect.
Provides initial counselling for common fetal structural anomalies and manages people in partnership with tertiary fetal medicine services	• Is experienced in carrying out ultrasound diagnosis and managing pregnancies complicated by fetal anomalies that are covered by the FASP. • Discusses other potential prenatal tests such as fetal karyotyping.. • Recognises when to refer the person who is pregnant to a tertiary centre and how best to share care and monitoring. • Liaises with the tertiary centre and the MDT to manage pregnant people with fetal anomalies. • Formulates, implements and, where appropriate, modifies management plan, in collaboration with subspecialists. • Counsels pregnant people and their partners about the fetal risks, implications for the pregnancy and the long-term outcome. • Signposts pregnant people to external sources of information and support. • Constructs a follow-up plan for the pregnancy to support the pregnant person and plan next steps. • Plans birth and appropriate neonatal support with a fetal medicine specialist.
Counsels and manages pregnancies at risk of fetal infection	• Investigates common fetal infections. • Works with virology to interpret laboratory results for each infection. • Explains the potential long-term effects of fetal infections on fetuses and newborns.

	• Recognises when to involve other specialists in the care of a pregnant person with a suspected or confirmed fetal infection and plans for the sharing of care and monitoring. • Liaises appropriately with the tertiary centre and the MDT to manage fetal infection.
Counsels and manages severe early fetal growth restriction (FGR)	• Is able to produce a differential diagnosis for severe early FGR. • Knows when and which further investigations should be offered for severe early FGR. • Liaises with the fetal medicine tertiary referral centre about diagnosis of severe early FGR and to manage it.
Counsels pregnant person about prenatal investigations	• Understands both the non-invasive and invasive options and is able to discuss the risks and benefits, facilitating choice. • Understands the different levels of resolution of genetic testing and can communicate the importance of this to parents. • Explains the risks and benefits of each procedure to the pregnant person and any alternatives. • Communicates the scope and limitations of these tests. • Describes how prenatal samples are processed and when, and how, the results are given. • Offers genetic counselling where appropriate.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at relevant courses and conferences • Attendance at clinical genetics clinics • Log of cases and outcomes • Attendance at fetal medicine clinics • Attendance at MDT meetings • Attendance at specialist neonatal and paediatric clinics • Examples of anonymised birth plans

Mandatory requirements
No mandatory evidence

Knowledge criteria
• The genetic basis for trisomy 21, 18 and 13 and the ultrasound features associated with them • The range of tests available for screening and testing for the common fetal trisomies and the organisation and quality control of the screening service • Other aneuploidies: the implications of Turner syndrome (45,XO), Klinefelter syndrome (47,XXY) and Triple X syndrome (47,XXX) and appreciate the approach to managing pregnancies complicated by much rarer and unique chromosomal anomalies • The underlying genetic inheritance patterns and prenatal testing for cystic fibrosis, muscular dystrophy and Fragile X syndrome, and the need for liaison with clinical genetics • When it is appropriate to offer invasive testing, and when not to • The role of non-invasive testing • The implications for the current pregnancy and the long-term prognosis for each condition, and recurrence risks for future pregnancies • The limitations of ultrasound in detecting and diagnosing congenital anomalies (e.g. cleft palate) or predicting prognosis (e.g. diaphragmatic hernia) • Triggers and diagnoses that need to be referred to tertiary services • Diagnostic features of each condition, their differential diagnosis and the chance of associated structural, chromosomal and syndromic associations • The role of DNA analysis from maternal plasma

PD CiP 3: The doctor demonstrates the skills and attributes required to provide ongoing support and care to people who have had a problem identified with their pregnancy.	
Key skills	**Descriptors**
Counsels on and organises, or refers onwards for, termination of pregnancy for fetal anomaly	• Raises the option of termination of pregnancy for fetal anomaly appropriately and sensitively. • Counsels pregnant person about the different methods of termination, explaining when termination is offered and when feticide is legally mandated. • Organises termination of pregnancy for fetal anomaly (or refers appropriately where there is conscientious objection or the need for tertiary involvement). • Supports the parent journey from diagnosis to follow up with planning for future pregnancies. • Adjusts care around termination of pregnancy in high-risk situations. • Manages complications of termination of pregnancy. • Is aware of and can signpost to appropriate organisations that provide support.

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Supports a pregnant person who wants to continue with their pregnancy where the fetus will not survive to birth, or the baby is expected to die in the neonatal period	• Supports and empowers the parent or parents in their decision. • Plans for delivery with the parent or parents and paediatric team to give them the best experience possible in the circumstances, with clarity on intervention and non-intervention in labour. • Plans an appropriate end of life pathway with the family and paediatric team.
Provides follow up and counselling after a pregnancy complicated by fetal anomaly	• Explains the role of the post-mortem and any other relevant post-birth tests (e.g. genetic testing, post-mortem MRI). • Explains the findings and implications of any additional post-birth investigations. • Refers, where appropriate, to the wider MDT, including clinical genetics. • Counsels the parent or parents about the chance of recurrence across the range of conditions targeted by FASP, and arranges genetic counselling where appropriate. • Proposes a plan to manage future pregnancies. • Recognises when tertiary service involvement is appropriate for more complex cases.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at relevant courses and conferences • Attendance at neonatal unit ward rounds • Log of cases and outcomes • Attendance at fetal medicine clinics • Attendance at MDT meetings • Attendance at specialist neonatal and paediatric clinics • Examples of anonymised birth plans

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The antenatal management, intrapartum care and immediate postnatal management of each condition
- The impact of the diagnosis and individual circumstances on the timing, location and mode of birth
- The local prenatal, birth and post-birth pathways for care of the fetus and newborn with these conditions

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- The legal framework under which termination of pregnancy by feticide may be offered
- Recognise which conditions are amenable to prenatal treatment (e.g. diaphragmatic hernia and spina bifida)
- The recurrence risk and management plan for future pregnancies for each condition

SECTION 2: PROCEDURES

The trainee will provide evidence through OSATS of their competency to perform fetal anomaly scans (i.e. they may choose to have an OSAT demonstrating their assessment of a single fetal system, but they should be able to demonstrate that they have knowledge of all the fetal systems to the standard of FASP). Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*
Fetal anomaly scan*	4	X		
Fetal echo*	4	X		
Amniocentesis	1		X	
CVS	1		X	
Therapeutic amniodrainage	1		X	
Feticide	1			X

Subspecialty trainees in Maternal and Fetal Medicine will be expected to acquire the procedural skills listed in this table as well as the subspecialty-specific procedures listed in the MFM subspecialty-specific CiPs table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention

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Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO PD CiPs

PD CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor can use ultrasound to recognise where fetal anatomy is not normal	X	X	X	X	X	X
2: The doctor can assess and investigate a pregnancy where there are concerns about the fetus		X	X	X	X	X
3: The doctor demonstrates the skills and attributes required to provide ongoing support and care to people who have had a problem		X	X	X	X	X

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PD CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
identified with their pregnancy						

SITM: Pregnancy Care (PC)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PC CiP 1: The doctor demonstrates the skills needed, and can apply their knowledge, to manage antenatal care for a pregnant person with common medical problems	
Key skills	**Descriptors**
Able to take a thorough medical history from the pregnant person	• Demonstrates the ability to take a thorough medical history and considers how pregnancy may affect the medical problem presentation and how the condition may affect the pregnancy. • Demonstrates the ability to record significant family history, drug history (including interactions and pregnancy safety), past medical history and systemic enquiry, including red flags.
Risk assesses the pregnant woman with co-existing medical conditions and plans for her pregnancy, in conjunction with specialist services	• Is able to risk assess women with medical problems and stratify them into low, medium or high-risk groups: those who can be managed using local expertise (category A); those who need clinical review and ongoing advice and guidance from the Maternal Medicine Centre (category B); and those whose care in pregnancy is best led by the Maternal Medicine Centre (category C). • Knows the limits of their knowledge and can communicate effectively with other specialities locally, and with the Maternal Medicine Network, to best manage the care of a pregnant person. Working within guidance and thresholds determined by the local Maternal Medicine Network, is able to:

	○ assess a woman with a pre-existing medical condition preparing for pregnancy, and work with her to put together an appropriate plan. ○ evaluate and advise on drug therapy for medical conditions and tailor treatment when this would have a detrimental effect on pregnancy. ○ assess conditions that will have a significant impact on the outcome of pregnancy for a mother and her baby. ○ assess conditions where pregnancy may significantly deteriorate the health of a woman with a pre-existing medical condition and the surveillance required to limit risk. ○ access additional information needed to best manage complex medical conditions. ○ put together a delivery plan that minimises risk to a mother and her baby. ○ work in partnership with the woman to plan her care and delivery. • Refers to other medical and maternal medicine specialists, in line with local guidance.
Diagnoses and provides initial management for common acute medical presentations in pregnancy	• Understand what investigations are needed to explore common medical presentations, including shortness of breath, chest pain, headache, collapse, abdominal pain and fever/sepsis. • Constructs a differential diagnosis and requests appropriate investigations. • Initiate appropriate emergency management and liaise with allied specialities for an ongoing plan of care. • Understands the impact of, and interplay between, mental health conditions and maternal medicine conditions, and addresses this in management plans.
Diagnoses and manages hypertensive disorders in pregnancy	• Is able to assess and counsel women with hypertensive disorders, or at risk of a pregnancy-induced hypertensive disorders, pre-conceptually. • Understands and recognises the diverse aetiology of hypertension in pregnancy, whether pre-existing or arising in pregnancy. • Understands the risks that hypertensive disorders pose to pregnant people and can plan safe surveillance and management in the antenatal period.

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	• Understands the risks that hypertensive disorders pose to a baby and can plan safe surveillance in the antenatal period. • Safely manages the hypertensive disorders in a woman in labour. • Understands and can create a safe management plan for a woman with severe pre-eclampsia and the complications of this condition. • Liaises with the multidisciplinary team (MDT), including the tertiary centre, where appropriate, to optimise the care of a woman with hypertensive disorders. • Works in partnership with the woman with a hypertensive disorder to plan her care and delivery. • Understands the long term implications of hypertensive disorders of pregnancy on the health and wellbeing of mother and baby. • Plans appropriate follow-up for a woman with a hypertensive disorder during pregnancy.
Diagnoses and manages disorders of glucose metabolism in pregnancy	• Assesses and agrees a plan for the woman who has pre-existing diabetes to prepare for pregnancy. Demonstrates knowledge of the risk that pre-existing diabetes has on a mother and her baby. • Works effectively in the MDT to provide the best possible care for a pregnant woman with pre-existing diabetes during pregnancy and in labour. • Refers to the tertiary centre in more complex cases to access specialist care for a pregnant person with diabetes during pregnancy • Diagnoses and can counsel a woman who develops diabetes during pregnancy. • Devises a safe plan for maternal and fetal surveillance during pregnancy. • Can recognise and manage the acute complications of diabetes in pregnancy e.g. diabetic ketoacidosis. • Plans for a woman with diabetes to safely give and is able to adapt the plan to changing circumstances. • Safely manages the delivery of a woman with diabetes. • Works in partnership with a woman to plan her care and delivery. • Understands the long term implications of disorders of glucose metabolism in pregnancy on the health and wellbeing of the mother and her baby

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	• Plans appropriate follow-up care for a pregnant person with diabetes
Diagnoses and manages common endocrine disorders in pregnancy	• Assesses and agrees a plan for the woman with hypothyroidism. • Assesses and agrees a plan for the woman with hyperthyroidism. • Manages the woman with micro- and macroprolactinoma safely through pregnancy.
Supports the health and wellbeing of a morbidly obese pregnant woman	• Is able to risk assess and plan for pregnancy and delivery, including women who have undergone bariatric surgery. • Is able to work with the woman to manage weight gain and create a suitable plan that encourages healthy nutrition. • Discusses and negotiates the most appropriate mode of delivery, taking into account patient choice and the safest delivery option. • Advises on modifications to birth that can enhance safety and the experience of the woman with morbid obesity. • Liaises with midwifery and anaesthetic colleagues to provide the best possible care.
Supports a pregnant woman with an eating disorder	• Is able to risk assess the pregnant person with an eating disorder and make plans for her pregnancy. • Can safeguard the wellbeing of both the mother with an eating disorder and her baby.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at appropriate courses and conferences • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes

Mandatory requirements
No mandatory evidence

Knowledge criteria
• Awareness and understanding of local maternal medicine networks and when to make referrals and involve the MDT

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- The pathophysiology, definition, diagnosis, associated acute and long-term maternal and fetal complications, and best practice for managing pre-eclampsia and its variants
- The pathogenesis and classification, prevalence and complications of pre-existing diabetes (e.g. metabolic, retinopathy, nephropathy, neuropathy and vascular disease)
- Monitoring and optimisation of glucose control during labour
- Management of hypoglycaemia and ketoacidosis in pregnancy and labour
- The pathophysiology, presentation and implications for maternal and/or fetal health of common maternal conditions present at booking or that occur during pregnancy
- The aetiology, incidence, diagnosis, management; obstetric, medical and neonatal complications, and recurrence chance of each condition
- The interpretation of electrocardiograms (ECG), chest x-rays and blood gases analysis and how they are influenced by pregnancy
- How pregnancy alters physiology and what impact this has on medical conditions that are present, and how results of investigations should be interpreted during pregnancy
- The impact of drug treatment on the health of the mother and her babe
- The incidence, associated obstetric, medical and neonatal complications of the pregnant obese woman
- The endocrinology of obesity
- Weight reduction strategies and appropriate nutrition in managing the pregnant obese woman
- The risks associated with increased body mass index (BMI) in pregnancy and postpartum, and how these may be minimised
- The steps that can be taken before pregnancy to reduce the risks of morbid obesity during pregnancy

PC CiP 2: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the care of a pregnant woman whose pregnancy is complicated by infection which may affect the health of her baby.	
Key skills	**Descriptors**
Manages the care of a pregnant woman with infections that can affect their health and that of their baby	• Demonstrates a knowledge of the implications for pregnancy of variety of infections: HIV, syphilis, cytomegalovirus (CMV), toxoplasmosis, hepatitis B and C, herpes simplex virus (HSV), parvovirus and chicken pox (varicella). • Is able to interpret laboratory results for each infection by working closely with virology. • Explains the potential effects of infections on the baby, newborn and long-term effects of fetal infections. • Recognises when to refer a pregnant person with an infection and understands how best to share care and monitor them. • Works with the tertiary centre and MDT.

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	• Works with the MDT to create a plan for medications for the mother during the birth and for the baby postnatally. • Gives appropriate advice to minimise the risk of vertical transmission.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at appropriate courses and conferences • Log of cases and outcomes

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The clinical features, prevention, vertical transmission risk and ultrasound features of CMV, toxoplasmosis, parvovirus and varicella. Understands the short- and longer-term implications for the baby and newborn of contracting these infections, as well as the laboratory investigation that are needed and how to manage them during pregnancy
- The role of the clinical virologist and the limitations of any antenatal treatment options

PC CiP 3: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the postnatal care of a pregnant person with common medical problems.

Key skills	Descriptors
Manages the care of a woman with medical conditions in the postnatal period – evidence for a variety of conditions but most include diabetes	• Discusses plans for contraception, tailored to the woman's needs. • Makes sure that the woman receives follow-up care in an appropriate setting. • Can discuss the long-term implications of medical conditions on the woman's health and wellbeing. • Supports the woman to limit the effect of her medical conditions on future pregnancies.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice	• RCOG Learning

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• NOTSS • TO2 • CbD • Mini-CEX	• Local and deanery teaching • Attendance at specialist diabetes antenatal clinics • Attendance at maternal medicine clinics • Log of cases and outcomes

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Contraception in the postnatal period
- Provision of long-acting contraceptives
- Implications of medical conditions on the wellbeing of mother and baby, and understands the impact on further pregnancies

PC CiP 4: The doctor provides holistic care to a pregnant person.

Key skills	Descriptors
Is able to apply legal and ethical principles in pregnancy care, where this is needed	• Is able to screen for and organise safeguarding of a woman at risk of domestic violence. • Can screen for and organise safeguarding of the neonate at risk of harm. • Is able to counsel and complete an advance directive (recording decisions on healthcare in preparation for a future event) for the woman who declines blood products.
Provides the best possible outcomes for a pregnant person who is socially vulnerable	• Is aware of the effect of social deprivation on pregnancy outcomes. • Understands the prevalence of domestic violence, the need to screen all women for this and agree a plan to safeguard the pregnant person and their children.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• Attendance at pre-birth planning meetings with the safeguarding team

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Mandatory requirements
No mandatory evidence

Knowledge criteria
• How social disadvantage can cause medical and neonatal complications, and legal consequences of social disadvantage with respect to: domestic violence, teenage pregnancy and asylum seekers • The influence of ethnic and religious background on obstetric expectations and outcome • The law in relation to seeking asylum • When and how to use different agencies involved in processing claims for asylum seekers and meeting their practical needs • The role of different agencies (social services, police and voluntary groups) in investigating suspected domestic violence and protecting vulnerable women and children • The law in relation to physical and sexual assault, bodily harm and rape • Female genital mutilation (FGM) procedures and their consequences, including for pregnancy and birth • Child protection issues associated with FGM • Religious beliefs and customs that may affect healthcare or consent for medical interventions

SECTION 2: PROCEDURES

There are no procedures in this SITM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours **Domain 2: Professional skills** **Domain 3: Professional knowledge** **Domain 4: Capabilities in health promotion and illness prevention**

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Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO PC CiPs

PC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skills needed, and can apply their knowledge, to manage antenatal care for a pregnant person with common medical problems		X	X	X	X	X
2: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the care of a pregnant person with common infections		X	X	X	X	X

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PC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
3: The doctor demonstrates the skills needed, and can apply their knowledge, to manage the postnatal care of a pregnant person who has common medical problems		X	X	X	X	X
4: The doctor provides holistic care to a pregnant person		X	X	X	X	X

SITM: Maternal Medicine (MM)

SECTION 1: CAPABILITIES IN PRACTICE

This SITM must be undertaken with the Pregnancy Care SITM

MM CiP 1: The doctor is able to work with others to provide high quality care to the woman with medical conditions in pregnancy or planning a pregnancy.	
Key skills	**Descriptors**
Effectively communicates with the team providing care	• Builds on the key skills of the Pregnancy Care SITM and uses them when working on the full range of medical problems which may complicate pregnancy. • Works collaboratively across specialties and, where relevant, manages clinical networks through MDT meetings to construct pre-pregnancy, antepartum, intrapartum and postpartum management plans to ensure that high quality care is available locally to women with complex medical problems.

	• Plans care for women with complex medical problems in collaboration with other specialties. Makes appropriate referral to a regional maternal medicine clinic, where relevant. (In England this will be through the Maternal Medicine Networks either through MDTs for category B medical problems or referral for ongoing care to a Maternal Medicine Centre for category C medical problems). • Is aware of a possible genetic diagnosis that may not have been diagnosed to date. Refers to clinical genetics as appropriate.
Provides tailored pre-pregnancy counselling	• Can advise the person with complex medical conditions of the impact of pregnancy on their condition. • Is able to advise the person with complex medical conditions on the impact of the condition on their pregnancy. • Is able to advise on modifications that will optimise her health before embarking on pregnancy. • Is able to adjust medication to the safest regime for pregnancy. • Is able to put together a plan so the person knows what to expect once they become pregnant. • Is able to advise on the timing of pregnancy. • Is able to advise someone against conception in circumstances where the risk of pregnancy is too great.
Is able to consider the anaesthetic implications of maternal conditions, liaise with anaesthetic colleagues and plan according to someone's needs	• Is familiar with the anaesthetic considerations for the person with a variety of medical conditions. • Is able to work with anaesthetic colleagues to assess pregnant persons with complicated medical conditions and put together a plan to keep the person and the baby safe during pregnancy, delivery and the postnatal period. • Demonstrates familiarity with the effect of different intrapartum analgesia to make sure persons with complex medical conditions are safe in labour. • Participates in obstetric anaesthesia clinics.
Can perform a risk benefit analysis of investigations and treatments that could be used during pregnancy	• Knows which investigations and medications are appropriate and can discuss the safety of these for the mother and fetus. • Is able to interpret tests e.g. chest x-ray, artificial blood gas (ABG) and electrocardiogram (ECG), lung function tests and echocardiogram.

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	• Demonstrates understanding of the effects of drugs used for maternal indications on the fetus. • Understands and accommodates the physiological effects of pregnancy on interpreting laboratory results and the pharmacokinetics of any drugs used.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective Practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at obstetric anaesthesia clinics • Attendance at maternal medicine network meetings

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Local team structures, networks and guidelines for the management of medical conditions in pregnancy and outside of pregnancy.
- Awareness and understanding of local Maternal Medicine Networks and regional thresholds when to make referrals and include the MDT. Knows when it is appropriate to manage locally, or to manage locally with input from the regional maternal medicine clinic/the Maternal Medicine Centre and when referral to regional clinics/centres is advised.
- Criteria for referral to Maternal Medicine Centres/regional clinics.
- Structure of the Maternal Medicine Networks/regional clinics.
- In England categories for level of care within the Maternal Medicine Networks i.e. category A, B and C.
- When to seek specialist input.
- The structure and organisation of high dependency, intensive care and outreach teams.
- Indications for high dependency and intensive care.
- Methods of invasive monitoring for oxygenation, acid base balance, intra-arterial pressure, cardiac output, preload and contractility.
- The principles and practice of palliative care.

MM CiP 2: The doctor has a high level of understanding of the impact that medical conditions have on pregnancy and is able to optimise care for the affected woman.

Key skills	Descriptors

Is able to manage care for the pregnant person who has renal problems in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to minimise the risks the woman's medical condition. • Can construct a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Is able to recognise the presentation of renal disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring, and which are not valid or have different reference ranges in a pregnant woman. • Understands when tests pose an additional risk to the mother or fetus, and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for renal conditions that are safe in pregnancy, and can modify treatments when they are not safe. Knows how to access advice on safety.
Is able to manage care for someone who has haematological problems in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the woman's medical condition. • Can construct a plan for pregnancy, delivery and the neonatal period to reduce the risk to the fetus/baby. • Is able to recognise the presentation of haematological disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring of haematological disorders, and which are not valid or have different reference ranges in a pregnant woman. • Understands when tests pose an additional risk to the mother or fetus, and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for haematological conditions that are safe in pregnancy, and can modify treatment when they are not safe. Knows how to access advice on safety.

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Is able to manage care for someone who congenital and acquired cardiac conditions in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the woman's medical condition. • Can construct a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Is able to recognise the presentation of cardiac disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring of cardiac disorders, and which are not valid or have different reference ranges in the pregnant woman. • Understands when tests pose an additional risk to the mother or fetus and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for cardiac conditions that are safe in pregnancy and is able to modify treatment when they are not safe and knows how to access advice on safety.
Is able to care for someone who has inflammatory conditions (connective tissue disorders, inflammatory bowel disease and dermatological problems) in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the woman's medical condition. • Can construct a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Is able to recognise the presentation of inflammatory or dermatological conditions in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring of inflammatory disorders, and which are not valid or have different reference ranges in a pregnant woman. • Understands when tests pose an additional risk to the mother or fetus and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for inflammatory disorders that are safe in pregnancy, including biologics. Is able to modify treatment when they are not safe and knows how to access advice on safety

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Is able to manage care for someone who has epilepsy and other common neurological problems in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period for women with epilepsy, multiple sclerosis, idiopathic intracranial hypertension and chronic headache. • Can put together a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Is able to recognise the presentation of neurological disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Can counsel a woman with epilepsy and other neurological problems to safeguard her baby.
Is able to care for someone who has liver disorders in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the woman's medical condition. • Can construct a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Is able to recognise the presentation of liver disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring of liver disorders, and which are not valid or have different reference ranges in the pregnant woman. • Understands when tests pose an additional risk to the mother or fetus, and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for liver conditions that are safe in pregnancy, and is able to modify treatment when they are not safe. Knows how to access advice on safety.
Is able to manage care for someone who has HIV in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the HIV in pregnancy. • Can construct a plan for pregnancy, delivery and the neonatal period to minimise the risk to the fetus/baby. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring, and which are not valid or have different reference ranges in a pregnant woman.

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	• Understands when tests pose an additional risk to the mother or fetus and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for HIV conditions that are safe in pregnancy and is able to modify treatment when they are not. Knows how to access advice on safety and the criteria for commencing treatment during pregnancy.
Is able to care for someone who has respiratory compromise in pregnancy	• Can construct an appropriate plan for pregnancy, delivery and the postnatal period to reduce the risks associated with the woman's medical condition. • Can put together a plan for pregnancy, delivery and the neonatal period to reduce the risk to the fetus/baby. • Is able to recognise the presentation of respiratory disorders in pregnancy, can construct a differential diagnosis and work with the MDT to put together a suitable management plan for pre-existing or new onset conditions. • Understands which tests are appropriate in pregnancy for diagnosis and monitoring, and which are not valid or have different reference ranges in a pregnant woman. • Understands when tests pose an additional risk to the mother or fetus and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high. • Has a good working knowledge of medical treatments for respiratory conditions that are safe in pregnancy and is able to modify treatment when they are not safe. Knows how to access advice on safety.
Is able to manage care for someone who has current or past malignancy in pregnancy	• When malignancy is diagnosed in pregnancy, is able to support a woman through a tailored plan for treatment during pregnancy and provide them with reassurance of the suitability of this plan during. • Is able to weigh up the timing of delivery around someone's treatment needs. • When malignancy has been treated prior to pregnancy, is aware of the implications for maternal health during pregnancy and is able to mitigate against these. • Is mindful of the fetal considerations when managing malignancy in pregnancy.

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	• Understands which tests are appropriate in pregnancy for diagnosis and monitoring of cancer, and which are not valid or have different reference ranges in a pregnant woman. • Understands when tests pose an additional risk to the mother or fetus and is able to discuss the relative risk and benefits of this. Can support a woman who deems the risk too high.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective Practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at appropriate courses and conferences (eg BMFMS, MOMS) • Log of cases with outcomes • Attendance at non-obstetric specialist medical clinics • Attendance at maternal medicine MDTs

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The normal functional and anatomical changes of the different body systems during pregnancy (e.g. cardiovascular, respiratory, gastrointestinal, endocrine and haematological)
- The pathological changes in the function of these body systems in pregnancy
- Renal conditions - understands the risk factors, presentation, investigation, differential diagnosis, management and outcomes of renal conditions predating and arising in pregnancy, and the effect of labour and birth on these conditions:
    - acute renal impairment
    - hydronephrosis
    - renal disease and hypertension
    - glomerulonephritis
    - reflux nephromathy
    - renal transplant
- Haematological - understands the risk factors, presentation, investigation, differential diagnosis management and outcomes of renal conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - sickle cell disease and crisis
    - thalassaemia
    - thromboembolic disease
    - bleeding disorders
    - disorders of platelets

- Cardiac - understands the risk factors, presentation, investigation, differential diagnosis management and outcomes of cardiac conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - congenital cardiac disease
    - ischaemic cardiac disease
    - mechanical and tissue valve replacements
    - peripartum cardiomyopathy
- Connective tissue disorders - understands the risk factors, presentation, investigation, differential diagnosis management and outcomes of connective tissue disorders predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - System lupus erythematosus (SLE)
    - rheumatoid arthritis
    - autoimmune lymphoproliferative syndrome (APLS)
- Gastrointestinal - understands the risk factors, presentation, investigation, differential diagnosis, management and outcomes of gastrointestinal conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - acute fatty liver
    - Crohn's disease
    - ulcerative colitis
    - obstetric cholestasis
    - hyperemesis gravidarum
    - immune and infective hepatitis
    - liver transplant
- Dermatological conditions - understands the risk factors, presentation, investigation, differential diagnosis, management and outcomes of dermatological conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - psoriasis
    - eczema
    - pemphigoid
    - polymorphic eruption of pregnancy
    - prurigo
    - pruritic folliculitis
- Neurology - understand the risk factors, presentation, investigation, differential diagnosis, management and outcomes of neurological conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - multiple sclerosis
    - epilepsy
    - bell's palsy
    - migraine
    - stroke
    - cerebral palsy
- HIV infection - understands the risk factors, presentation, investigation, differential diagnosis,

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management and outcomes of HIV predating and arising in pregnancy and the effect of labour and birth on these conditions.
- Current pharmacological management of HIV, and drug side effects.
- Respiratory disease - understands the risk factors, presentation, investigation, differential diagnosis, management and outcomes of respiratory conditions predating and arising in pregnancy and the effect of labour and birth on these conditions:
    - asthma
    - cystic fibrosis
- Malignancy - understands the risk factors, presentation, investigation, differential diagnosis, management and outcomes of malignancy predating and arising in pregnancy and the effect of labour and birth on malignancy:
    - breast cancer
    - leukaemia
    - lymphoma
- Genetics and disease inheritance of medical disorders – the risk to the mother and to the fetus and screening options e.g. haemoglobinopathy
- How pregnancy can influence the findings of investigations and may alter treatment effects
- How the medical problem may deteriorate during pregnancy, how this might present, and how it would be managed.
- Paediatric network guidelines for the management of newborn problems, including frameworks around extreme prematurity and antenatal parallel care planning.
- The pharmacology of drugs used to manage these conditions.
- The pregnancy and breastfeeding safety profile of drugs, chemotherapy and radiotherapy used to manage these medical conditions .
- Recurrence risks for future pregnancies
- The best forms of contraception for women with these specific medical disorders

SECTION 2: PROCEDURES

There are no procedures in this SITM

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours

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Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO MM CiPs

MM CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to work with others to provide high quality care to someone with medical conditions in pregnancy or who is planning a pregnancy		X	X	X	X	X
2: The doctor has a high level of understanding of the impact that medical conditions have on pregnancy and can provide the best		X	X	X	X	X

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MM CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
care for the affected woman						

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SITM: Premature Birth Prevention (PBP)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PBP CiP 1: The doctor demonstrates the skills and attributes needed to counsel people who have experienced preterm birth.	
Key skills	**Descriptors**
Delivers appropriate and timely postnatal and preconceptual advice to reduce mid-trimester loss and preterm birth	• Delivers appropriate and timely postnatal and preconceptual advice to reduce midtrimester loss/preterm birth. • Can counsel women about how to manage the risk of preterm birth and undertakes debriefing appointments following adverse outcomes.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• NOTSS • TO2 • CBD • Mini-CEX	• Reflective practice • Attendance at preterm birth clinic • Examples of anonymised pregnancy plans
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
• Epidemiology of preterm labour • Current theories on the aetiology of spontaneous pre-term labour • Risk factors associated with preterm labour. • The causes of, associations with, recurrence risks of and preventive strategies for mid-trimester fetal loss and preterm labour • Understands current thinking around which surgical and pharmacological strategies can reduce the risk of mid-trimester loss • Understands current thinking around surgical and pharmacological strategies for reducing the risk of prematurity	

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PBP CiP 2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth.	
Key skills	**Descriptors**
Is able to predict which women are at risk of mid-trimester loss or preterm birth, and make an appropriate management plan	• Takes a targeted history to assess risk factors for mid-trimester loss or preterm birth. • Manages and modifies specific risk factors, including smoking, domestic violence, previous cervical surgery, uterine abnormalities and previous full dilatation Caesarean birth. • Demonstrates familiarity with screening strategies that may assist in assessing someone's risk of having a mid-trimester loss or preterm birth. Can advise about appropriate care pathways. • Competently performs transvaginal cervical length scans and can interpret the results. • Delivers appropriate advice and can counsel patients based on the results of transvaginal cervical length scans. • Is aware of specific interventions and can advise accordingly.
Is able to advise and carry out interventions to prevent mid-trimester loss or preterm birth	• Can discuss the procedure, timing, risks and benefits of cervical cerclage. • Can assess when a cerclage is required – either a history-indicated, emergent or emergency one. • Has the skills to insert an effective cervical cerclage. • Is familiar with post-operative care following a cerclage. • Advises on the timing of removing a cervical cerclage and is able to modify this plan when the clinical situation changes during pregnancy. • Can advise, and where necessary, carry out alternative interventions, such as inserting an ARABIN® pessary or supplementing with progesterone. • Understands when someone may need to be referred for a transabdominal cerclage • Understands when drug therapies (such as steroids and magnesium sulphate) are needed to reduce morbidity, and how to use them effectively.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2	• Attendance at preterm birth clinic • Examples of anonymised pregnancy plans • Log of cases and outcomes

• CBD • Mini-CEX	• Evidence of cervical suture simulation training

Mandatory requirements

- OSATS
  - ultrasound – cervical length
  - insertion of cervical suture
  - removal of cervical suture

Knowledge criteria

- Recognise when cervical length measurement should be offered and know the criteria for doing so accurately
- The role of bedside testing in assessing the risk of mid-trimester loss and prematurity
- The indications, complications and types of cervical cerclage
- The role of pharmacological agents in reducing the risk of mid-trimester loss and prematurity e.g. progestogens
- The role of bacterial vaginosis and the merit of screening in women at risk mid-trimester loss and prematurity
- The impact of degrees of prematurity on the newborn and their neurodevelopment

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*
Ultrasound – cervical length*	5		X
Insertion of cervical suture*	5		X
Removal of cervical suture*	5		X

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SECTION 3: General Medical Council (GMC) GENERIC PROFESSIONAL CAPABILITIES (GPC)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO PBP CiPs

PBP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skills and attributes needed to counsel people who have		X	X	X	X	X

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PBP CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
experienced preterm birth						
2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth	X	X	X	X	X	X

SITM: Perinatal Mental Health (PMH)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

PMH CiP 1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.	
Key skills	**Descriptors**
Able to counsel a person with mental health issues who wants to get pregnant	• Is able to discuss mental health issues with someone who wants to get pregnant and assess the potential impact on their pregnancy and mental health. • Reviews pre-pregnancy drug therapy and advises where modifications should be made when pregnant.

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Able to assess the mental health needs of a pregnant person	• Can make an assessment of a pregnant person with a history of mental health issues and liaise with perinatal mental health services to make a management plan. • Can make an assessment of a pregnant person who has risk factors for perinatal mental health issues and liaise with the perinatal mental health services to make a management plan. • Can make an assessment of a pregnant person whose previous pregnancies were complicated by mental health issues and liaise with perinatal mental health services to make a management plan. • Is able to recognise significant deterioration in the mental health of a pregnant person and can access appropriate acute services. • Has experience of non-pregnancy mental health assessment and support.
Able to support a person with severe perinatal mental health	• Recognises severe perinatal mental health issues, including postpartum psychosis. • Liaises with perinatal mental health services to provide the best care for pregnant people in the antenatal and postnatal period. • Is able to support the ongoing care of a pregnant person in a mother and baby unit (or equivalent when this is not available locally). • Works with primary care and local speciality teams in the community and hospital to optimise outcomes for the pregnant person and their baby.
Supports a person with obstetric post-traumatic stress disorder (PTSD)	• Explores someone's birth history and understands areas of trauma. • Helps the recovering person to understand and gives clarity about what happened when they gave birth. • Recognises when referral for therapy e.g. cognitive behavioural therapy (CBT) is needed and refers to appropriate services.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at appropriate courses and conferences • Working in a multidisciplinary team (MDT), including with perinatal mental health clinic • Clinical attachment o a mother and bay unit

	• Attendance at non-obstetric psychiatry clinics • Log of cases and outcomes

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Factors in personal and family history increasing the risk of mental health problems
- The effect of pregnancy and new parenthood on pre-existing mental health problems
- The effect of pregnancy and new parenthood on precipitating psychiatric illness de novo
- The legal issues around mental health: Mental Health Act and consent and child protection
- The prevalence of, effects of pregnancy on, and the management strategies and prognosis of
    - chronic psychotic disorder
    - mood disorders: chronic depression and anxiety
    - bipolar disorder
    - postpartum psychosis
- Recurrence risk and the management of pregnancies in people with a history of pregnancy-induced/related mental health disorder.
- Local psychiatric services for pregnant people, or those who have recently given birth, including mother and baby unit
- Structure of local psychiatric services and the role of community and hospital-based elements of this service along with the acute and chronic pathways for care
- Differences in how mental illness and personality disorders present and can be managed in different people.

PMH CiP 2: The doctor understands the role of psychoactive medication on pregnancy and provides the best care for the pregnant person and their baby to stay safe.

Key skills	Descriptors
Can advise on the drugs commonly used in the treatment of mental health problems in people who are pregnant or who want to be	• Is familiar with the common drugs that can and cannot be used safely during pregnancy. • Is familiar with the common drugs that can and cannot be used safely in breastfeeding. • Discusses any significant risk posed by continuing or stopping drug therapy. • Is able to advise on the best treatment regime for people who need to continue drug therapy throughout pregnancy and the postnatal period.

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	• Is aware of the impact of drug therapy on a pregnant person and newborn baby and discusses the risks and benefits with the person.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attending a perinatal mental health MDT meeting • Log of cases and outcomes

Mandatory requirements
No mandatory evidence

Knowledge criteria
• The pharmacology and long-term effects of tricyclics selective serotonin reuptake inhibitors, phenothiazines, butyrophenones (e.g. haloperidol), benzodiazepines, lithium and carbamazepine on pregnant person, fetuses and newborns. • The role of non-pharmacological treatments and their application for pregnant women and people • The risks in continuing and stopping psychoactive drugs in pregnancy and breastfeeding and how to balance these risks in an individual • How to minimise the impact of therapy on the newborn

SECTION 2: PROCEDURES

There are no procedures in this SITM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours **Domain 2: Professional skills**

Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO PMH CiPs

PMH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.		X	X	X	X	X
2: The doctor understands the role of psychoactive medication on pregnancy		X	X	X	X	X

PMH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
and provides the best care for the pregnant person and their baby to stay safe.						

SITM: Supportive Obstetrics (SO)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

SO CiP 1: The doctor demonstrates the skill and knowledge needed to manage the pregnancy of people who have additional social needs.	
Key skills	**Descriptors**
Manages the pregnancy of a person with a history of substance misuse to provide the best outcomes for them and the fetus	• Works within the multidisciplinary team (MDT) to risk assess and optimise care and understanding the role of dependency services, psychiatric services, specialist medical and social services. • Plans for pregnancy, birth and the postnatal period to provide the best care for the person who is pregnant and their baby. • Understands the consequences for the fetus of substance misuse and works with the person giving birth to minimalise risk and plan for the neonatal period. • Supports the person who is pregnant undergoing opiate conversion in pregnancy. • Recognises the need to consider child protection and understands when to seek advice. • Understands the value of abstinence from alcohol or drug use, and the circumstances where this is appropriate, or supports maintenance therapy where it is not.
Manages the care of a pregnant teenager, who is under 18, to provide the best outcomes for them and the fetus	• Optimises the health and wellbeing of both the pregnant teenager and fetus. • Communicates effectively and responds to the hopes and concerns of the pregnant teenager. • Is aware of agencies supporting the pregnant teenager. • Encourages and supports the teenager to continue their education. • Understands and can apply the legal principles of capacity and consent in minors.

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Manages the care of a pregnant person who has recently arrived in the UK, providing the best care for them and their fetus	• Understands that race, religion, language proficiency, migration status and other factors can be obstetric risk factors. • Appreciates the difficulties encountered by a pregnant person who does not speak English and uses interpretation services so that they can understand and have a say in the care they receive. • Is aware of the variety of medical conditions that may be more common in women who have recently arrived in the UK. • Demonstrates sensitivity to the potential psychological and emotional traumas previously experienced by many asylum seekers. • Is aware of the different agencies involved in processing claims for asylum status (police, Home Office and social services).
Optimises pregnancy outcomes for the woman who books late	• Understands the diverse reasons why a person who is pregnant might book late. • Understands the difficulties posed by an uncertain due date, and collaborates with the person who is pregnant to plan the timing of their delivery. • Is aware of the need to fast-track essential antenatal investigations. • Risk assess the person who is pregnant and books late for other vulnerabilities.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• RCOG Learning • Local and deanery teaching • Attendance at specialist substance use antenatal clinics • Attendance at specialist teenage antenatal clinics • Attendance at MDT and planning meetings • Log of cases and outcomes

Mandatory requirements
No mandatory evidence

Knowledge criteria

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- The incidence, pharmacology, maternal, fetal and neonatal complications and legal consequences when someone misuses: alcohol, cannabis, opiates, cocaine and crack cocaine, heroin, benzodiazepines, amphetamines, LSD, phencyclidine, solvent misuse and cigarettes
- The interaction between substances of misuse, prescribed drugs and labour analgesia/ anaesthesia
- The organisation of dependency services and links with psychiatric and social services
- The theories of addiction and self-harming behaviours and prevalence of psychiatric co-morbidity and how to detect it
- The legal and social care implications of using class A and B drugs
- Local and national strategies for reducing drug and alcohol misuse
- How a MDT can assist conversion to an opiate replacement programme
- Neonatal management and outcome (including management of withdrawal in newborn and long-term effects)
- The incidence, risk factors, transmission risks, neonatal consequences, long-term prognosis and management strategies to reduce vertical transmission of, and harm from, bacterial and viral infections: Herpes Simplex (HSV), HIV, Hepatitis B and C (HBV, HCV), Group B Streptococcus (GBS) and varicella zoster
- When and how to refer for further assessment or treatment (especially for HIV, HBV and HCV)

SO CiP 2: The doctor demonstrates the skills and attributes to support families of all structures.	
Key skills	**Descriptors**
Provides care to a pregnant non-binary person or trans person	• Is aware of how the usual systems in place to support pregnancy can exclude trans people and non-binary people. • Ensures that the pregnant non-binary person or trans person has equality of care. • Explores the use of testosterone prior to pregnancy and understands the need to stop hormone replacement in pregnancy. • Supports the non-binary person or trans person through any changes that may result from stopping hormone replacement. • Can liaise with other services to prevent suboptimal care. • Understands the differences between social, hormonal and physical transition.

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	• Explores the use of preferred pronouns and pregnancy language (e.g. “dad” or “carrying parent”, rather than “mother”).
Provides care to those entering into parenthood by surrogacy	• Understands the legal issues with surrogacy. • Includes both the birth parent/s and adoptive parent/s in planning for delivery. • Includes both the birth parent/s and adoptive parent/s in planning for the postnatal period. • Is aware that the laws on surrogacy differ in the four nations and can modify birth plans to meet the needs of cross-border surrogacy units.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• Local and deanery teaching • Attendance at specialist gender clinics

Mandatory requirements

No mandatory evidence

Knowledge criteria

- The pharmacological and hormonal therapies used in gender transition
- The adjustments required for safety in pregnancy
- The surgical therapies that can be offered for gender transition and the implications for pregnancy
- The law regarding equality
- The law regarding surrogacy and adoption and the differences in the nations of the UK and Northern Ireland

SO CiP 3: The doctor understands how to apply the law when they are involved in making decisions in their work with vulnerable people.	
Key skills	**Descriptors**

Supports the pregnant person who does not have capacity	• Can assess capacity. • Is aware of the legal responsibilities of the doctor who cares for someone with impaired capacity. • Demonstrates the ability to act in the person's 'best interest'. • Liaises with safeguarding teams to plan care. • Supports the needs of carers without compromising the pregnant person's best interests.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • NOTSS • TO2 • CbD • Mini-CEX	• e-learning on capacity and the law • Spends time with specialist services that safeguard patients with impaired capacity • Spends time with Independent Mental Capacity Advocates (IMCA) • Log of cases and outcomes

Mandatory requirements
No mandatory evidence

Knowledge criteria
• The Mental Capacity Act • Deprivation of liberty and its implications on care • Role of Mental Health Advocates • Fraser /Gillick competency and how to apply them to maternity care • The organisation of safeguarding services, in the hospital setting and wider community

SECTION 2: PROCEDURES

There are no procedures in this SITM.

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SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
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Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO SO CiPs

SO CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor demonstrates the skill and knowledge needed to manage the pregnancy of people who have additional social needs.		X	X	X	X	X

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SO CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
2: The doctor demonstrates the skills and attributes to support families of all structures		X	X	X	X	X
3: The doctor understands how to apply the law when they are involved in making decisions in their work with vulnerable people.		X	X	X	X	X

SIPM: Clinical Research (CR)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

CR CiP 1: The doctor will have an understanding of and be able to apply the principles of clinical research methodology.	
Key skills	**Descriptors**
Can develop a research idea and write a research protocol	• Critically appraises papers or research proposals involving a prospective clinical study. • Evaluates published literature. • Obtains, receives and incorporates advice from research into their practice. • Pays attention to detail and accuracy. • Is sensitive to ethical issues.

Can develop and review a study or trial protocol	• Explains justification for study to all audiences. • Is aware of potential risks and how to manage these. • Develops a database and data management strategy. • Develops operating procedures.
Can present research	• Contributes to writing a grant proposal or a peer-reviewed paper. • Prepares an oral or a poster presentation. • Writes letters to journals. • Organises and presents data. • Critically appraises literature. • Pays attention to detail and accuracy. • Interprets and defines the clinical relevance of data.
Can use statistical techniques and carry out data analysis	• Familiar with general statistical and scientific skills. • Pays attention to detail and accuracy. • Interprets and defines the clinical relevance of data.
Can use epidemiological methods to carry out medical research	• Familiar with epidemiological methods. • Can design, analyse and write reports using epidemiological data. • Uses different sampling techniques. • Pays attention to detail and accuracy. • Interprets and defines the clinical relevance of data.

Evidence to inform decision – examples of evidence (not mandatory requirements)	

• Attendance at an online or face-to-face journal club
• Presentation of a research paper at a journal club or departmental clinical meeting
• Participation in an oral presentation or poster submission at a regional, national or international forum
• Documentary evidence of a British Journal of Obstetrics and Gynaecology (BJOG) or The Obstetrician and Gynaecologist (TOG)-based research
	• Evidence of participation in critical evaluation of BJOG articles (eg responses to Continuing Professional Development (CPD) questions on BJOG articles in TOG)
	• Written critical appraisal of a clinical research protocol
	• Draft or published manuscript, poster or presentation
	• Attendance at appropriate course
	  ○ basic research methodology
	  ○ medical statistics

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appraisal (e.g. publication in BJOG/correspondence section)	

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Aware of hierarchy/strength of evidence
- Appreciates the need for high quality proposals
- Knowledge of regulations governing research
- Descriptive statistics
- Data distribution
- Parametric and non-parametric tests
- Generalised linear modelling
- Survival data
- Multivariate analysis
- Simple random sampling, stratification
- Sample sizes, practical issues in sample surveys
- Strengths, limitations and weaknesses of different study designs and sources of epidemiological data (e.g. prospective and retrospective studies)
- Measures of health and disease incidence (risk, rate, odds)
- Prevalence, measures of effect (e.g. relative and absolute risk)
- Understanding standardisation, causality in non-randomised studies

CR CiP 2: The doctor will be able to carry out clinical studies.	
Key skills	**Descriptors**

Can prepare research project submissions	• Completes appropriate documentation, including:
	  ○ Integrated Research Application System (IRAS) submission (incorporating ethics)
	  ○ research and development (R&D) submission
	  ○ Home Office personal or project licence (e.g. clinical trial authorisation (CTA) application, data access application).
	• Understands patient and public involvement (PPI) in research.
	• Respects patients' rights.
	• Awareness of cultural diversity.

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	• Communicates the rationale of the research and ethical considerations.
Can develop study documentation and maintain appropriate licences and approvals for research	• Develops a patient information leaflet, consent and case report form, and carries out data collection. • Performs ethical research. • Reports on adverse events, serious adverse events (SAEs) and SUAS report. • Works with standard operating procedures (SOPs). • Awareness of the requirements of clinical governance, especially probity. • Adheres to appropriate standards and legislation.
Can carry out research ethically and with integrity	• Awareness of issues surrounding fraud and scientific misconduct. • Awareness of complex issues in scientific research. • Awareness of plagiarism and can use plagiarism software. • Reports concerns about research conduct. • Develops ethical research practice.
Can close a study	• Takes responsibility for end of study procedures. • Applies ethical, R&D and CTA requirements for the end of a study. • Archives consent, data and tissues. • Completes reports and notifications. • Ensures that data and samples are anonymised. • Pays attention to detail.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Evidence of personal involvement in, and competence at, recruitment into a portfolio research study relevant to specialty or subspecialty. This will include a personal listing on the delegation log of a portfolio clinical trial AND evidence of personally recruiting reasonable and appropriate numbers of participants into such a trial(s) • Participation in the local administration of a clinical trial or research study (entry in a delegation log / site file)	• Reflective evidence-based summary of relevant clinical research challenges encountered during the Clinical Research SIPM (about 5,000 words). Examples of potential themes to be covered could include: o actual/potential adverse events o ethical issues/challenges posed o potential modifications to trial design that could have been addressed differently

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• Acknowledgement of approval to carry out research from the ethics committee and Research &Development.
• Good clinical practice certification to cover the following objectives:
  ○ demonstrate an understanding of the importance of the interwoven laws, frameworks and guidelines which govern the set up and conduct of clinical research
  ○ demonstrate an understanding of the roles and responsibilities of different individuals and organisations in clinical research
  ○ understand the regulatory applications required before clinical research can be started in the UK
  ○ identify a range of essential documents and the purpose of maintaining a trial master file
  ○ understand the process of receiving informed consent and the roles and responsibilities of those involved in this process
  ○ demonstrate the ability to correctly and accurately complete case report forms and other relevant documentation and understand the process for resolving data queries
  ○ demonstrate an awareness of the correct safety reporting requirements that keep patients safe
  ○ know where to go for further advice and support and how to keep updated
	○ factors that militated against optimal recruitment of trial participants and how this was addressed.
	○ potential clinical translation/benefits of study findings
	• Attendance at PPI meeting
	• Forms approved by Ethics Committee, including:
	○ study consent form
	○ patient information leaflet
	○ data collection form
	• Attendance at appropriate course:
	○ research methodology
	○ local research network
	○ Medical Research Council (MRC) online resources
	○ good clinical practice
	○ local specialty group or clinical study group
	• Use of appropriate plagiarism software
	• Documents demonstrating appropriate closure of study
	• Archiving of data

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Understands trial design:
  - controls

- protocols
- blind and double-blind arrangements
- cross-over trials
- meta-analysis

- Understands research project approval requirements:
  - sponsorship
  - R&D
  - Clinical Trial Authority
  - Home Office
  - Caldicott Guardian
  - National Institute for Health and Care (NIHC) portfolio adoption
- Ethical Committee regulations and requirements
- Good clinical practice
- Understands research infrastructure:
  - National Institute for Health and Care (NIHR) structure and function – local, national, clinical study groups
  - Use of research networks and support
- Understands issues around misusing research
- Knows how to report concerns about research conduct
- Understands plagiarism
- Understands ethical, R&D, CTA requirements for the end of a study

SECTION 2: PROCEDURES

There are no procedures in this SIPM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4 MAPPING OF ASSESSMENTS TO CR CiPs

This SIPM has no workplace based assessements.

SECTION 5 RESOURCES (OPTIONAL)

SIPM Clinical Research – Suggested learning resources
• General Medical Council • Medical Research Council (MRC) online researches • Medicines and Healthcare products Regulation Agency (MHRA) • Research Councils • Research and Development Office • NIHR Clinical Trials Toolkit

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- National Institute for Health and Care Research (NIHR)

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SIPM: Leadership and Management (L and M)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

L and M CiP 1: The doctor understands and continually develops themselves as an individual and leader.	
Key skills	**Descriptors**
Is committed to self-development and personal growth	• Is a reflective practitioner. • Uses feedback to develop self. • Sets SMART (specific, measurable, achievable, relevant and time-bound) objectives to guide self-development. • Actively seeks opportunities to develop skills in, and exposure to, medical leadership and management. • Undertakes leadership and management roles that allow for self-development.
Understands themselves as an individual	• Researches their own personality type and considers the associated strengths and weaknesses. • Considers how their own personality type interacts with others. • Is aware of the core aspects of 'emotional intelligence'. • Manages their emotions and adapts their approach according to the needs of the situation and to maximise impact. • Effectively manages conflict. • Understands the importance and consequences of unconscious bias. • Reflects on their own unconscious biases.
Understands themselves as a leader	• Is aware of the importance of clinical leadership. • Understands the importance of leadership in patient safety. • Appreciates the difference between leadership and management. • Is aware of different leadership styles. • Reflects on their own leadership style and adapts it according to the needs of the situation and to maximise impact. • Displays authenticity in leadership; understands the theory of authentic leadership and is able to demonstrate it within their own leadership style. • Understands the theory of followership and its importance.

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Understands the importance of wellbeing	• Understands the importance of looking after their wellbeing. • Uses tools and models to appraise and develop their resilience. • Has insight into stress management and is aware of potential signs of stress or burnout in themselves.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • Personal development plan • Leadership log • TO2 • 360-degree leadership feedback • CbD • Mini-CEX • NOTSS • RCOG Learning • Personality type feedback, with reflection	• Uses tools such as Johari window or SWOT (strengths, weaknesses, opportunities and threats) analysis to target areas for improvement in self-development • Uses tools to assess their own emotional intelligence or unconscious bias, with associated reflection • Leadership course • Conflict resolution course • Communication course • Evidence of having undertaken leadership or management activities

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Theoretical basis for reflections (e.g. Gibbs, Kolb, Rolfe and others)
- Personality type
- Theory and application of emotional intelligence (e.g. Daniel Goleman)
- Unconscious bias
- Leadership style
- Followership
- Leadership in patient safety
- Stress management
- Resilience

L and M CiP 2: The doctor works effectively as a team player and as leader.	
Key skills	**Descriptors**
Is an effective team player	• Is approachable, available, reliable and supportive. • Is honest and accountable for their actions. • Is an active contributor who speaks up and shares thoughts and ideas.

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	• Is respectful of other team members. • Values and encourages the contributions of others. • Is confident to offer constructive challenge.
Is an effective team leader	• Inspires and motivates a team to work towards a shared purpose. • Sets a clear vision and goals. • Delegates effectively. • Maximises the ability of team members to perform as individuals and in collaboration. • Provides feedback and actively manages poor performance. • Celebrates success. • Effectively chairs meetings and groups.
Leads with compassion	• Promotes and supports the wellbeing of team members. • Recognises signs of burnout in colleagues and directs them to appropriate support. • Gets to know team members as individuals and understands their drivers. • Understands and supports team members through adverse events. • Creates a working environment that makes team members feel valued, supported and safe. • Calls out poor workplace behaviours.
Understands the benefits of diversity and collaborative working	• Understands the importance and benefits of diversity in a team. • Understands the power of collaboration in achieving a team's vision. • Understands the barriers that members from marginalised communities may encounter. • Takes steps to promote equality, diversity and inclusion. • Takes steps to address potential unintended inequalities or biases. • Works towards developing their own cultural competency.
Develops talent	• Motivates and encourages team members to develop. • Seeks to understand and support the individual developmental needs of team members. • Is familiar with the principles and techniques used in coaching and uses them.

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	• Is familiar with the principles and techniques used in mentoring and uses them.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Reflective practice • TO2 • 360-degree leadership feedback • Leadership log • CbD • Mini-CEX • NOTSS • RCOG Learning • Personality type feedback, with reflection • Conflict resolution course • Communication course	• Observes an appraisal • Training on giving feedback • Training in compassionate leadership • Training in workplace behaviour and culture (e.g. uses RCOG Workplace Behaviour Toolkit) • Equality and diversity training • Cultural competency training • Coaching training • Mentoring course or programme • Leadership course • Evidence of leadership or management activities undertaken

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Available leadership standards, e.g. Healthcare Leadership Model (NHS Leadership Academy), Leadership and Management Standards for Medical Professionals (Faculty of Medical Leadership and Management)
- Compassionate leadership
- Workplace behaviour and culture
- Equality, diversity and inclusion
- Mentoring
- Coaching

L and M CiP 3: The doctor has an appreciation for leading in a complex healthcare system.	
Key skills	**Descriptors**
Understands the healthcare system in the UK	• Understands the network of public, private and third sector organisations which deliver healthcare in the UK. • Understands the close link between health and social care. • Understands the influence and power of politics in healthcare. • Understands how national policies filter through the system.

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	• Understands the importance of regional collaborations (eg integrated care systems, operational networks, clinical networks and governance networks).
Understands and participates in governance and risk management processes	• Understands the principles of good governance and risk management in healthcare. • Is involved in critical incident investigation and learning. • Understands and adheres to the principles of clinical quality and safety. • Appreciates the importance of culture on organisational effectiveness. • Is aware of the regulatory bodies which monitor the performance of healthcare organisations. • Encourages and uses feedback from people who use NHS services.
Understands how healthcare is financed in the UK	• Understands how money flows through the NHS. • Understands the need for the NHS to deliver value for money. • Understands the competing demands for allocating resources. • Considers the resource, financial and sustainability implications of their decisions. • Can prepare and present a business case.
Uses innovation to improve the delivery of healthcare	• Looks for and promotes areas for improvement. • Uses information and data to guide innovation. • Plays a leading role in a change project. • Uses quality improvement methodology. • Is aware of stakeholders, seeking their opinion and negotiating with them. • Can evaluate the impact of change on people, processes and outcomes. • Incorporates sustainability into change management.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • TO2 • 360-degree leadership feedback • Leadership log	• Attendance at departmental or organisational governance or risk management meetings (e.g. clinical governance, audit and board meetings)

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• CbD • Mini-CEX • NOTSS • Leadership course • Attendance at regional meetings (e.g. regional network meeting) • Reflection on a key policy document and how this relates to their department/hospital	• Participation in a critical incident investigation • NHS finance course • Reflection on resource allocation • Prepares and presents business case • Training in quality improvement methodology • Plays a key role in a quality improvement project

Mandatory requirements
No mandatory evidence

Knowledge criteria
• NHS structure • Collaboration within the NHS • National policy, priorities and strategic objectives • Governance and risk management • Learning from incidents • NHS funding • Innovation and quality improvement in healthcare

SECTION 2: PROCEDURES

There are no procedures in this SIPM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours **Domain 2: Professional skills** **Domain 3: Professional knowledge**

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Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO SIPM L and M CiPs

L and M CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor understands and continually develops themselves as an individual and a leader		X	X	X	X	X
2: The doctor works effectively as a team player and leader		X	X	X	X	X
3: The doctor has an appreciation for leading in a complex healthcare system		X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

Suggested learning resources

Leadership tools

1. 16 Personalities. Free personality test. [https://www.16personalities.com/free-personality-test].
2. NHS Leadership Academy. ABC Guide to personal resilience. [https://learninghub.leadershipacademy.nhs.uk/guides/abc-guide-to-being-personally-resilient/].
3. Civility Saves Lives. Evidence base guide and movement to enhance outcome with civility. [https://www.civilitysaveslives.com/].
4. West M, Eckert R, Collins B, Rachna Chowla. *Caring to change: How compassionate leadership can stimulate leadership in health care.* London: The Kings Fund, 2017 [https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Caring_to_change_Kings_Fund_May_2017.pdf].
5. Goleman D. Leadership that gets results. *Harvard Business Review*. 2019 [[https://med.stanford.edu/content/dam/sm/CME/documents/Goleman-20--20Leadership-20That-20Gets-20Results-20093019-20-1-.pdf].
6. Goleman D, Boyatzis RE. Emotional intelligence has 12 elements. Which do you need to work on?. *Harvard Business Review,* 2017 [https://hbr.org/2017/02/emotional-intelligence-has-12-elements-which-do-you-need-to-work-on].
7. Healthcare Leadership Model. NHS Leadership Academy [https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/].
8. Harvard University. Implicit Association Test (IAT) for assessment of unconscious bias [https://implicit.harvard.edu/implicit/iatdetails.html#:~:text=The%20IAT%20measures%20the%20strength,share%20the%20same%20response%20key].
9. Kelley R. In praise of followers. *Harvard Business Review*. 1988 [https://hbr.org/1988/11/in-praise-of-followers].10. Robertson Cooper. iResilience tool. [https://www.gooddayatwork.co.uk/iresilience.aspx].
10. General Medical Council. *Leadership and management for all doctors.* 2012 [https://www.gmc-uk.org/-/media/documents/leadership-and-management-for-all-doctors---english-1015_pdf-48903400.pdf].
11. Faculty of Medical Leadership and Management. *Leadership and management standards for medical professionals, 3rd edition* [https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/FMLM%20Standards%203rd%20edition.pdf].
12. Swanwick T, McKimm J. *ABC of Clinic Leadership*. 2nd edition, 2017.
13. Van Thiel E. The Big Five Personality Test [https://www.123test.com/personality-test/]
14. Kellerman B. What every leader needs to know about followers. *Harvard Business Review,* 2007 [https://hbr.org/2007/12/what-every-leader-needs-to-know-about-followers].
15. Royal College of Obstetricians and Gynaecologists. Workplace Behaviour Toolkit. [https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/improving-workplace-behaviours/workplace-behaviour-toolkit].

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Reflective practice

- Academy of Medical Royal Colleges. *Academy and COPMeD Reflective Practice Toolkit* [http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf].
- General Medical Council. *The reflective practitioner: Guidance for doctors and medical students* [https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practioner-guidance-20210112_pdf-78479611.pdf].

Healthcare systems

1. Healthcare Quality Improvement Partnership. *Good Governance Handbook*. 2021 [https://www.hqip.org.uk/wp-content/uploads/2015/01/FINAL-Good-Governance-Handbook-Jan-21-V9.pdf].
2. The Health Foundation [https://www.health.org.uk].
3. The King's Fund. Understanding healthcare systems and healthcare innovation [https://www.kingsfund.org.uk/].
4. The Nuffield Trust. Independent health think tank using research to improve the quality of healthcare [https://www.nuffieldtrust.org.uk/].

National reports

1. Department of Health and Social Care. *The NHS Constitution for England. Updated January 2021.* 2021 [https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england].
2. Kirkup B. *The Report of the Morecambe Bay Investigation.* The Stationary Office, 2015 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf].
3. National Advisory Group on the Safety of Patients in England. *A promise to learn – a commitment to act: Improving the safety of patients in England*. 2013 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf].
4. NHS England. *WE ARE THE NHS: People Plan for 2020/2021 – action for us all*. 2020 [https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-

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All-Of-Us-FINAL-March-21.pdf].

5. *Ockenden Report – Final. Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust.* 2022 [https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf].

6. The Mid Staffordshire NHS Foundation Trust. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary*. 2013 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf].

Finance

1. General Medical Council. *Financial and commercial arrangements and conflicts of interest*. 2013 [https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---financial-and-commercial-arrangements-and-conflicts-of-interest_-58833167.pdf].
2. One NHS Finance. Future-Focused Finance [https://onenhsfinance.nhs.uk/future-focused-finance/].

Quality improvement and change management

1. NHS East London Foundation Trust. The Model for Improvement [https://qi.elft.nhs.uk/resource/the-model-for-improvement/].
2. NHS England. *Sustainable Improvement Team: The Change Model Guide* [https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf].

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SIPM: Medical Education (ME)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

ME CiP 1: The doctor demonstrates the ability to provide teaching and training to healthcare professionals and facilitates learning.	
Key skills	**Descriptors**
Demonstrates awareness of different ways of teaching and learning	• Can identify different learner needs and show how to address them. • Can define what needs to be learned and identify appropriate learning outcomes. • Can demonstrate the application of learning and teaching principles in the design of a course, unit, module or subject area.
Presents and runs a variety of teaching sessions	• Can run teaching sessions for groups of different sizes. • Uses a broad range of educational methods and technologies (including virtual reality and simulation) to achieve intended learning outcomes. • Achieves rapport with an audience, gives clear presentations and facilitates small group teaching. • Adopts a flexible approach to teaching clinical and generic skills in a variety of settings, including wards, theatre, clinics and simulation. • Can organise appropriate teaching programmes.
Understands the principles of feedback and its importance for learners and teachers	• Uses suitable and effective feedback models. • Can have “difficult” conversations. • Promotes and encourages self-awareness in learners. • Is aware of the importance of seeking, receiving and responding to feedback about learning and teaching.
Establishes safe and effective learning environments	• Assesses individual needs and plans appropriate training programmes. • Organises and performs supervision and educational meetings for learners.

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	• Recognises the importance of learner wellbeing and can refer them to a support network, if needed.
Describes a range of learning methods that can be used in learning and teaching activities	• Uses a broad range of educational methods and technologies to achieve intended learning outcomes, including small group, large group, face-to-face and online sessions. • Develops a library of innovative learning resources.
Supports learners to be involved in the design and delivery of teaching	• Involves learners in planning and delivering teaching in clinical practice (e.g. experiential learning). • Understands how to develop a "community of practice".
Recognises the importance of reflection on practice to develop teaching skills	• Actively seeks feedback on their teaching and uses it for personal development. • Evaluates their teaching practice and provides evidence of this. • Evaluates teaching programmes. • Responds appropriately to feedback on teaching and uses this to improve educational process. • Demonstrates the ability to encourage reflective learning within a training session.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Diary of teaching sessions that have been delivered and groups who have been taught • Structured feedback on sessions from an assessor and adult learners e.g. using a form like this one from the Joint Royal Colleges of Physicians Training Board: https://www.jrcptb.org.uk/documents/evaluation-form-teaching-and-presentations • Reflection on sessions using Plan Do Study Act (PDSA) tool, e.g. https://learn.nes.nhs.scot/2274/quality-improvement-zone/qi-tools/pdsa)	• Attendance of a relevant medical education course • Evidence of learning how to teach online (e.g. a certificate of completion of eLearning for health (https://portal.e-lfh.org.uk) • Modules on Educator Training Resources (https://portal.e-lfh.org.uk)

Mandatory requirements

No mandatory evidence

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Knowledge criteria
• Understand how to use different teaching methods, their appropriateness, advantages and disadvantages • Understand how to train in different clinical settings and optimise the learning environment • Understand the importance and principles of feedback • Understand how to develop effective learning environments and learner support systems • Understand how to design and organise a teaching programme • Understand the concept of a "community of practice" • Understand the principles and importance of reflective practice • Understand the principles and importance of evaluating a teaching session or programme

ME CiP 2: The doctor is able to assess learning.	
Key skills	**Descriptors**
Understands the purpose and principles of assessment	• Demonstrates an understanding of the difference between appraisal and assessment. • Understands the role of different methods of assessment. • Demonstrates how assessment should address learning outcomes. • Understands the difference between formative and summative assessments. • Is aware of the limitations of assessment, including principles of reliability and validity. • Is aware of the evidence surrounding differential attainment in examinations and assessment.
Awareness of how to develop assessment processes	• Can select and apply appropriate assessment methods. • Can compile and mark assessments of knowledge, practical skills and attitude.
Can contribute to monitoring and improvement of assessments	• Is aware that robust assessment practices are important for developing courses and effective educational practice. • Contributes to continuous monitoring and improvement of assessments, for example in teaching programmes.
Demonstrates awareness of fair, equitable recruitment and selection processes	• Has completed appropriate Equality, Diversity and Inclusion (EDI) training and is aware of the role of unconscious bias. • Is involved in the recruitment process at a medical school or trust level.

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	• Demonstrates an awareness of differential attainment in relation to recruitment and in medical education in general.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Reflective practice • Evidence of involvement in undergraduate examinations • Structured feedback from an assessor and adult learners on at least three sessions where they have performed an assessment of another person • Reflection on sessions using PDSA tool – e.g. NHS Education for Scotland (NES) template: https://learn.nes.nhs.scot/2274/quality-improvement-zone/qi-tools	• RCOG Learning on how to complete WPBAs • Attendance of a relevant medical education course • Completion of EDI training

Mandatory requirements
No mandatory evidence

Knowledge criteria
• Understand the principles of appraisal and how it differs from assessment • Understand the principles of assessment and its different methods and their advantages and disadvantages • Understand EDI principles in relation to recruitment and selection in medical education

ME CiP3: The doctor understands the requirement for educational scholarship and evidence-based practice.	
Key skills	**Descriptors**
Understands key educational theories and principles	• Is aware of, and can describe, different theories of adult learning. • Links theories with medical education and understands their relevance to teaching in medicine.
Aware of relevant literature	• Completes literature search in relation to education research project or quality improvement project (QIP). • Can critically evaluate educational literature and apply this learning to their educational practice.

Describes different paradigms of medical education research	• Can describe different approaches to medical education research (e.g. qualitative versus quantitative methodology).
Designs an appropriate educational research project or QIP	• Formulates appropriate research questions. • Uses appropriate educational methodology to answer research questions. • Understands the principles of critical appraisal and peer review.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Postgraduate Certificates/Diplomas/Masters as evidence of learning (optional) • Is a trainee representative at trust or deanery education training meetings with trainers (e.g. NHS England (NHSE)/Health Education and Improvement Wales (HEIW)/NHS Education for Scotland (NES), or Northern Ireland Medical and Dental Training Agency (NIMDTA) local office, school board or similar)	• Completion of QIP relating to quality control/management of education • Attendance at relevant medical education course

Mandatory requirements

No mandatory evidence

Knowledge criteria

- Understand principles of adult learning
- Understand key educational theories
- Understand basic educational research skills

ME CiP4: The doctor understands the organisational structures which support training and the role of leadership and governance within medical education.	
Key skills	**Descriptors**

Manages self so they can develop educationally	• Manages personal educational time effectively. • Demonstrates management of local educational programmes and resources.
Demonstrates respect for patients, learners and other educators	• Can develop and maintain a high quality learning environment both at undergraduate and postgraduate level. • Reflects on how respect is generated and maintained in the context of medical education. • Demonstrates fairness for all and promotes excellence in medical education.
Understands and delivers educational outcomes	• Demonstrates how educational outcomes are achieved locally. • Has an understanding of how poor performance in learners, educators or educational programmes can be managed. • Is aware of how to assess and manage trainees requiring extra support and how to seek advice.
Develops skills to become an educational leader in the future and provide educational leadership	• Develops skills to deliver training programmes. • Understands the importance of developing and supporting trainers. • Develops generic leadership skills. • Demonstrates understanding of professionalism in their role as an educator. • Participates in relevant RCOG/deanery meetings.
Knows how to seek support and advice to achieve the best outcomes in medical education	• Understands the structure of postgraduate education within hospitals, deaneries and colleges, and where and how to ask for help and advice. • Describes a real or hypothetical case report of a trainee in need of support or a poorly performing training department, and the measures taken to assist and improve the situation.
Works within the structure of postgraduate medical education and training	• Is aware of statutory requirements (e.g. Gold Guide, General Medical Council (GMC) standards and curricula). • Can describe roles and responsibilities of statutory and other regulatory bodies and links to good patient care. • Is aware of quality control, management and assurance processes for education at local, regional and national levels. • Contributes to a local educational governance framework.
Evidence to inform decision – examples of evidence (not mandatory requirements)	

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• Is a trainee representative at trust or deanery education training meetings with trainers (or NHSE/HEIW/NES or NIMDTA school board, or similar). Providing redacted agenda and list of attendees as evidence.
Mandatory requirements
No mandatory evidence
Knowledge criteria
• Understand principles of organising local educational programmes • Understand how postgraduate education is organised locally, regionally and nationally • Understand key principles of educational governance

SECTION 2: PROCEDURES

There are no procedures in this SIPM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups

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Domain 8: Capabilities in education and training **Domain 9: Capabilities in research and scholarship**

SECTION 4: MAPPING OF ASSESSMENTS TO SIPM ME CiPs

ME CIP	TO1/ TO2	Reflective practice
1: The doctor demonstrates the ability to provide teaching and training to healthcare professionals and facilitates learning	X	X
2: The doctor is able to assess learning	X	X
3: The doctor understands the requirement for educational scholarship and evidence-based practice	X	X

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