



INSTITUTE OF OBSTETRICIANS
& GYNAECOLOGISTS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

CURRICULUM OF HIGHER SPECIALIST TRAINING IN OBSTETRICS & GYNAECOLOGY



This curriculum of training in Obstetrics & Gynaecology was developed in 2010 and undergoes an annual review by Dr. Michael O'Connell, National Specialty Director, Dr. Ann O'Shaughnessy, Head of Education and Professional Development and by the Obstetrics & Gynaecology Specialty Training Committee. The curriculum was approved by the Institute of Obstetricians & Gynaecologists.

INDEX:

Introduction	4
Aims.....	4
Entry Requirements.....	5
Duration & Organisation of Training.....	6
Flexible Training.....	7
Training Programme.....	7
Teaching, Research & Audit.....	8
Logbook.....	8
Assessment Process.....	9
Annual Review – The PeTRA Process.....	9
Facilities.....	9
Teaching, Learning & Assessment Methods	12
Record of Training.....	12
Assessment of Competencies.....	12
Learning Methods.....	14
Assessment Methods.....	15
Mini-CEx.....	15
Objective Structured Assessment of Technical Skill (OSATS).....	15
Case Based Discussion (CBD).....	16
Mandatory Training Courses.....	17
Specialty Study Days.....	17
Annual Assessments.....	18
Generic Components	19
Communication & Interpersonal Skills.....	20
Professionalism & Autonomy.....	22
Maintaining Good Practice.....	26
Standards Of Care.....	28
Patient Safety.....	31
Therapeutics and Safe Prescribing.....	33
Infection Control.....	34
Leadership.....	36
Management Information Systems & Management Skills.....	38
Teaching & Research.....	40
Ethics.....	41
Dealing with and Management of Acutely ill Patients in Appropriate Specialties.....	44
Specialty Section for Obstetrics & Gynaecology	46
Clinical Obstetrics.....	47
Normal Pregnancy and Antenatal Care.....	47
Pregnancy in Women with Serious Social Problems.....	48
Obstetric and Gynaecological Ultrasound.....	49
Antenatal Screening for Congenital Abnormalities.....	50
Care of the Patient with a Foetus with a Congenital Abnormality.....	51
Antenatal Care of Patient with a Growth Restricted Foetus.....	52
Antenatal Care of Patient with a Multiple Pregnancy.....	53
Antenatal Care of a Patient with a Previous Caesarean Section.....	54
Antenatal Care of a Patient Praevia.....	55
Care of a Patient with Threatened or Established Preterm Labour.....	56
Care of a patient with Red Cell Alloimmunisation.....	57
Care of a Patient with Diabetes in Pregnancy.....	58

Care of a Patient with Pregnancy Induced Hypertension(PIH); Pre-Eclampsia (PET) or Eclampsia	59
Care of Patients with a Medical Complication in Pregnancy	60
Care of Patients with Haematological Disorders in Pregnancy and Puerperium	61
Care of Patients with an Infection Complicating Pregnancy	62
Care of Patients with a Pregnancy Complicated by Substance Abuse	63
Care of Patients with Second or Third Trimester Intrauterine Death	64
Care of Patients with Complications During the Puerperium	65
Intrapartum & Operative Obstetrics	66
Management of Normal Labour	66
Management of Induction of Labour	67
Dystocia in Labour	68
Intrapartum Care of Multiple pregnancies	69
Intrapartum Care of the Patient with Suspected Fetal Hypoxia	70
Cord Prolapse	71
Care of a Patient with a Significant Abruption Placentae	72
Labour in the Presence of a Previous Caesarean Section	73
Operative Vaginal Delivery	74
Shoulder Dystocia.....	75
Third and Fourth Degree Tears	76
Caesarean Section	77
Complicated Caesarean Section	77
Postpartum Haemorrhage	78
Peripartum Hysterectomy	79
Clinical Gynaecology	80
Care of Patients with first Trimester Miscarriage.....	80
Care of Patients with Suspected or Confirmed Ectopic Pregnancy	81
Care of Patients with Acute Pelvic Pain and Dysmenorrhoea	82
Care of Patients with Menorrhagia	83
Care of Patients with Chronic Pelvic Pain and Dysmenorrhoea	84
Care of Patients Entering the Menopause.....	85
Care of Patients with Premenstrual Tension	86
Care of Patients with Psychosexual Problems.....	87
Care of Patients with Uterovaginal Prolapse	88
Care of Patients with Urinary Incontinence	89
Care of Patients with Sub-Fertility	90
Care of Patients with Amenorrhea/Oligomenorrhoea.....	91
Care of Patients with Abnormal Cervical Cytology and Colposcopy	92
Care of Patients with Gynaecological Malignancy	93
Care of Paediatric and Adolescent Patients with Gynaecological Problems	94
Care of Patient Following Sexual Assault	95
Operative Gynaecology	96
Preoperative Care.....	96
Postoperative Care	96
Care of Patients Suffering from Complications Following Gynaecological Surgery.....	97
Care of Patient in Theatre	98
Basic Surgical Skills for Open Surgery.....	99
Wound Care and Management	100
Diagnostic and Operative Hysteroscopy	101
Diagnostic and Operative Laparoscopy.....	102
Abdominal Hysterectomy.....	103
Vaginal Hysterectomy.....	104
Operations for Uterovaginal Prolapse	105
Operations for Urinary Incontinence	106
Surgery for Gynaecological Malignancy	107
Audit.....	108
Perinatal audit.....	108
Gynaecological Audit.....	108
Minimum Requirements for Training.....	109

Introduction

Obstetrics and Gynaecology is a predominantly clinical specialty. A trainee must deal with normal and abnormal pregnancy and with disorders of the female reproductive organs. Besides the physiological and pathological processes involved, the psycho-social effects of reproductive events and of gynaecological disorders must be understood. The Obstetrician-Gynaecologist must develop diagnostic and therapeutic skills and a particularly high competence in communication. Simultaneously, the trainee must develop competence in all Obstetric procedures and in a number of core Gynaecological surgical procedures. At present, all trainees in Obstetrics and Gynaecology must be competent in both specialties, however some Obstetrician-Gynaecologists will wish to develop special skills in a particular area. Special skills and interest can be facilitated during the training, while sub-specialisation requires dedicated time in a sub-specialist training programme taken at the end of core training or as out-of-programme experience.

Besides these specialty specific elements, trainees in Obstetrics and Gynaecology must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of specialist training in Obstetrics and Gynaecology, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the *Irish* healthcare system.

Competencies, at a level consistent with practice in the specialty of Obstetrics and Gynaecology, will include the following:

- Patient care that is appropriate, effective and compassionate in dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- The judgement and manual dexterity required to conduct instrumental vaginal delivery safely, with a low complication rate.
- The judgement and surgical skills required to perform both open and laparoscopic procedures safely and with a low complication rate.
- Interpersonal and communication skills that ensure effective exchange of information with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Obstetrics and Gynaecology.
- Professionalism
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the (*Irish*) health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.

- Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism describes the:

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (*as a doctor*).
- It includes such concepts as:
 - The skills of lifelong learning and the maintenance of competence
 - Information literacy
 - Ethical behaviour
 - Integrity, honesty
 - Altruism
 - Service to, justice and respect for others
 - Adherence to professional codes

Entry Requirements

Applicants for Higher Specialist Training in Obstetrics and Gynaecology must have completed a **minimum** of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI (Obstetrics and Gynaecology) or MRCOG.

For MRCPI or MRCOG holders BST should consist of a minimum of 24 months involved with direct patient care in both Obstetrics and Gynaecology, either in the form of combined Obstetrics and Gynaecology posts or two six-month posts in Obstetrics only and two six month posts in Gynaecology only.

Those who do not hold an MRCPI (Obstetrics and Gynaecology) or MRCOG or equivalent qualification must provide evidence of appropriate knowledge, training and experience.

Requirements for a BST Certificate of Completion Obstetrics and Gynaecology

To be eligible for a BST Certificate of Completion in Obstetrics and Gynaecology applicants are required to:

- Be registered as trainees with the Institute of Obstetricians & Gynaecologists in the RCPI. Credit only accrues from the date of registration.
- Complete 24 months of training in SHO or Registrar posts that have been approved for BST – provisional approval is advised.
- Complete a minimum of 18 months in Irish posts. A maximum of 6 months' accreditation may be allowed for approved overseas experience in Obstetrics & Gynaecology at the discretion of the BST Committee.
- Complete six mandatory courses:
 1. Basic Surgical Skills
 2. Practical Obstetric Multi-Professional Training (Prompt) or Advanced Life Support in Obstetrics (ALSO) or Clinical Indemnity Scheme (CIS) or equivalent
 3. Professional Development Programme
 4. Ethics
 5. Prescribing Skills
 6. Family Planning Course

Documentation must be submitted to show satisfactory completion of these courses.

- Submit completed BST Logbooks as evidence of satisfactory completion of training.

Additional Requirements – Please read carefully

- Not more than 6 months may be spent in any one SHO post, but trainees may rotate to another approved post in the same unit.
- Not more than 12 months may be spent in any one Registrar approved post

Duration & Organisation of Training

The duration of Higher Specialist Training in Obstetrics and Gynaecology is 5 years, one year of which **may** be gained from a period of out of programme experience either through full time research or a clinical programme.

- All trainees should have exposure to Obstetrics and Gynaecology practice in a number of different settings. Exposure to Gynaecology in a general hospital setting is desirable for all trainees.
- Participation in perinatal and maternal audit is essential for all trainees.
- All trainees must complete an approved Management Course.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Obstetrics and Gynaecology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If a trainee intends to develop further a special interest within Obstetrics and Gynaecology, such as Colposcopy, Gynaecological or Obstetric Ultrasound, this will be accommodated as far as possible within the training period, re-adjusting timetables and postings if possible, provided the trainee's core competencies are not compromised. Wherever possible, such special interests or special skills should be validated by following a recognised special skills module or diploma course and by obtaining the relevant diploma. The trainee planning **sub-specialisation** should achieve a thorough grounding in the core competencies in Obstetrics and Gynaecology before leaving the programme to pursue a sub-specialist programme or on returning to the programme following out-of-programme experience in the sub-speciality.

Trainees are encouraged to take out a programme experience to broaden their Curriculum Vitae. Out of programme experience will not be granted until a trainee has satisfactorily completed one year of the training programme.

Out of programme experience for research leading to an MD or PhD will be credited with up to a maximum of six months for each year out of programme to a maximum of one year's total credit.

All requests for out of programme experience must be made at least 6 months in advance of leaving the programme. It is accepted that gaining a high quality post overseas is difficult and with agreement of the training institution and the NSD a shorter period of notice may be accepted.

All trainees **must be in programme** for at least 6 months before their proposed final exit date.

No additional credit will be given to trainees for experience gained prior to entering the SpR programme in Obstetrics & Gynaecology.

In the normal course of events, trainees who have entered the programme having passed MRCPI (Obstetrics and Gynaecology) will take Part 2 MRCOG when they have completed the requirements for this. This is a desirable but not essential part of the normal career pathway for Irish trainees in Obstetrics and Gynaecology.

“Generic” knowledge, skills and attitudes support competencies which are common to good medical practice in all specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting many of these important objectives **at an early stage** would cause concern about a SpR’s suitability and ability to become independently capable as a specialist.

Flexible Training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees;

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than that of full-time trainees.

The above provision must be adhered to. A flexible trainee should undertake a *pro rata* share of the out-of-hours duties (*including on-call and other out of hours commitments*) required of their full-time colleagues in the same programme and at an equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the current issue of the SpR training Handbook.

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Obstetrics and Gynaecology. Programmes will include posts in both general hospitals and maternity hospitals, all of which are teaching hospitals. Throughout the programme each trainee will rotate at some point through the following four hospitals, National Maternity Hospital, Rotunda Hospital, Coombe Women’s and Infant’s University Hospital and Cork University Maternity Hospital. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Obstetrics and Gynaecology. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of Higher Specialist Training. No trainee should remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year, unless for the purposes of completing research towards a higher degree.

Where an essential element of the curriculum is missing from a programme, access to it will be arranged, by day release for example, or if necessary by secondment.

Teaching, Research & Audit

All trainees are required to participate in teaching undergraduate students and in training interns and senior house officers.

Trainees should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work. All trainees should be able to show evidence of an ability to critically evaluate published work and to change their own practice in response to evidence. Trainees are required to engage in audit during training and to provide evidence of having completed the process. During the training period, every trainee should conduct at least one piece of research or audit leading to publication in a peer-reviewed journal.

A period of supervised research relevant to Obstetrics and Gynaecology is considered highly desirable for some trainees and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to an MSc, MD, or PhD, by stepping aside from the programme for a time. Additional educational credit may be granted at the discretion of the NSD and STC for clinical work relevant to the curriculum undertaken during the second and subsequent years of this research, up to a maximum of six months credit. For those intending to pursue an academic path an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Logbook

Trainees throughout Higher Specialist Training will maintain up-to-date training records and a portfolio of achievements. Each trainee is responsible for maintaining an up-to-date record of his/her progress through training and compiling a portfolio of achievements for presentation at annual assessment review. The training record will be countersigned as appropriate by the trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Obstetrics and Gynaecology Curriculum. The record and portfolio will remain the property of the trainee and must be produced at the annual assessment review.

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at annual assessment review. The trainee also has a duty to maximise opportunities to earn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training department and the Dean of Higher Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the Institute's supervision of training (*see the SpR Training Handbook*).

At Annual Review, the Training Record will be examined. The results of any assessments and reports by educational supervisors, filed in the portfolio submitted, together with other material capable of confirming the trainee's achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Obstetrics and Gynaecology Curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at Annual Review. The assessment of training may utilise the Mini-CEX and OSATs methods adapted for the purpose. These methods of assessment have been made available by the Institute of Obstetricians & Gynaecologists for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the curriculum *e.g. competence in procedural skills, or in generic components*. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Review – The PeTRA Process

An annual review of progress through training will be undertaken on behalf of the Institute of Obstetricians & Gynaecologists. At Annual Review the training record will be examined. Assessments and reports by educational supervisors, confirmation of achievements and the contents of the portfolio will be reviewed. A decision is made regarding progress, as detailed in the Training Handbook. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies. An external assessor will participate in a penultimate year review (PYA) which is held to a standard format usually 12-18 months before the planned end of training. The award of a CSCST will be determined by a satisfactory outcome after completion of the entire series of PeTRA assessments.

Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary to supervise the training process.

All training locations approved for Higher Specialist Training have been inspected by the Institute of Obstetricians & Gynaecologists. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Obstetrics and Gynaecology to be acquired.

Physical facilities include the provision of sufficient space and opportunities for practical and theoretical study; access to professional literature and information technologies so that self-learning is encouraged and data and current information can be obtained to improve patient management.

Trainees in Obstetrics and Gynaecology should have access to an educational programme of e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc, capable of covering the theoretical and scientific background to the specialty. Study time equivalent to 26 days per annum should be allocated for this formal educational programme. The schedule of appropriate educational activities will be set down

by the Training Committee for Obstetrics and Gynaecology and the minimum acceptable attendance stated. Trainees should be notified in advance of dates so that they can arrangements can be made for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

Teaching, Learning & Assessment Methods

Teaching, Learning & Assessment Methods

This section relates to the clinical competencies that are required for your training. During your training you will be assessed by methods such as miniCEx, OSATS and Case Based Discussion. It is extremely important that you read this so that you are aware of the requirements of your training.

Record of Training

The evidence required to confirm progress through training includes:

- Details of the post(s) occupied, the training plan agreed with weekly timetables and duty rosters; case-mixes and volumes, numbers of practical procedures and outcomes.
- Confirmation of attendance at events in the educational programme, at departmental and inter-departmental meetings and other (optional) educational events.
- Confirmation (certificates) of attendance at subject-based/skills-training/instructional courses; (certificate or diploma from appropriate authority).
- Recorded attendance at conferences and meetings.
- A properly completed logbook with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved.
- Evidence of regular contact with trainers, i.e. appraisals; confirmation of workplace/clinical encounters significant in relation to activities specified in the curriculum.
- Evidence of personal study, e.g. journals taken, membership of specialist society, web-based research, special interest developed.
- CPD/CME activity, returns, study leave records.
- Copies/examples of material prepared for presentation e.g. for audit, teaching, best-practice development, collection of cases, topic reviews, output from research.
- Educational supervisor's reports on **observed** performance (in the workplace): of duties, practical procedures, of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence, communication with others e.g. at handover. Results of Mini-CEx, CBDs and OSATS encounters.
- Collective opinions – as used to ascertain a range of generic skills e.g. professionalism, maintaining trust.
- Result (diploma, certificate from recognised body) of completed knowledge-based test and/or practical examination.

Assessment of Competencies

The competencies to be acquired during training are listed within the Generic and Specialty Sections of this Curriculum.

The competencies will be assessed on a regular basis during your training programme and must be documented in the Training Record (*Logbook*). Progress through training is confirmed by entries which must be authenticated/ countersigned by the educational supervisors.

Documents which provide evidence of satisfactory completion of other necessary components of the curriculum must be filed in the portfolio of achievements compiled by the trainee and reviewed annually.

A report from the educational supervisor will be included. This will be prepared following appraisal, based on his/her assessment of observed performances by the trainee of practical procedures and other duties. The standard of case notes, summaries, correspondence and other material, of presentational ability can also be the subjects of such report, as could the trainee's enthusiasm, judgement, team working or professionalism.

The trainer's report will also be based on a structured pro-forma, as used in the short form of clinical evaluation exercise (*Mini-CEx*); following observation and appraisal of the performance of a procedure (*OSATS*); after discussion of the (*clinical*) reasoning involved in the management of a problem faced by a trainee (*Case-Based Discussion, CBD*).

The results of any summative tests of knowledge taken, e.g. *MCQs and problem-solving tests, including self-administered tests*, should be filed and retained. Confirmation of the acquisition at a particular stage of a specified professional examination may be required in order to make progress towards the completion of training.

Learning Methods

This section gives examples of the learning methods that can be used as guidance to acquire competencies as they appear in the curriculum.

Experiential:

- Working under supervision
- Documenting/reporting progress (*case notes*), preparing summaries (*discharge notes*) other professional correspondence; communicating information to patients/to other health professionals.
- Consults, referrals between departments, handover, providing cross-cover.
- (*In certain specialties*), procedure room and investigation/assessment sessions offer practical opportunities to learn and develop skills under supervision and to exercise judgement when to seek assistance.

Self-directed learning:

- Curriculum-based personal study *e.g. textbooks, journals, literature search, retrieval of web-based information.*
- Information gathering and evaluation
- Active participation in audit
- Tests of knowledge

Group learning:

- Workplace discussions
- Multidisciplinary meetings
- Programmed meetings within the workplace

Performance based:

- Observing, learning, assisting, performing, demonstrating a technique or practical procedure.
- Simulations, role-play

Learning through teaching and research:

- Teaching, giving tutorials, lecturing.
- Mentoring and supervising junior colleagues and other staff.
- Presenting at meetings - local and international.
- Research
- Publication

External Courses:

- Specialty study/training days
- Attending mandatory and non-mandatory courses
- Attendance at seminars, relevant conferences, regional, national and international meetings.

Reflection:

- In your logbook there is an area to record reflections on training, learning, clinical events and career discussions. In recent years the importance of reflecting as part of the learning process on what you are doing has been shown to improve professional practice. Reflection on what you know and don't know helps to understand that learning is individual and reflection of professional activities can be used to highlight your strengths, weaknesses and areas for development.

Assessment Methods

Mini-CEx

Definition: Mini-CEx is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter.

Description: The mini-CEx is a “snapshot” of a doctor/patient interaction and is based on a 15 minute observation of a single interaction. It is designed to assess the clinical skills and behaviors of trainees assessing such skills as history taking, physical examination skills, clinical judgement, professionalism, organisation/efficiency and overall clinical care. Not all elements will be assessed on each occasion. Immediate feedback should be provided after each encounter by the observer assessing the trainee.

Frequency of assessment: At least two miniCEx assessments should take place in each year of training. Where appropriated, one should be based in an outpatient setting and one in an acute setting. The assessments include assessment of skills in history taking, physical examination, appropriate use of investigations, cost-effectiveness, interpretation of investigations, making medical notes, making a diagnosis, treatment and management of disease, appropriate referral to other specialities, standards of care.

Competencies assessed:

- Consideration/Professionalism:
- Recognises/accepts patient’s rights (to consent, confidentiality, information). Establishes trust, shows professional approach.
- Communication:
 - Informs, explains, advises using appropriate language. Obtains consent, enlists patient’s co-operation.
- Interviewing Skills:
 - Active” listening facilitating relevance; effectively using questions, responding to non-verbal clues.
- Examination Skills:
 - Prepares patient, minimises discomfort/unease. Proceeds logically, efficiently, thoroughly, completely.
- Judgement:
- Correctly identifies/lists problems, prioritises actions in realistic and timely schedule.

Opportunities for assessment: The assessment should take place in the usual place of work (*in-patient, clinic, office or department*) where the assessor must directly **observe** the trainee’s performance.

Objective Structured Assessment of Technical Skill (OSATS)

There are a small number of procedures which are so fundamental to the practice of obstetrics and gynaecology that an objective assessment tool has been developed by Royal College Of Obstetricians & Gynaecologists, UK to aid the assessment process. The OSATS is a validated assessment tool to assess technical competency in a particular technique. The curriculum indicates those skills which need to be assessed with OSATS. The forms are included within the relevant module in the logbook. The OSATS should be used to help you and your trainer assess when you are ready to move on to independent practice for a procedure and when you are ready to be signed off for independent practice. The same OSATS may be used to assess increasing levels of complexity for any particular procedure.

Before the competences can be signed off in the logbook, each OSATS must have been successfully completed (that is, every box ticked for independent practice). When the trainee

feels ready to undertake the relevant OSATS, they will meet with your clinical trainer who will assess the procedure and complete the OSATS form. A record of the date that each OSATS is signed off should be entered in the relevant section of the logbook module. At least two different assessors need to be involved for this process. The same assessor must not be used for all OSATS and a consultant must do at least one OSATS. Once signed up for independent practice it is recommended that, to demonstrate continued competency in an area, an annual OSATS assessment is performed.

Before undertaking an OSATS assessment the trainee must be able to perform the procedure competently under direct supervision. They will be required to demonstrate this on several occasions before the first OSATS assessment. It is not envisaged that they will successfully complete the assessment at the first attempt and this should not be seen as failure. The department should nominate an assessor and in some situations discretion may be given to choose their own assessor. Taking consent for the procedure is not part of the assessment; however, the taking of consent must be assessed separately using a mini-CEX. You must retain all OSATS assessment forms, whether satisfactorily completed or otherwise. Review of these forms allows your assessor to see the progress you are making.

There are two parts to the OSATS form. The first is a checklist, which breaks down the procedure into steps, all of which must be successfully completed. The second is a generic technical skills assessment. The generic technical skills, not all of which will be relevant to every OSATS, will form an important part of the assessment process. It is anticipated that, to pass the OSATS, the majority of competences ringed in the middle or to the right of the generic skills assessment list. However, to be signed off for independent practice, the generic skill 'fully understands areas of weakness' within the generic skill of insight/attitude must be consistently ringed.

Trainees will proceed at different rates and the competency levels are the minimum that must be achieved prior to moving to the next stage of training. The OSATS form may be used to assess technical skills at differing levels of complexity; for example, the caesarean section OSATS may be used for assessing competency for a simple caesarean section or a complex caesarean section. The level of complexity should be indicated on the assessment form.

Case Based Discussion (CBD)

Definition: Case-based discussion (CBD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. CBD is used to evaluate core skills that can be demonstrated during an interactive discussion based on a single case in which the trainee has been actively involved.

Description: CBD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. The case for discussion can either be selected by the trainee or chosen by the assessor. The assessment will be based on oral discussion and written information available. It includes a bi-lateral (trainee's and trainer's) critical appraisal of the reasoning and judgements made, and of the management of the case. Whenever possible the assessment should include issues such as disease notification, health promotion and screening.

Frequency of Assessment: This method of assessment has not been validated as yet, however it is a very useful method and can be easily incorporated into journal clubs, post-graduate teaching sessions or on-line etc

Competencies assessed:

- **Problem Definition:**
 - All relevant facts established, from current/previous history, investigations, interventions; reports, correspondence reviewed.
- **Record Keeping:**
 - Legible, tidy, legally defensible records seen.
- **Reasoning:**
 - Appropriately selected, sequenced investigations/procedures planned. Evidence-based, logical judgements made; (differential) diagnosis established; action plan made with realistic goals.
- **Case Management:**
 - Effective, safe (responsible) prescribing; aware of protocols/guidelines, best practice; monitoring progress, handling complications/mistakes; timely, appropriate referrals, case closure.
- **Reflective Practice:**
 - Shows analytical, constructive approach to case, willingness to learn; acknowledges and prepared to consider other management options; aware of change, possible advances, when to seek help.

Opportunities for assessment: The presentation should take place in a suitable environment, with due consideration given to the patient's sensitivities, to confidentiality e.g. in any ward or clinical setting; an office, side- or seminar-room may be found convenient. Case presentations and discussions, e.g. at handover, ward-rounds (inter-) departmental meeting.

Mandatory Training Courses

(Note: this list only included the generic mandatory courses)

Mandatory Communication course:

To be completed in Year 1. The course is a short 1 -2 hour course at the start or the end of specialty study days to reduce time spent away from the hospitals. Communication skills will be assessed as part of the miniCEX assessments.

Audit:

Mandatory 1/2 day on audit to be completed in Year 1.
Audit reports are submitted on a yearly basis

Ethics:

Four mandatory study days are to be completed during the training programme. Three study days are for all specialities - Ethics & Law, Ethics in Research and Professionalism. The fourth day 'End of life' is for all specialties except Public Health Medicine, Occupational Medicine and Histopathology who have a speciality specific ethics day.

Leadership Skills:

Mandatory 3 day course to be taken in year 3 – 5

ACLS:

ACLS compliant in appropriate specialties

Specialty Study Days

The topics of specialty specific study days to be completed during training are listed in appendix 1.

Annual Assessments

Consultant feedback:

End of year assessment completed by the Trainers include assessment in areas such as: Team working skills, Leadership skills, Handling of complaints, conflict management
Questions such as the following are included in the assessment form:

- Have there been any complaints from nursing staff, AHP, patients regarding this trainee or their team?
- If so:
 - How did the trainee respond to a complaint about a member of his/her team?
 - How did the trainee respond to a complaint against him/her?.
- Have you any serious issue with your SpR?
- Where there any instances of serious conflict?
- Do you think he/she behaved appropriately?

Audit:

It is difficult to complete the audit cycle in a one year period. Each year the trainee should take part in an audit - either to develop and start an audit or to review and change practice as a result of an audit - the complete audit cycle should be understood. In hospitals that have audit systems set up, the trainee should complete a full audit.
Trainees will be required to submit a full audit report and will be encouraged to present audit results at local, national or international meetings.

Attendance at In- Hospital Speciality Radiology conferences

Time spent in Laboratory/Pathology or attendance at Laboratory/Pathology conferences (Depending on specialty)

Committee membership

Many specialty curricula have identified participation in committees.

Teaching skills

Number of undergraduate and postgraduate tutorials, number of membership tutorials.

Presentations/Publications

On-Call take

GENERIC COMPONENTS

Communication & Interpersonal Skills

Objective: To be able to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: No. 2: Relating to Patients; No 3. Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to structure an interview to obtain/convey information; how to identify concerns, expectations, priorities; how to promote understanding, reach conclusions; use/choose appropriate language. Knowledge of procedures/investigations available and alternative options; of strategies to promote compliance through understanding of objectives.
- Able to elicit facts, question using open, followed by closed questions; “active listening”. Gives information clearly, avoids jargon, confirms understanding, is able to encourage co-operation, compliance; obtain informed consent.
- Considerate, shows respect for other’s culture, opinions, patient’s right to be informed, make choices.

In difficult circumstances

- Understands potential areas for difficulty “awkward situations”, knows how and when to break bad news, how to circumvent cultural, language barriers, deal with sensory or mental impairments, how to deal with challenging or aggressive behaviour.
- Able to communicate essential information where difficulties exist, appropriately uses assistant, interpreter, chaperone, relatives. Able to deal with anger, frustration in self and others.
- Selects an appropriate environment; seeks assistance, makes and takes time. Avoids unrealistic optimism or pessimism.
- Respects another’s right to opinions and to accept or reject advice.

With professional colleagues and others

- How best and when to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (*written, verbal or electronic*). Knows legal context status of records and reports, of data protection (*confidentiality*), Freedom of Information (FOI) issues.
- Understands relevance to continuity of care and the importance of legible, accessible, authenticated records. Knows when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication.
- Communicates effectively, promptly; recognises roles and skills of other health professionals.
- Able to judge own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility, when to refer.
- Values perspectives of others contributing to management decisions.

In maintaining continuity of care

- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management.
- The importance of completion of tasks and documentation *e.g. before handover (to another team, department, specialty)*, of identifying outstanding issues, uncertainties.
- Maintains (*legible*) records, is available, contactable, time-conscious, sets (*and attempts to reach*) realistic objectives, identifies/prioritises outstanding problems.
- Alert to avoid potential confusion or misunderstanding through communications failure.

Giving explanations

- The importance of possessing the full facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based.
- How to secure, retain attention avoid distraction. Understand how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention. Risk of information overload.
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients' ability to comprehend.
- Uses language, literature (*leaflets*) diagrams, educational aids and resources appropriately.
- Able to achieve level of understanding necessary to achieve co-operation (*compliance, informed choice, acceptance of opinion, advice, recommendation*).
- Prepared to discuss, repeat information, resolve uncertainty, confusion, respond to questioning, challenge.

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (*departmental and institutional*); sources of advice, assistance available.
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources.
- Able to establish facts, identify issues and respond quickly and appropriately to a complaint received.
- Accepts responsibility, involves others, consults appropriately.
- Open, prepared to accept criticism, acknowledge shortcomings where they exist, offer an apology.

SKILLS

- Communication
- Conflict resolution
- Dealing with complaints
- Communicate decisions in a clear and thoughtful manner
- Presentation skills

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g Mini-CEx, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations

Professionalism & Autonomy

Objective: To have the knowledge, skills and attitudes to act in a professional manner at all times and in partnership with patients and colleagues. To develop the attributes of someone trusted to be able to manage complex human, legal and ethical problems.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No 2. Relating to Patients; No. 7 Professionalism

KNOWLEDGE

Patient Centred Care;

- The provision of Patient Centre Care should be at the core of the service a doctor provides
- To put the quality and safety of patient care as a prime objective

Behaviour in the workplace;

- **Relationships with patients**
 - Know patients' rights e.g. to be informed sufficiently to enable them to be involved in decisions about their treatment and care. Know boundaries limiting consultations including ethical, duty of care.
 - How to deal with inappropriate behaviour e.g. aggression, threats, violence, harassment, racism.
 - Potential obstacles e.g. cultural, educational, ethical – also preconceptions and prejudices.
 - Ensures confidentiality, respects privacy. Focuses investigation on patient's needs and expectations. Shows sensitivity, develops empathy but avoids personal involvement.
 - Non-judgemental in approaching patient's perceived problems. Prepared to accommodate idiosyncrasies, respecting patients as individuals. Altruistic.
- **Working with colleagues**
 - Know the potential roles and contributions of other specialists – medical, surgical, general practitioners and of other hospital or community-based agencies e.g. social services, also patient support groups and other providers of care.
 - How to arrange cover, safeguarding the handover process, know where responsibility begins and ends, when and where to seek advice.
 - Aware of the extent and limitations of own areas of practice/expertise; recognises and respects others' inputs, capabilities; is able to work co-operatively with other health professionals; refers, delegates appropriately.
 - Realistically schedules and completes tasks and provides full documentation for handover, referral; strives to maintain continuity and standard of care especially across shifts and when arranging rotas and covering absences.
 - Conscientious, reliable, responsible and professional at all times, considerate, shows respect for opinions of others, values good advice, accepts constructive criticism.

Creating an environment conducive to learning and improvement

- Endeavours to foster an environment conducive to learning
- Shares knowledge with trainees, students and other members of the multidisciplinary team
- Encourages and is open to reflective practice
- Seeks out role models and learns from the best practice behaviours of others.
- Participates in quality assurance and clinical improvement systems & training
- Uses evidence based practice in decision making
- Participates in journal clubs, case presentations, grand rounds

Time management & continuity of care

- Is punctual for duty, meetings, handovers and other duties
- Prioritises workload
- Delegates when appropriate to do so
- Knows when to call for help
- Ensures satisfactory handover to ensure continuity of care
- Ensures satisfactory transfer of patients to other medical teams or services when required
- Makes adequate arrangements to cover holidays, study and other leave

Honesty & Integrity

- Acts with honesty and integrity at all times in the delivery of patient care and in working with professional colleagues
- Acts fairly in all situations.

Moral Reasoning & Legal and ethical issues (see also Ethics section)

- Describes and demonstrates an understanding of the main principles of medical ethics including autonomy, justice and confidentiality
- Understands correct procedures for obtaining consent (for treatment, investigations, procedures, research project, post mortem). Legal responsibilities surrounding death/disease certification; regarding mental illness; referrals to coroner; also in criminal cases.
- Understands issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records. Legal and ethical issues in context of resuscitation, organ donation/transplantation.
- Able to complete certificates, documents, respects patient's wishes, rights, but accepts a doctor's (legal) obligations to society. Able to obtain/provide in full, information relevant to consent.
 - Alert to possible legal implications and ethical aspects of actions
 - Ensures privacy when discussing sensitive issues
 - Seeks timely advice where patient abuse is suspected

Team working and leadership

- How teams work, know how to assign individual and collective responsibilities which respect an individual's (*professional*) status within a team. How to set goals, initiate/co-ordinate action, audit performance, give feedback, e.g. developing guidelines, protocols.
- Positively contributes to planning, motivating, organising activity, employs negotiating, human relations, interpersonal skills appropriately.
- Able to set and apportion individual and team objectives, energise and fortify others to sustain efforts to achieve goals, appraise performance.
- Co-operates as team player; respects the contributions, expertise of others; tolerant but determined as team leader.
- Adopts a holistic approach to patient care
- Knowledge of principles of audit and self assessment

Health-Physical health and Handling Stress & Fatigue

- Know how stress can affect performance, how to reduce stress and develop coping mechanisms to deal with pressure. When to enlist support.
- Understand the relevance of personal health to performance at work: the risks of self-medication, potential for drug and alcohol abuse: know that support is available from Occupational Health Services.
- Able to recognise, cope with stress; asks for help when necessary, is aware of responsibility (*to others*) of having health problems dealt with. Willing to take time off; and, if necessary, re-train/redevelop skills.

Commitment to Continuous Improvement in Health care Systems

- Understands the principles of quality and safety improvement
- Participates in quality improvement activities, including standard setting, follows established practice guidelines, research and audit
- Undergoes training in this area where appropriate

SKILLS

- Professionalism
- Multidisciplinary team working
- Ethical issues
- Leadership
- Time management
- Stress management

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (mandatory)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-Cex, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Leadership Programme (Year 3 – 5)

Maintaining Good Practice

Objective: To adopt the habits of lifelong learning, and to appreciate and implement the practices of clinical governance.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 6 Scholarship, No 7 Professionalism, No 8 Clinical Skills

KNOWLEDGE

Lifelong learning

- Aware of CME/CPD obligations, systems/process for competence assurance/revalidation. Understand the role of appraisal, assessment methods available their application.
 - Sources, resources, opportunities for self-directed and group learning including IT. Know how adults learn.
 - Recognises and makes effective use of learning opportunities, maximises the potential for personal study, plans personal development.
 - Self motivated, inquisitive, eager to learn.

Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols.
- Able to appraise and apply data from research, and to use audit to establish best practice and clinical effectiveness. Utilizes and practices evidence-based medicine.
- Accepts the need for reflective practice and to critically evaluate own work and make changes.

Risk management

- Systems, procedures for identifying (*clinical*) risk; correct procedures and action when things go wrong; how to handle complaints.
- Employes procedures and policy for accidents, injuries; for confirming skill and staffing levels, arranging cross-cover, on-call, for supervision.
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records. The assessment of risk, relative risk.
- Able to assess, anticipate, risks; recognise failure. Openly discuss bad outcomes, locate system weakness, analyse critical incidents.
- Able to discuss potential risks *e.g. with patients, to analyse and balance risk with benefit*. Able to learn from previous experience, from complaints received, errors.
- Is honest in recognising misjudgements.

Evidence, audit, guidelines

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials.
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle.
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance.
- Capable of accessing relevant data (library, internet use). Able to appraise available evidence critically.
- Able to complete an audit cycle relevant to practice; to develop, evaluate, review and update a set of guidelines.
- Uses evidence / guidelines appropriately having due regard for the individual.

SKILLS

- Personal development planning
- Evidence -based practice
- Risk Management
- Audit
- Research

ASSESSMENT & LEARNING METHODS

- Record of attendance at journal clubs, medical grand rounds, SpR teaching sessions, local and national academic meetings
- Record of attendance at CME accredited international meetings
- Attendance at local radiology conferences
- Time spent in laboratory or attendance at laboratory conferences
- Audit Study Day (Year 1)
- Annual Audit
- Leadership Skills Course (Year 3- 5)
- Research Publications
- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD

Standards Of Care

Objective: To be able to assess patients' problems investigate and treat them appropriately, efficiently, and consistently over time.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 2 Relating to Patients; No. 3 Communication and Interpersonal Skills; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management; No. 8 Clinical Skills,

KNOWLEDGE

History taking and examination

- Diagnostic significance of patterns of symptoms, pathophysiology and physical signs.
- Able to take and analyse a clinical history and perform a reliable and appropriate examination, arrive at a differential diagnosis.
- Exhibit empathy and show consideration for all patients, their impairments and attitudes irrespective of cultural and other differences.

Investigation, indications, risks, cost-effectiveness

- Understand the pathophysiological basis of the investigation undertaken.
- Know and be able to explain the procedure for the commonly used investigations, preparations, effects or risks, the reason for the investigation, the information sought and its relevance to management.
- Sensitivity and specificity of results, possible interferences, artefacts.
- Able to understand significance, interpret and explain results of investigations.
- Shows logical approach in choosing, sequencing and prioritising investigations.
- Able to liaise, discuss, negotiate effectively with those undertaking the investigation.
- Careful to select investigations appropriately, considering (*patients'*) needs, risks, value.

Treatment and management of disease

- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness. Natural history of diseases; quality of life concepts.
- Able to assess accurately patient's needs, to prescribe administer, deliver, arrange treatment; recognise and deal with reactions / side effects. Sets realistic therapeutic goals, utilizes rehabilitation services, palliative care appropriately.
- Able to discuss rationale, objectives, risks and alternative options openly, taking into account patients' / their relatives' attitudes, beliefs or other philosophical concepts.
- Recognises that the degrading effects of illness, especially incapacity which is chronic, impacts on relationships and family, having financial as well as social effects.
- Discusses, plans, delivers care appropriate to patient's needs and wishes.

Disease prevention and health education

- Disease notification; methods of collection and sources of data. Screening for disease, (*methods, advantages and limitations*). Health promotion and support agencies; means of providing and sources of information for patients.
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes.
- Able to advise on and promote lifestyle change, stopping smoking, control of alcohol intake. Able to assess and explain risk, encourage positive e.g. *immunisation* and negative preventive measures.

- Enlists / requires patients' involvement in solving their health problems, provides information, education. Avails of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services.
- Non-judgemental approach to patient's problem: values contributions of health education and disease prevention to health in a community.

Notes, records, correspondence

- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data.
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focused reviews.
- Compiles adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome. Provides concise, informative progress reports orally.
- Maintains legible, authenticated records, uses dictation, telephone, e-mail appropriately.
- Appreciates importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly *e.g. with primary care*.

Time management and decision taking

- How to prioritise demands, respond to patients' needs, sequence urgent tasks. Understand how to establish (*clinical*) priorities *e.g. for investigations, intervention; how to set realistic goals; understand the need to allocate sufficient time, know when to seek help*.
- Understands the need to complete tasks, reach a conclusion, make a decision, take action with allocated time.
- Able to recognise when falling behind and can adjust accordingly; able to cope with changing circumstances, variable demand, prepared to re-prioritise and ask for help.
- Able to collate evidence, summarise, recognise when objective has been gained
- Knows how and when to conclude, disengage.
- Has realistic expectations of own and of others' performance. Time-conscious, punctual.

Relevance of professional bodies

- Understand the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations *e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies*.
- Actively engages with professional/representative/specialist bodies.
- Values the breadth and depth of experience that can be accessed by associating with professional colleagues.

SKILLS

- History taking and examination
- Appropriate use of investigations
- Treatment and management of disease
- Disease notification
- Health promotion
- Screening
- Study Day - Disease prevention & health education
- Personal and professional organisation and planning; goal setting, time management

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace)
- Study Days
- Annual Audit

Patient Safety

Objective: To ensure patient safety is at the core of the health service provided by designing safe systems and processes of care and understanding the role of healthcare systems and human factors in adverse events and errors.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

Safe Systems, Competency and Safe practice

- Understands multiple factors involved in failures;
- Safe Healthcare Systems-a Safe working environment
- The relationship between 'Human factors' and patient safety
 - Safe working practice. Role of procedures and protocols in optimal practice
- Patient safety relevance in health care and its role in minimizing the incidence and impact of adverse events and maximize recovery from them.
- Knowledge and understanding of the Swiss cheese model.
- Health care errors and system failures; human and economic costs; blame culture

Communication

- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Near Misses and adverse events

- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause analysis. Understanding and learning from errors
- Understands and manages clinical risk
- Manages complaints
- Knows when and how to report a near miss or adverse event

Quality improvement

- Standardises common processes and procedures – checklists, vigilance
- Evidence based care
- Infection control; healthcare associated infections
- Patient safety and invasive procedures.
- Improvement medication safety; safe prescribing; common medication errors
- Ethical behaviour

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Understand how and why systems break down and why errors are made
- Be able to learn from errors and near misses to prevent future errors
- Know how to use relevant information from complaints, incident reports, litigation and quality improvement reports to control risks
- Minimise infection through improved infection control practice
- Minimise errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery.
- Minimise medication errors by practicing safe prescribing principles

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritization of patient safety in practice
- RCPI Patient safety on-line course (recommended)
- Completion of infection control induction in the workplace

Therapeutics and Safe Prescribing

Objective: To progressively develop your ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Knowledge of prescribing for common medical conditions
- Knows range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identifies common prescribing hazards
- Identifies high risk medications
- Knows drugs requiring therapeutic drug monitoring and interprets results
- Knows the effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to the trainees practice
- Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. IMB , and hospital formulary committees)
- Knows procedure for monitoring, managing and reporting adverse drug reaction

SKILLS

- Knows how to write a prescription
- Prescribes appropriately in the elderly, childhood, pregnancy and breast feeding
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Review the continuing need for long term medications relevant to the trainees clinical practice
- Anticipate and avoid defined drug interactions, including complementary medicines
- Advise patients (and carers) about important interactions and adverse drug effects
- Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Open to advice and input from other health professionals on prescribing
- Participates in adverse drug event reporting

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace): prioritization of patient safety in prescribing practice

Infection Control

Objective: To be able to manage and control infection in patients, including controlling the risk of cross –infection, appropriately managing infection in individual patients, and within the wider community to manage the risk posed by communicable diseases.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 5 Management (including Self Management).

KNOWLEDGE

Within a consultation

- Understand the principles of infection control as defined by the HIQA
- How to minimize the risk of cross-infection during a patient encounter by adhering to best practice guidelines available
- Treat and manage infection in the individual patient
- Understand the principles of preventing infection in high risk groups e.g managing antibiotic use to prevent Clostridium difficile) Knowledge and understanding the local antibiotic prescribing policy
- Aware of infections of concern, eg MRSA, C Difficile,
- Understands best practice in isolation precautions
- Knows when and how to notify relevant authorities in the case of infectious disease requiring disclosure

In surgery or during an invasive procedure

- Understands the increased risk of infection in these patients and adheres to guidelines for minimizing infection in such cases
- Knows the guidelines for needle stick injury prevention and management

During an outbreak

- Adheres to guidelines for minimizing infection in the wider community in cases of communicable diseases and seeks expert opinion or guidance from infection control specialists where necessary

SKILLS

- Practices aseptic techniques, hand hygiene
- Follows guidelines for infection control and management
- Prescribes antibiotics according to antibiotic guidelines Encourages all staff, patients and relatives to observe infection control principles
- Communicates effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborates with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation eg transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Has knowledge of the diseases requiring disclosure and undertakes notification promptly
 - Collaborates with external agencies regarding reporting, investigating and management of notifiable diseases .
 - Able to advise patients on lifestyle change to minimize the risk of re-infection or spread of infection,
 - Enlists / requires patients' involvement in solving their health problems, provides information, education.

- Avails of support provided by voluntary agencies and patient support groups, as well as expert services where appropriate
- Non-judgemental approach to patient's problem:
- Utilises and values contributions of health education and disease prevention and infection control to health in a community.

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection , prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery

Medical Council Domains of Good Professional Practice: No.1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management); No 6 Scholarship.

KNOWLEDGE

Demonstrating Personal Qualities

- Develops self-awareness and understanding of personal style and its impact on others
- Efficiently and effectively manages one- self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acts with integrity and honesty with all people at all times

Working with others

- Develops networks to expand knowledge and sphere of influence
- Builds and maintains key relationships. Adapts style to work with different people and different situations
- Encourages contributions from others including patients, carers, members of the multidisciplinary team and the wider community
- Aware of own personal style and other styles and their impact on team performance. Understands the importance of good communication in teams and the role of human factors on effectiveness and patient safety

Managing Services

- Knows and understands the structure and function of Irish Health Care System
- Aware of the challenges of managing in healthcare
 - Role of Governance
 - Clinical Directors
- Can contribute to the planning and design of services
- Knows and understands the financing of the health service
 - Preparing a budget
 - Defining value
 - Managing resources
- Knows and Understands the importance of human factors in service delivery.
 - Manages staff training, development and education
- Managing performance
 - Performs staff appraisal and deals effectively with poor staff performance
 - Rewards and incentivises staff for quality and efficiency

Improving Services

- Ensures patient safety by adopting and incorporating a patient safety culture
- Critically evaluates where services can be improved by measuring performance, and acting to raise standards where possible Encourages a culture of improvement and innovation
- Facilitating transformation by creating and living a vision

Setting Direction

- Identifies the external and internal drivers setting the context for change
- Applies knowledge and evidence of systems and resource management to guide service development
- Makes decisions using evidence based medicine and performance measures
- Evaluates the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player Being able to managing resources and people
- Managing performance, performance indicators
- How to write and develop a service plan
- How to prepare and manage a budget

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Leadership course (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. division of Medicine, Drugs and Therapeutics, Infection Control etc.

Management Information Systems & Management Skills

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services. To develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: No. 5 Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Health Service, services provided in Ireland and their funding. Department of Health, HSE and Hospital Management structures and systems. The National Regulatory Bodies, health agencies and patient representative groups.
- Can explore, direct, pursue a project, negotiating through the relevant department at an appropriate level. Able to “*operate the system*”. Understand the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC.
- Recognises the advantage of understanding the administrative machinery of the Health Services.

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources. The common ways in which data is presented. Know of the sources which can provide information relevant to national or to local services, publications available.
- Able to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources.

Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care

- Understands the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice, treatment protocols. Know sources providing updates, literature reviews and digests.
- Able to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. *innovative treatments, new technologies*.
- Embraces principles of clinical governance.

Delegation skills, empowerment and conflict management

- How to assess, develop personal effectiveness, improve negotiating, influencing and leadership skills. How to manage time more efficiently, deal with pressure and stress. How to motivate and operate within a multidisciplinary team.
- Able to adjust to change, apply management/leadership, negotiating skills to manage change. Self-awareness, able to recognise strengths and weaknesses.
- Appropriately values and uses management techniques and seeks to improve these skills and personal effectiveness.

Leadership

- How to maintain, improve working relationships within a team; appropriately recognise roles, skills, status. Know when and what to delegate, provide support, appraise.
- Motivates and empowers others, knows when help is needed. Able to foresee, forestall, manage conflict.
- Sensitive to and aware of the needs of others.

SKILLS

- Risk Management
- Leadership skills
- Time management
- Delegation skills
- Conflict management
- Clinical governance
- Audit

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Audit course (Year 1)
- Leadership course (Year 3 – 5)
- Annual audit
- Consultant feedback at annual assessment on management and leadership skills
- Involvement in hospital committees

Teaching & Research

Objective: To recognise the opportunities for personal/professional development that exist for medical teachers, educational supervisors and from involvement with research.

Medical Council Domains of Good Professional Practice: No. 6 Scholarship.

KNOWLEDGE

Teaching, educational supervision and assessment

- Know principles of adult learning, teaching and learning methods available and strategies; educational principles directing assessment, methods, formative vs. summative. Value of regular appraisal / assessment in informing training process.
- Able to identify educational objective. Able to design and deliver an effective teaching event, both small and large group. Uses technology / materials effectively. Adequate preparation, timekeeping.
- Appreciates benefit to learner is key objective of teaching sessions, key resource is adequate knowledge of subject.

Research, methodology and critical evaluation

- How to design and resource a research project, how to obtain ethical approval. Research methodology, valid statistical analysis, writing and publishing papers. Ethical considerations, declaring an interest.
- Reviewing the literature, framing the question, designing a project capable of providing an answer. Able to derive results and conclusions, able to write or present a paper.
- Intellectually honest.
- Present data in a clear, honest and critical fashion.

SKILLS

- Bed-side undergraduate and post graduate teaching
- Lectures
- Ethics of research
- Presentation and writing skills

Ethics

Objectives: *Medicine is predominantly concerned with the diagnosis and treatment of illness. Besides the pathological processes involved and the physical impact of each condition, the requirements for practising medicine in a fair, competent and ethical manner must be understood before a doctor is ready for independent practice.*

*Upon satisfactory completion of specialist training, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the Irish healthcare system.*

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 6 Scholarship; No. 7 Professionalism.

KNOWLEDGE

- Knowledge of basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective informational exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Professionalism.

Ethics I: Professionalism

Objectives: *To explore the relationship between ethics of healthcare delivery and professionalism including the challenges and the impact of current developments*

KNOWLEDGE

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor).
 - The skills of lifelong learning and the maintenance of competence
 - Information literacy
 - Ethical behaviour
 - Integrity, honesty
 - Altruism
 - Service to, justice and respect for others
 - Adherence to professional code
- Leadership and Accountability
- Role of the Clinical Director
- Dignity & Respect
- Conflicts of interest
- Personal scope of practice & boundaries
- Adverse Events- open communication when adverse events occur
- Discussing errors

Ethics II: Ethics & Law

Objectives: To explore the relationship between ethics of healthcare and law including the challenges and the impact of current developments

KNOWLEDGE

- Ethical patient care and Irish Law including:
- Informed consent
- Consent and capacity
- Disclosure
- Medical Practitioner's Act
- Malpractice
- Misconduct
- Confidentiality
- Data protection
- Coroner's System
- Medical Council Ethical Guide

Ethics III: Research

Objectives: To explore the ethics of healthcare research including the challenges and the impact of current developments

KNOWLEDGE

- Principles of research
- Un-ethical conduct
- Genetics
- The Importance of Research in Health Care
- Dept of Health and Children Research Action Plan-implications for researchers
- Reasons for Research being Ethically Regulated
- Genetics
- Researching vulnerable groups
- Data Research/Protection and confidentiality
- Patient information bill
- Human Tissue Act
- Role of Research Ethics Committee
- Conflict of interest

Ethics IV: Obstetrics & Gynaecology and Paediatrics

Objectives: To explore the ethics of obstetrics, gynaecology and paediatrics including the challenges and the impact of current developments

KNOWLEDGE

- Assisted reproduction
- Consent
- Decisions at limits of fetal viability
- Pre-natal diagnosis
- Chronic life limiting conditions

SKILLS

- Recognises the dying patient
- Communicates bad news sensitively
- Explores the options for managing the dying patient including DNR and advanced directives
- To incorporate the above ethical concepts in their everyday practice

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (Mandatory)
- Note of examples of ethical dilemmas encountered in training
- Consultant feedback at annual assessment
- Workplace based assessment e.g CBD
- Educational supervisor's reports on observed performance (in the workplace)

Dealing with and Management of Acutely ill Patients in Appropriate Specialties

Objective: To have the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies with the problems outlined below. For each scenario, trainees should in particular gain knowledge and skills to recognise the critically ill and:

Immediately assess and resuscitate if necessary.

Formulate a differential diagnosis, treat and/or refer as appropriate.

Select relevant investigations and accurately interpret reports.

Communicate the diagnosis and prognosis – see Generic Skills.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 8 Clinical Skills

KNOWLEDGE

Management of acutely ill patients with medical problems

- Know how potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. *results of investigations*) and treatment protocols (see *Addendum*).
- Know when to seek help, refer/transfer to another specialty. Know ACLS protocols. Know the ethical and legal principles relevant to resuscitation and DNR orders.
- Able to manage acute medical intake, to receive and refer patients appropriately, to interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately.
- Able to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. *dysrhythmia* and provide the means to correct e.g. *defibrillation*.
- Able to convey essential information quickly to relevant personnel: maintains legible up-to-date records documenting results of investigations. Lists of problems dealt with or remaining, identifies areas of uncertainty; ensures safe handover.
- Remains calm, delegates appropriately, ensures good communication. Tries to meet patient's/ relatives' needs and concerns, respecting their views and right to be informed.

Discharge planning

- Distinguish between illness and disease, disability and dependency. Understand the potential impact of illness and impairment on activities of daily living, family relationships, status, independence. Be aware of quality of life issues.
- Know role and skills of other members of the healthcare team, how to devise and deliver a care package. Know the support available from other agencies e.g. *specialist nurses, social workers, community care*. Understand the principles of shared care with the general practitioner service.
- Show awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care. Establish liaison with family and community care, primary care, communicate / report to agencies involved.
- Demonstrates an awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home.

SKILLS

- ACLS
- Deal with common medical emergencies
- Interpretation of blood results, ECG/Rhythm strips, Chest X-Ray, CT Brain
- Give clear instructions to both medical and hospital staff
- Order relevant follow up investigations
- Discharge planning
- Knowledge of patient pathways
- Knowledge of HIPE
- Multidisciplinary team working
- Communication
- Early regular and on-going consultation with family members and primary care physicians

ASSESSMENT & LEARNING METHODS

- Certified ACLS
- Record of on call
- miniCEX (acute setting) - each year
- Case based discussions
- Consultant feedback at annual assessment

Specialty Section
for
Obstetrics & Gynaecology

Clinical Obstetrics

Objective: Training in Clinical Obstetrics aims to equip the Specialist Obstetrician to deliver safe and effective care to women during normal and complicated pregnancies, to work as part of a multi-disciplinary team, and to act as a team leader where appropriate, especially during life-threatening emergencies.

Normal Pregnancy and Antenatal Care

Objective: To be able to organise antenatal care that is appropriate to the patient's needs and uses resources appropriately.

KNOWLEDGE

- Trainees must have a thorough knowledge of the physiology of normal pregnancy.
- Trainees must know which interventions in normal pregnancy are supported by evidence.
- Be able to review the patient's previous medical, psychiatric, social and obstetric history.
- Be able to obtain an accurate account of events in previous pregnancies.
- Be able to perform or arrange booking ultrasound for dating.
- Be able to use available resources for further ultrasound investigations appropriately.
- Be able to arrange appropriate antenatal care, referring to combined care and midwifery clinics where appropriate.
- Discuss patients' fears, anxieties, correct misconceptions, Promote smoking cessation and lifestyle modifications.
- Discuss requests for home births, alternative medicine, birth plans in a rational and non-judgemental manner.

SKILLS

- Assumed skills obtained during Basic Specialist Training

ASSESSMENT & LEARNING METHODS

- miniCEX - Should undertake one each six months, covering a range of different antenatal problems

Pregnancy in Women with Serious Social Problems

***Objective:** To be able to recognise patients with complicated psychosocial situations and liaise with the appropriate agencies.*

KNOWLEDGE

- Trainees must know the law in relation to pregnancy under the age of consent or in women with learning disabilities.
- Trainees must know the signs of domestic violence.
- Be able to enquire about domestic violence.
- Be able to liaise with social workers, community care, police, courts in case where this is necessary.
- Be able to care for women with concealed pregnancies.
- Adopt a non-judgemental attitude.
- Protect patient's privacy.
- Act as an advocate for the patient.

SKILLS

- Dealing with psychosocial issues during pregnancy

ASSESSMENT & LEARNING METHODS

- Study Day in Psychosocial issues during pregnancy
- Case Based Discussion

Assessment Year 2- 3

Obstetric and Gynaecological Ultrasound

Objective: To be able to perform basic obstetric and gynaecological ultrasound.

KNOWLEDGE

- Understands basic principles of obstetric ultrasound.
- Communicate with patient and discuss results of ultrasound examination.
- Understand basic principles of transvaginal ultrasound.

SKILLS

- Obstetric Ultrasound:
 - Be able to identify:
 - measure crown-rump length.
 - measure femur length.
 - presenting part.
 - locate placenta.
 - diagnose multiple pregnancy.
 - Perform basic biometry and amniotic fluid estimation on ultrasound.
 - Perform transvaginal ultrasound and interpret findings.
 - Diagnose intrauterine death on ultrasound.
 - identify intrauterine pregnancy.
 - measure endometrial thickness.
 - diagnose an ovarian cyst
 - Advanced Skills
 - Fetal abnormality scan

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- Intermediate ultrasound skills
- Advanced ultrasound skills (Non mandatory)*

Assessment at Year 1- 2

***Assessment at Year 4 - 5**

Antenatal Screening for Congenital Abnormalities

Objective: To provide accurate information and non-directional counselling for women seeking screening or diagnosis of congenital abnormalities.

KNOWLEDGE

- Must understand differences between screening and diagnosis.
- Sensitivity, specificity and risk of screening modalities available.
- Age-related risk of trisomy 21.
- Recurrence risk of common abnormalities or how to access this information.
- Be able to counsel patients and to explain screening and diagnosis.
- Be able to counsel about benefits and hazards of amniocentesis and chorionic villus biopsy.
- Be able to liaise with fetal medicine specialist, ultrasonographers, geneticists, paediatricians.
- Adopt a non-judgemental attitude and be non-directive in counselling.
- Communicate adverse results sympathetically but accurately.

SKILLS

- Genetics Counselling

ASSESSMENT & LEARNING METHODS

- Study Day on Counselling
- Case Based Discussion

Assessment at Year 2 - 3

Care of the Patient with a Foetus with a Congenital Abnormality

Objective: To provide appropriate care for a patient whose unborn child is suffering from a congenital abnormality.

KNOWLEDGE

- Know the common fetal abnormalities.
- Know how they present antenatally.
- Know the prognosis.
- Know the law in relation to termination of pregnancy and referral overseas.
- Know when in utero transfer is indicated.
- Be able to counsel patient.
- Be able to liaise with fetal medicine specialists, neonatologists, paediatric surgeons.
- Be able to convey diagnosis and prognosis in a compassionate way.
- Be non-judgemental and non-directive in counselling.
- Refer to a colleague if patient's requests are ethically unacceptable.

SKILLS

- Counselling for issues around congenital abnormalities.

ASSESSMENT & LEARNING METHODS

- Counselling course (Optional)
- Case Based Discussion

Assessment Year 2 - 3

Antenatal Care of Patient with a Growth Restricted Foetus

Objective: To suspect, investigate, diagnose, and plan delivery of a foetus with intrauterine growth restriction.

KNOWLEDGE

- Define the causes of a clinically small for gestational age fetus.
- Define the indications, limitations, predictive value of ultrasound investigations.
- Be able to evaluate fetal growth clinically.
- Be able to perform basic biometry and amniotic fluid estimation on ultrasound.
- Be able to arrange more detailed ultrasound evaluation.
- Be able to judge when to admit patient to hospital.
- Be able to judge when delivery is indicated or participate in multidisciplinary decisions about timing and mode of delivery.
- Appreciate patients' fears and anxieties and counsel appropriately.

SKILLS

- Ultrasound skills

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 2

Antenatal Care of Patient with a Multiple Pregnancy

Objective: To diagnose twin or higher order multifetal pregnancy, determine chorionicity and deliver safe and appropriate care.

KNOWLEDGE

- Classify twin pregnancy by chorionicity
- Define twin-to-twin transfusion syndrome.
- Define conjoined twins.
- Define TRAP Syndrome.
- Be able to diagnose twins or triplets on ultrasound.
- Be able to use ultrasound department appropriately for investigation of chorionicity and biometry.
- Exercise good judgement in referral to fetal medicine specialists.
- Exercise good judgement in selecting patients for in utero transfer.
- Recognise early signs of preterm labour.
- Exercise good judgement in relation to timing and mode of delivery.
- Communicate with patients about diagnosis of twins and prognosis in case of complications.

SKILLS

- Ultrasound skills

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 2 - 3

Antenatal Care of a Patient with a Previous Caesarean Section

Objective: To be able to evaluate a patient with a history of previous Caesarean section and make an appropriate plan for safe delivery.

KNOWLEDGE

- Know current literature on VBAC benefits and risks.
- Know local auditable outcomes for patients with one previous CS.
- Be able to evaluate patients with a previous CS.
- Be able to counsel patients about VBAC.
- Discuss a patient's expectations and fears about delivery.
- Impart information in a way that patient can understand.
- Negotiate an appropriate plan for delivery.

SKILLS

- Counselling patient regarding VBAC

ASSESSMENT & LEARNING METHODS

- miniCEX

Assessment Year 1 - 2

Antenatal Care of a Patient Praevia

Objective: To be able to diagnose and organise safe care for a patient with placenta praevia

KNOWLEDGE

- Know diagnostic criteria for placental praevia.
- Know diagnostic techniques for detecting placenta percreta.
- Be able to suspect placenta praevia clinically.
- Be able to locate placental using ultrasound.
- Use good judgement in deciding need for hospitalisation.
- Use good judgement in deciding when to deliver.
- Make appropriate arrangements for delivery.
- Counsel patient about risks of peripartum hysterectomy.
- Appreciate risks of maternal mortality and need for senior supervision.

SKILLS

- Diagnose and manage placental praevia
- Ultrasound skills

ASSESSMENT & LEARNING METHODS

- miniCEX
- Case Based Discussion

Assessment Year 2 - 3

Care of a Patient with Threatened or Established Preterm Labour

Objective: To be able to carry out specialist assessment of a patient with threatened or established preterm labour and make appropriate decisions about management.

KNOWLEDGE

- Know gestation specific mortality statistics in your unit.
- Know gestation specific benefits and risks of interventions with tocolytics, steroids, Caesarean section.
- Knowledge of cervical changes.
- Knowledge of chorioamnionitis and abruptio placenta.
- Perform ultrasound biometry.
- Make appropriate decisions about delivery and in utero transfer.
- Participate in multidisciplinary discussion with neonatologists and parents in cases of delivery at limits of viability.
- Liaise with neonatologists.
- Impart accurate information about prognosis in a compassionate way.

SKILLS

- Diagnosis and management of patient with threatened or established preterm labour
- Ultrasound skills

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 1 - 2

Care of a patient with Red Cell Alloimmunisation

Objective: To be able to diagnose and assess the severity of red cell alloimmunisation and refer to a subspecialist clinic where appropriate.

KNOWLEDGE

- Know the pathophysiology of alloimmunisation.
- Know which red cell antigens are immunogenic.
- Know the predictive value of anti D quantitation.
- Make appropriate decisions with respect to referral for invasive testing.
- Explain the problem, prognosis and planned management to patient.

SKILLS

- Knowledge of Red Cell Alloimmunisation

ASSESSMENT & LEARNING METHODS

- Study day on medical complications of pregnancy
- Case Based Discussion
- Record of number of cases in logbook

Assessment at Year 3 - 4

Care of a Patient with Diabetes in Pregnancy

Objective: To be able to organise safe and effective care for a woman with a pregnancy complicated by diabetes.

KNOWLEDGE

- Know the pathophysiology of pregnancy in patients with pre-existing diabetes.
- Know the indications for screening for gestational diabetes.
- Refer patients appropriately to specialised clinic.
- Exercise good judgement in making decisions about timing and mode of delivery.
- Appreciate importance of multidisciplinary team of endocrinologist, dietician, nurse practitioner.

SKILLS

- Diagnosis and management of a patient with diabetes
- Referral to appropriate clinics
- Multidisciplinary team working
- Attendance at combined diabetic antenatal clinic

ASSESSMENT & LEARNING METHODS

- Study day on medical complications of pregnancy
- Case Based Discussion

Assessment at Year 2 - 4

Care of a Patient with Pregnancy Induced Hypertension(PIH); Pre-Eclampsia (PET) or Eclampsia

Objective: *To be able to organise safe and effective care for a woman with a pregnancy complicated by PIH or PET*

KNOWLEDGE

- Know the pathophysiology of pregnancy in patients with PIH or PET
- Make appropriate arrangements for antenatal care
- Appreciate need for careful surveillance of fetal well being
- Exercise good judgement in making decisions about timing and mode of delivery
- Know the emergency management of eclampsia
- Know the role of antihypertensive agents
- Know the importance of postnatal care
- Explain the problem, prognosis and planned management to patients

SKILLS

- Manage patient appropriately

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Number of cases recorded in logbook

Assessment at Year 1 - 3

Care of Patients with a Medical Complication in Pregnancy

Objective: To be able to organise safe and effective care for a woman with a pregnancy complicated by a medical condition

KNOWLEDGE

- Know the pathophysiology of pregnancy in patients with various medical conditions
- Refer patients to appropriate specialised clinics
- Appreciate the importance of multidisciplinary team working
- Make appropriate arrangements for safe delivery
- Have an appreciation of potential potential natal complications
- The following medical systems should be considered:
 - *Respiratory system - asthma*
 - *Cardiovascular system - congenital heart disease*
 - *Neurological system - epilepsy*
 - *Renal system*
 - *Gastrointestinal system*

SKILLS

- Manage patient appropriately

ASSESSMENT & LEARNING METHODS

- Attendance at study day Medical complications of pregnancy
- Case based discussion
- Number of cases recorded in log book

Assessment at Year 3 - 5

Care of Patients with Haematological Disorders in Pregnancy and Puerperium

Objective: To be able to diagnose haematological disorders in pregnancy and make appropriate plans for immediate and long-term care.

KNOWLEDGE

- Classify the main hereditary and acquired thrombophilias.
- Classify the main coagulation defects and their inheritance.
- Know the pharmacology and therapeutics of anticoagulant drugs used in pregnancy and the puerperium.
- Know the presenting symptoms and signs of venous thromboembolism in pregnancy.
- Know the predictive value and limitations of diagnostic tests for venous thromboembolism.
- Be able to suspect and diagnose venous thromboembolism in pregnancy.
- Be able to supervise care of patients on therapeutic or prophylactic anticoagulants in pregnancy.
- Make appropriate arrangements for referral to specialised clinics.
- Make appropriate decisions about timing and mode of delivery.
- Appreciate potential maternal mortality risk of pulmonary embolism in pregnancy and puerperium.
- Work closely with haematologists and laboratory.

SKILLS

- Suspect and diagnose deep venous thromboembolism
- Management of anticoagulation during pregnancy

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Number of cases in logbook

Assessment at Year 2- 4

Care of Patients with an Infection Complicating Pregnancy

Objective: To be able to organize safe and effective care for a woman with a pregnancy complicated with infection

KNOWLEDGE

- Recognize the impact of infections on pregnancy with particular reference to HIV and Hepatitis.
- Management of Urinary Tract Infections in pregnancy
- Other infection to be considered; Rubella, Toxoplasmosis and CMV.
- Refer the patient to appropriate specialized clinics.
- Appreciate the importance of multidisciplinary team working.
- Ensure delivery is optimal for mother, baby and staff.
- Ensure that appropriate postnatal care is provided for both mother and baby

SKILLS

- Manage patient appropriately

ASSESSMENT & LEARNING METHODS

- Attendance at study day on Infections related to pregnancy
- Case based discussion
- Number of cases in log book

Assessment at Year 3 – 5

Care of Patients with a Pregnancy Complicated by Substance Abuse

Objective: To be able to organize safe and effective care for a woman with a pregnancy complicated by substance abuse.

KNOWLEDGE

- Appreciate the potential adverse effects of substance abuse on pregnancy outcome
- Refer the patient to the appropriate specialized clinics
- Appreciate the importance of multidisciplinary team working
- Ensure arrangements for safe delivery
- Ensure appropriate structures in place for postnatal care.

SKILLS

- Manage patient appropriately

ASSESSMENT & LEARNING METHODS

- Attendance at Study Day
- Case based discussion
- No of cases in log book

Assessment at SpR Year 3 -5

Care of Patients with Second or Third Trimester Intrauterine Death

Objective: To provide appropriate and compassionate care for a patient with an intrauterine fetal death.

KNOWLEDGE

- Know the causes of intrauterine death.
- Diagnose intrauterine death on ultrasound.
- Plan induction of labour.
- Understand use of mifepristone and misoprostol.
- Be able to assess when anaesthesia is necessary for removal of placenta.
- Counsel patient appropriately about autopsy and obtain consent.
- Liaise with midwives, bereavement team, chaplaincy, pathologist.
- Counsel patient compassionately about immediate and long-term implications.
- Arrange appropriate follow-up.

SKILLS

- Counselling for patient with intrauterine foetal death

ASSESSMENT & LEARNING METHODS

- Counselling course
- Case Based Discussion

Assessment at SpR Year 3 - 4

Care of Patients with Complications During the Puerperium

Objective: *To recognise and intervene appropriately in the care of women experiencing difficulties or complications during the puerperium.*

KNOWLEDGE

- Know the physiology of the puerperium
- Know the physiology of lactation.
- Investigate, diagnose and treat the causes of puerperal pyrexia.
- Recognise and treat mastitis and breast abscesses
- Recognise puerperal depression
- Recognise puerperal psychosis.
- Liaise with psychiatrist in the care of women at risk of or affected by psychiatric disease in the puerperium
- Liaise with midwives, general practitioners, psychiatrists in the care of women during the puerperium

SKILLS

- Knowledge of issues around post natal depression
- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

- Study Day - Post natal depression
- Case Based Discussion

Assessment at Year 1- 2

Intrapartum & Operative Obstetrics

Objective: *Training in Intrapartum and Operative Obstetrics aims to equip the Specialist with the diagnostic skills to recognise abnormalities in labour, the decision-making skills and technical skills required to intervene appropriately and safely.*

Management of Normal Labour

Objective: *To have the knowledge skills and attitudes required to play a leadership role in management of a busy labour ward.*

KNOWLEDGE

- Know and understand the mechanisms of normal labour first and second stage.
- Know and understand the physiology of fetal acid-base balance in labour.
- Be able to prioritise the needs of patients in busy labour ward (*e.g. 6 or more women in labour*).
- Be able to recognise uterine hypercontractility.
- Be able to work closely with midwives and anaesthetists in organising the work of the labour ward.
- Be able to communicate with women in labour about their progress.

SKILLS

- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 1

Management of Induction of Labour

Objective: To have the knowledge, skills and attitudes required to assess patients requiring induction of labour and supervise safe and effective induction.

KNOWLEDGE

- Know and understand the indications, benefits and hazards of induction of labour.
- Know and understand the physiology of cervical ripening.
- Be able to exercise good judgement in selecting patients for induction of labour.
- Be able to assess the suitability of the cervix and select an appropriate method of induction.
- Be able to work closely with midwives and anaesthetists in organising the work of the labour ward.
- Be able to communicate with women in labour about decisions relating to induction of labour.

SKILLS

- Assess and perform induction of labour

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 1

Dystocia in Labour

Objective: To be able to assess a patient whose labour is not progressing normally and intervene appropriately.

KNOWLEDGE

- Define the causes of dystocia.
- Know the indications and contraindications to the use of oxytocin.
- Recognise all malpositions and malpresentations.
- Exercise good judgement in prescribing oxytocin.
- Exercise good judgement in deciding on the need for delivery by Caesarean section.
- Respect opinion of midwifery staff but be able to think independently.
- Counsel patient appropriately.

SKILLS

- Diagnosis and management of dystocia

ASSESSMENT & LEARNING METHODS

- In house training; Skills and drills
- Case Based Discussion

Assessment at Year 1 - 2

Intrapartum Care of Multiple pregnancies

Objective: To deliver safe and appropriate care for labour in multiple pregnancies

KNOWLEDGE

- Describe normal twin pregnancy in labour.
- Know the basis of electronic foetal heart rate monitoring of twin pregnancies
- Know the limitations of the currently available methods of monitoring twins during labour.
- Interpret foetal heart rate changes during labour.
- Make appropriate decisions about the need for foetal blood sampling.
- Know the management of second twin

SKILLS

- Foetal heart rate monitoring
- Delivery of first twin,
- Management delivery of second twin
- Breech delivery

ASSESSMENT & LEARNING METHODS

- In house training
- OSAT

Intrapartum Care of the Patient with Suspected Fetal Hypoxia

***Objective:** To deliver safe and appropriate care to a woman whose baby shows signs of fetal hypoxia during labour.*

KNOWLEDGE

- Describe normal foetal physiology in labour.
- Know the basis of electronic foetal heart rate monitoring.
- Know the limitations of the currently available methods of monitoring the foetus during labour.
- Interpret foetal heart rate changes during labour.
- Make appropriate decisions about the need for foetal blood sampling.
- Perform foetal blood sampling efficiently and speedily.
- Make appropriate decisions about the need for delivery.
- Communicate with patient with suspected foetal hypoxia.

SKILLS

- Foetal heart rate monitoring

ASSESSMENT & LEARNING METHODS

- In house training: Weekly review of traces

Assessment at Year 1 - 2

Cord Prolapse

Objective: To recognise and intervene speedily and safely in cases of cord prolapse .

KNOWLEDGE

- Define and recognise cord prolapse.
- To be able to relieve pressure on the prolapsed cord and instruct other professionals how to do so.
- To make an appropriate judgement on whether to proceed with Caesarean section in cases where the prognosis for fetal survival is poor.
- To maintain calmness while co-ordinating shortest safe “*decision to incision*” interval.
- Act as a team leader, liaising appropriately with midwives, anaesthetists, paediatric staff.
- To communicate the nature of the emergency to the patient and relatives in a calm but realistic manner.

SKILLS

- Knowledge of cord prolapse

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Number of cases recorded in logbook

Assessment at Year 1 - 2

Care of a Patient with a Significant Abruptio Placentae

Objective: To be able to diagnose and assess the severity of abruptio placentae, resuscitate the woman and make appropriate decisions about delivery of the baby.

KNOWLEDGE

- Know the pathophysiology of abruptio placentae.
- Know the laboratory values for normal and abnormal coagulation studies in pregnancy.
- Know the indications for use of blood products and clotting factors.
- To be able to recognise abruptio placenta.
- To be able to assess clinically the degree of blood loss in a patient with a concealed abruptio placenta.
- To be able to co-ordinate a team of midwives, anaesthetists, and laboratory staff caring for a patient with a severe abruptio placenta.
- To be able to make an appropriate judgement on when Caesarean section should be undertaken and when it should be avoided.
- To be able to supervise safe induction of labour in coagulopathic patient with dead fetus.
- To be able to explain the nature of the emergency to a critically ill patient and her family in a calm and compassionate manner.

SKILLS

- Recognise abruptio placenta
- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

- Case based discussion
- Number of cases recorded in logbook

Assessment at Year 1 - 2

Labour in the Presence of a Previous Caesarean Section

Objective: To be able to provide safe and effective care to a woman in labour who has had one previous Caesarean section.

KNOWLEDGE

- Know the current literature on labour following a previous Caesarean section.
- Know the incidence of uterine scar dehiscence.
- Know the risk factors for uterine scar dehiscence.
- Recognise the clinical signs of uterine scar dehiscence.
- Exercise good judgement in deciding when to proceed with attempted vaginal delivery and when to perform a repeat Caesarean section.
- Communicate with patients about progress in labour and encourage realistic expectations.

SKILLS

- Care of patient in labour with a history of a previous Caesarean section

ASSESSMENT & LEARNING METHODS

- Case based discussion
- Record of number of cases in logbook

Assessment Year 1 - 2

Operative Vaginal Delivery

Objective: To be able to perform instrumental vaginal delivery with a low rate of morbidity in women and their babies.

KNOWLEDGE

- Know criteria for safe operative delivery.
- Be familiar with current literature on operative delivery.
- Be able to assess presentation and position of head.
- Be skilled in the use of non-rotational forceps.
- Be skilled in the use of ventouse.
- Be able to offer at least one technique for safe vaginal delivery of babies in occiput posterior and occiput transverse position.
- Exercise good judgement in deciding on transfer to theatre for “trial of instruments”.
- Be skilled in the after care of a women following operative vaginal delivery, particularly in relation to bladder function.
- Communicate plans for delivery with patient.
- Liaise with midwives and work as a part of team second stage.
- Review events at delivery with patient before discharge from hospital.

SKILLS

- Instrumental vaginal delivery

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases recorded in logbook

Assessment:

Year 1 – 2: Straight forceps/vacuum

Year 4 – 5: Rotational forceps/vacuum

Shoulder Dystocia

Objective: To be able to intervene in a safe and timely manner in a labour complicated by shoulder dystocia.

KNOWLEDGE

- Know the warning signs for shoulder dystocia.
- Be familiar with shoulder dystocia drill.
- Be able to perform recommended manoeuvres.
- Be able to act as a team leader during this emergency.
- Be able to communicate nature of emergency briefly and succinctly to patient.
- Be able to give a full explanation afterwards and document events.

SKILLS

- Diagnose and manage shoulder dystocia

ASSESSMENT & LEARNING METHODS

- In house training: Skills and drills
- No of cases recorded in logbook

Assessment at Year 3 - 4

Third and Fourth Degree Tears

Objective: *To be able to recognise and repair third and fourth degree tears with a low rate of adverse outcome.*

KNOWLEDGE

- Recognise third and fourth degree tears.
- Be able to perform repair of third and fourth degree tear.
- Liaise with midwives, anaesthetists, physiotherapists.
- Explain nature of complication to patient.

SKILLS

- Safe repair of third and fourth degree tears

ASSESSMENT & LEARNING METHODS

- OSATS

Assessment at Year 3 - 4

Caesarean Section

Objective: To be able to perform Caesarean section speedily and with a low rate of complications.

KNOWLEDGE

- Know pelvic anatomy in pregnancy.
- Perform Caesarean section safely and with appropriate speed.
- Act as a team leader, working with midwives, anaesthetists, theatre staff.
- Communicate appropriately with patient and partner during operation.

Complicated Caesarean Section

Objective: To perform potentially difficult and complicated Caesarean sections with a low rate of complications.

KNOWLEDGE

- Be aware of the circumstances that contribute to difficult or complicated Caesarean section.
- Be able to perform Caesarean section safely in cases of multiple previous Caesarean sections.
- Be able to perform Caesarean section safely in cases of transverse lie.
- Be able to perform Caesarean section safely in case of morbid obesity.
- Be able to perform Caesarean section safely in cases of extreme prematurity.
- Be able to perform Caesarean section safely at full dilatation.
- Exercise good judgement in choice of incision on uterus.
- Communicate appropriately with patient and partner during operation.

SKILLS

- Perform routine and complicated Caesarean Sections

ASSESSMENT & LEARNING METHODS

- OSATS

Assessment:

Year 1: Routine Caesarean section

Year 3 - 4 : Complicated Caesarean section

Postpartum Haemorrhage

Objective: *To be able to intervene in a case of postpartum haemorrhage to reduce the risk of mortality and morbidity in the woman.*

KNOWLEDGE

- Define primary and secondary postpartum haemorrhage and their causes.
- Be aware of the mortality and morbidity associated with postpartum haemorrhage.
- Know the pharmacology of oxytocin, ergometrine, misoprostol, PGF2 alpha.
- Knowledge of how to perform manual removal of retained placenta.
- Knowledge of how to perform exploration of the genital tract under anaesthesia.
- Exercise good judgement in deciding when measures such as hysterectomy or ligation of internal iliac arteries are necessary.
- Work as a team leader during emergency.
- Exercise good judgement in consulting with a colleague for advice if available

SKILLS

- Recognition and management of PPH

ASSESSMENT & LEARNING METHODS

- In house training: Skills and Drills
- Number of cases recorded in logbook
- Case Based Discussion

Assessment at Year 1 - 2

Peripartum Hysterectomy

Objective: *To be able to make an appropriate decision about the need for peripartum hysterectomy and perform the operation safely.*

KNOWLEDGE

- Know the indications for peripartum hysterectomy.
- Exercise good judgement in assessing need for peripartum hysterectomy.
- Knowledge of how to insert B LYNCH suture.
- Be able to perform peripartum hysterectomy safely.
- Recognise the emotional impact of operation on patient and relatives.
- Recognise desirability of a “*second opinion*” from another obstetrician prior to proceeding with surgery, while ensuring patient safety is not compromised.

SKILLS

- Knowledge of peripartum hysterectomy

ASSESSMENT & LEARNING METHODS

- Case Based Discussion

Assessment at Year 4 - 5

Clinical Gynaecology

Objective: *The fully trained specialist in Gynaecology will be able to investigate all common gynaecological complaints, make appropriate diagnoses and advise patients about appropriate management options, and make appropriate subspecialist referrals.*

Care of Patients with first Trimester Miscarriage

Objective: *To provide safe, effective, compassionate care of women with first trimester pregnancy loss.*

KNOWLEDGE

- Know the aetiology, epidemiology and recurrence risk of spontaneous miscarriage.
- Know the predictive value and limitations of ultrasound and HCG measurements.
- Know the investigations indicated in patients with recurrent miscarriage.
- Perform transvaginal ultrasound and interpret findings.
- Make a diagnosis in a timely manner.
- Use resources appropriately.
- Make appropriate judgements on need for surgical management.
- Make appropriate arrangements for follow-up and referral to specialist clinics.
- Counsel patients sympathetically about nature, incidence and recurrence risk of miscarriage.

SKILLS

- Counselling for patients with first trimester miscarriage
- Ultrasound

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- miniCEX – one miniCEX should be undertaken each six months in the gynecology out patients covering different clinical problems encountered during training

Assessment at SpR Year 1 - 2

Care of Patients with Suspected or Confirmed Ectopic Pregnancy

Objective: To make an early and accurate diagnosis of ectopic pregnancy and manage it in a safe and timely manner.

KNOWLEDGE

- Know the aetiology, epidemiology and recurrence risks of ectopic pregnancy.
- Know the predictive value and limitations of ultrasound and HCG measurements.
- Know the guidelines for use of methotrexate.
- Recognise typical and atypical clinical presentations of ectopic pregnancy.
- Perform transvaginal ultrasound and interpret findings.
- Make a diagnosis in a timely manner.
- Make appropriate judgements on need for diagnostic laparoscopy.
- Appreciate risks of life-threatening haemorrhage in ectopic pregnancy.
- Counsel patient compassionately about immediate and long-term implications.

SKILLS

- Management of ectopic pregnancy
- Ultrasound
- Laparoscopy

ASSESSMENT & LEARNING METHODS

- Diagnosis: Case Based Discussion
- Management: OSATS
- Number of cases in logbook

Assessments:

Year 1 – 2 : Diagnosis

Year 4 – 5: Laparoscopic management

Care of Patients with Acute Pelvic Pain and Dysmenorrhoea

Objective: To be able to evaluate, investigate and plan appropriate treatment of a woman with acute pelvic pain.

KNOWLEDGE

- Know the differential diagnosis of acute pelvic pain.
- Perform appropriate clinical assessment of a patient with acute pelvic pain.
- Recognise signs of intra-abdominal haemorrhage.
- Recognise symptoms and signs of ectopic pregnancy.
- Recognise symptoms and signs of ovarian torsion.
- Use diagnostic facilities appropriately.
- Exercise good judgement in triaging patient.
- Respect patient's need for privacy for history taking and pelvic examination in A&E setting.
- Communicate suspected diagnosis and planned management with patient.

SKILLS

- Transvaginal ultrasound

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- Case Based Discussion

Assessment at Year 1 - 2

Care of Patients with Menorrhagia

Objective: To be able to evaluate, investigate and plan treatment of a women with excessive menstrual blood loss.

KNOWLEDGE

- Know the physiology and normal of menstruation.
- Know the causes of menstrual abnormalities.
- Know the pharmacology of agents available for management of menorrhagia.
- Be able to take a competent menstrual history.
- Exercise good judgement in assessing severity of the problem.
- Be able to perform appropriate gynaecological examination.
- Be able to perform transvaginal ultrasound.
- Be able to perform outpatient hysteroscopy.
- Be able to insert Mirena device.
- Exercise good judgement in counselling about endometrial ablation.
- Exercise good judgement in counselling about hysterectomy.
- Know how to perform at least one second generation technique for endometrial ablation.
- Be able to communicate appropriately with patient.
- Be able to discuss all treatment options for menstrual abnormalities.

SKILLS

- Take a competent menstrual history
- Perform an appropriate gynaecological examination
- Perform transvaginal ultrasound
- Perform outpatient hysteroscopy
- Insert Mirena device

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- OSATS
- Case Based Discussion
- MiniCex

Assessment :

Year 1: Diagnostic Hysteroscopy

Year 3 – 4: Second generation technique for endometrial ablation

Year 4 – 5: Operational Hysteroscopy (Non mandatory)

Care of Patients with Chronic Pelvic Pain and Dysmenorrhoea

Objective: To be able to evaluate, investigate and plan appropriate treatment of a woman with chronic and acute pelvic pain.

KNOWLEDGE

- Know the causes of chronic pelvic pain.
- Know the evidence for efficacy of available treatments for endometriosis.
- Take a targeted history, assessing severity of problem and impact on patient's life.
- Distinguish between primary and secondary dysmenorrhoea.
- Exercise good judgement in deciding on need for diagnostic laparoscopy.
- Advise the patient about appropriate medical and surgical treatments for endometriosis.
- Exercise good judgement in counselling about hysterectomy and oophorectomy in a patient with endometriosis.
- Be able to communicate diagnosis and prognosis to patient.

SKILLS

- Perform pelvic examination
- Perform Transvaginal ultrasound
- Diagnostic laparoscopy

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- OSATS
- Case Based Discussion
- miniCex

Assessment at Year 1 - 2

Care of Patients Entering the Menopause

Objective: To be able to diagnose and plan management of women with menopausal symptoms.

KNOWLEDGE

- Know the physiology and long term effects of the menopause.
- Ability to counsel women about the pros and cons of HRT
- Knowledge of the different routes of administration and formulations of HRT
- Knowledge of the role of local oestrogen therapy.
- Appreciate the particular importance of a premature menopause.
- Knowledge of complementary treatments available.
- Know the appropriate investigation and management of patients at high risk of osteoporosis

SKILLS

- Be able to take an appropriate menopause history.
- Be able to initiate appropriate treatment
- Be able to interpret bone density studies

ASSESSMENT & LEARNING METHODS

- Case based discussion.
- miniCex

Assessment at Year 3 – 4

Care of Patients with Premenstrual Tension

Objective: To be able to counsel and support a woman with PMT

KNOWLEDGE

- Know the physiology of PMT
- Be able to take an appropriate history
- Be able to provide appropriate counseling and treatment for PMT
- Knowledge of complementary therapy options

SKILLS

- Manage patient appropriately

ASSESSMENT & LEARNING METHODS

- miniCex
- Case based discussion

Assessment at Year 3 – 4

Care of Patients with Psychosexual Problems

Objective: To provide sympathetic and supportive care to a woman with psychosexual problems.

KNOWLEDGE

- Understand the issues surrounding sexuality
- Know how to elicit a psychosexual history
- Arrange appropriate referral for counseling

SKILLS

- Be able to take a sexual history

ASSESSMENT & LEARNING METHODS

- Attendance at formal tutorial
- Case based discussion

Assessment at Year 4 -5

Care of Patients with Uterovaginal Prolapse

Objective: To be able to evaluate, assess and plan appropriate treatment of a woman with symptoms of utero-vaginal prolapse

KNOWLEDGE

- Know the anatomy of utero-vaginal prolapse.
- Know the efficacy of the available operative procedures.
- Take a targeted history, assessing severity of problem and impact on patient's life.
- Perform an appropriate pelvic examination.
- Exercise good judgement in deciding on the need for surgery versus conservative management.
- Choose appropriate operation.
- Assess patient's fitness for surgery.
- Be skilled in the use of ring pessaries where appropriate.
- Exercise good judgement in referral to colleague with special interest in complicated prolapse.
- Be able to communicate diagnosis and prognosis with patient.
- Be able to counsel appropriately about surgery.

SKILLS

- Perform an appropriate pelvic examination
- Skilled in the use of ring pessaries

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- miniCEX
- OSATS

Assessment at Year 1 - 2

Care of Patients with Urinary Incontinence

Objective: To be able to evaluate, investigate and plan appropriate treatment of a woman with urinary incontinence.

KNOWLEDGE

- Understand normal and abnormal bladder function
- Know the anatomy and physiology of urinary continence.
- Take a targeted history, assessing severity of problem and impact on patient's life.
- Perform an appropriate pelvic examination.
- Can perform a bladder scan
- Can perform a flow rate
- Exercise good judgment in referring to physiotherapists, continence nurse specialists
- Exercise good judgement in deciding on the need for surgery.
- Exercise good judgement in prescribing medication.
- Choose appropriate operation.
- Assess patient's fitness for surgery.
- Exercise good judgement in referral to a colleague with sub-specialist or special interest in urogynaecology.
- Be able to discuss the results of filling voiding cystometry report with a patient.
- Be able to counsel appropriately about surgery.
- Be able to supervise compliance with medication.

SKILLS

- Perform a bladder scan
- Perform flow rate
- Multidisciplinary team working
- Perform filling, voiding cystometry (non Mandatory)

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- miniCex
- Advanced practice module in urodynamics (non mandatory)

Assessment at Year 2- 3

Care of Patients with Sub-Fertility

Objective: To be able to investigate couples with sub-fertility and plan appropriate management.

KNOWLEDGE

- Know the physiology of normal fertility.
- Know the causes of subfertility.
- Know the evidence to support interventions in the various sub-groups of sub-fertility.
- Know the appropriate investigation of ovulation, male fertility and tubal patency.
- Exercise good judgement in selecting patients for laparoscopy.
- Exercise good judgement in referring patients for assisted reproduction.
- Be sensitive to the physiological effects of subfertility on the couple and counsel appropriately.

SKILLS

- Be able to take an appropriate gynaecological history.
- Be able to enquire about sexual function.
- Be able to perform appropriate gynaecological examination.
- Be able to perform transvaginal ultrasound.

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- Case Based Discussion

Assessment at SpR Year 2- 3

Care of Patients with Amenorrhea/Oligomenorrhoea

Objective: To be able to investigate, diagnose and plan appropriate management of women with amenorrhea or oligomenorrhoea.

KNOWLEDGE

- Know the physiology of normal menstruation.
- Classify the causes of primary and secondary amenorrhea.
- Know the appropriate investigation of the hypothalamic-pituitary-ovarian axis.
- Know the agreed criteria for the diagnosis of polycystic ovarian syndrome.
- Exercise good judgement in ordering karyotype.
- Exercise good judgement in the use of drugs in PCOS.
- Exercise good judgement in assessing the need for hormone replacement therapy.
- Arrange long-term care for patients with chromosomal abnormalities.
- Be sensitive to the psychological effects of a diagnosis of Turner's syndrome, intersex, congenital absence of uterus.
- Liaise with endocrinologist and dietician in cases of PCOS.

SKILLS

- Be able to take an appropriate menstrual history.
- Perform an appropriate examination, modified according to patient's age.
- Be able to perform transvaginal ultrasound.

ASSESSMENT & LEARNING METHODS

- Basic Ultrasound course
- Case Based Discussion

Assessment at Year 1-2

Care of Patients with Abnormal Cervical Cytology and Colposcopy

Objective: To be able to investigate and treat cervical intra-epithelial neoplasia.

KNOWLEDGE

- Know and understand the principles of cervical screening.
- Know the natural history of pre-invasive disease of the cervix.
- Interpret histology of biopsy and excision specimens.
- Exercise good judgement in referring for colposcopy.
- Exercise good judgement in referring to gynaecological oncologist.
- Be sensitive to the psychological effects of abnormal cytology and colposcopy.
- Liaise with pathologists and nurse colposcopists.
- Liaise with gynaecological oncologist.

SKILLS

- Knowledge of cervical screening
- Interpretation of histology of biopsy and excision specimens
- Counselling
- Colposcopy - May undertake training for BSCCP

ASSESSMENT & LEARNING METHODS

- Case based discussion

Assessment at Year 1 - 2

Care of Patients with Gynaecological Malignancy

Objective: To be able to suspect, diagnose and organise treatment of women suffering from gynaecological malignancy.

KNOWLEDGE

- Know the clinical presentation of the gynaecological malignancies.
- Know the staging of the common gynaecological malignancies.
- Know the evidence based treatment of common gynaecological malignancies according to stage.
- Know the common presentations of secondary or recurrent disease.
- Exercise judgement in giving clinical priority to patients with suspected malignancy.
- Use diagnostic facilities appropriately.
- Exercise good judgement in referring to gynaecological oncologist.
- Be honest and compassionate in communicating with patients with suspected or confirmed malignancies.
- Liaise with gynaecological oncologist, medical oncologist, radiotherapist, palliative care specialist and their teams.

SKILLS

- Appropriate referral to gynaecological oncologist
- Counselling

ASSESSMENT & LEARNING METHODS

- Case based discussions
- Counselling course

Assessment at Year 3 - 4

Care of Paediatric and Adolescent Patients with Gynaecological Problems

Objective: To be able to investigate and manage gynaecological problems in children or adolescents.

KNOWLEDGE

- Know the physiology of normal puberty.
- Classify the causes of precocious puberty and primary amenorrhoea.
- Know the appropriate investigations of the hypothalamic-pituitary-ovarian axis.
- Classify intersex conditions.
- Know the law and ethics in relation to adolescent sexual activity.
- Be able to take an appropriate history.
- Perform an appropriate examination, modified according to patient's age.
- Be able to recognise stages of puberty according to the Tanner score.
- Exercise good judgement in ordering karyotype.
- Exercise good judgement in investigating pelvic pain and dysmenorrhoea in adolescence.
- Arrange long-term care for patients with chromosomal abnormalities.
- Be sensitive to the psychological effects of a diagnosis of Turner's syndrome, intersex, congenital absence of uterus.
- Liaise with endocrinologist and dietician in case of PCOS and eating disorders.
- Respect patients' confidentiality.

SKILLS

- Knowledge of care of paediatric and adolescent patients with gynaecological problems

ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Study Day - adolescent gynaecology

Assessment at Year 4 - 5

Care of Patient Following Sexual Assault

Objective: *While patients who have been sexually assaulted will normally have been cared for in a specialised setting, all gynaecologists should be able to provide emergency care for the patient who has been sexually assaulted.*

KNOWLEDGE

- Know the national guidelines for the care of patients who have been sexually assaulted.
- Obtain consent for emergency forensic examination
- Be able to perform forensic examination and collect evidence
- Be able to document appropriately
- Be able to offer emergency contraception
- Be sensitive to the psychological trauma suffered by the patient who has been sexually assaulted.
- Be sensitive to the intrusive effect of the forensic examination.
- Respect patients' confidentiality.
- Liaise with Garda Siochana, Counsellors, Social Service Agencies and arrange appropriate follow up.

SKILLS

- Knowledge of care of patients who have been sexually assaulted.
- Knowledge of forensic requirements
- Counselling

ASSESSMENT & LEARNING METHODS

- Study Day: Care of Patient following sexual assault

Assessment at Year 4 - 5

Operative Gynaecology

Objective: *The fully trained Specialist in Gynaecology should demonstrate good judgement in selecting patients for surgery, provide perioperative care to a high standard and be able to perform a number of standard gynaecological operations safely, with a low rate of morbidity.*

Preoperative Care

Objective: *To be able to deliver safe and effective care to women preparing for gynaecological surgery.*

KNOWLEDGE

- Know evidence based guidelines for perioperative thromboprophylaxis.
- Know evidence based guidelines for perioperative antibiotic cover.
- Be able to evaluate patient's fitness for surgery.
- Obtain appropriate consent.
- Exercise good judgement in balancing risks of surgery versus anticipated benefits.
- Give realistic information to patients about nature of surgery and anticipated risks and benefits.
- Liaise with anaesthetists and physicians in patients with concurrent disease.

Postoperative Care

Objective: *To be able to deliver safe and effective care to women following gynaecological surgery.*

KNOWLEDGE

- Be familiar with the normal postoperative course of patients following gynaecological operations.
- Be able to assess patients' recovery following surgery.
- Be able to recognise deviations from the normal postoperative course.
- Communicate details of surgery and anticipated postoperative course with patients.
- Arrange appropriate follow-up.

Care of Patients Suffering from Complications Following Gynaecological Surgery

Objective: To be able to recognise complications of surgery and organise safe and effective clinical and psychological care for patients suffering from these complications.

KNOWLEDGE

- Know the complications of gynaecological surgery in general and those specific to particular operations.
- Recognise postoperative haemorrhage and hypovolaemia.
- Exercise good judgement in making a decision about returning patient to operating theatre.
- Exercise good judgement in seeking a second opinion in a patient with a suspected complication.
- Recognise symptoms and signs of postoperative bowel obstruction, ileus or perforation.
- Recognise symptoms and signs of urinary tract injuries following gynaecological surgery.
- Recognise symptoms and signs of postoperative haematoma or abscess.
- Explain nature of complication and planned management to patient and relatives in an honest manner.
- Liaise with other specialists.

SKILLS

- Evaluate patient's fitness for surgery
- Consent
- Assess recovery following surgery
- Diagnose and manage:
 - Postoperative haemorrhage and hypovolaemia
 - Post operative bowel obstruction, ileus or perforation
 - Urinary tract injuries
 - Postoperative haematoma or abscess
- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

- Case based discussion

Assessment at Year 1 - 3

Care of Patient in Theatre

Objective: To behave in the theatre environment in a manner that leads to a safe environment and reduces risks of error.

KNOWLEDGE

- Know principles of risk management as applied to operating theatre environment.
- Checks that the correct patient is in theatre prior to induction of anaesthesia.
- Verifies that appropriate consent has been obtained.
- Informs theatre staff of nature of operation and of position and instruments required.
- Understands use of electrosurgical equipment.
- Treats staff in theatre with courtesy.
- Gives clear instructions during operation.
- Keeps anaesthetic staff and operating theatre personnel informed of progress of operation and of any changes in plans.

SKILLS

- Risk management
- Consent
- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

Assessment at Year 1 - 2

Basic Surgical Skills for Open Surgery

Objective: To adopt surgical techniques and principles that reduce morbidity.

KNOWLEDGE

- Knows appropriate scrub technique and principles of sterility in theatre.
- Knows principles of electrosurgery.
- Handles needles and scalpels safely.
- Economic in movements.
- Handles tissues gently.
- Gives assistant and scrub nurse clear and appropriate directions.
- Ties knots safely.
- Communicates well with all other personnel in theatre.

SKILLS

- Basic surgical skills

ASSESSMENT & LEARNING METHODS

- Basic surgical skills course attended in BST

Assessment at Year 1 - Assumed from BST

Wound Care and Management

Objective: To understand and apply principles of care of surgical wounds that are associated with reduced morbidity.

KNOWLEDGE

Basic Skills

- Knows physiology of wound healing.
- Chooses appropriate incision.
- Uses appropriate suture materials.
- Uses appropriate technique to close wound.
- Recognises early signs of wound infection, dehiscence, abscess formation, haematoma formation.
- Communicates appropriately with nursing staff about wound care and suture removal.

Advanced Skills:

- Exercises appropriate judgement in deciding when to drain abscess or haematoma, resuture wound.
- Is skilled in wound debridement.
- Knowledge of repair of dehisced wound.
- Is skilled in drainage of abscess or haematoma.
- Explains wound care and wound complications to patient.

SKILLS

- Wound care and management

ASSESSMENT & LEARNING METHODS

- In house training
- Case based discussion
- Number of cases in logbook

Assessment:

Year 1: Basic Skills

Year 4 - 5 :Advanced Skills

Diagnostic and Operative Hysteroscopy

Objective: To be able to perform diagnostic and operative hysteroscopy safely.

KNOWLEDGE

Basic Skills:

- Understands principles of hysteroscopy.
- Knows principles of electrosurgery.
- Can insert hysteroscopy through internal os.
- Can demonstrate anatomical landmarks.

Advanced Skills:

- Can remove endometrial polyp using electrosurgery.
- Can remove submucosal fibroid using electrosurgery.
- Can use a second generation technique to ablate endometrium.
- Exercises good judgement in selecting patients for outpatient hysteroscopy.
- Communicates with awake patient during hysteroscopy.

SKILLS

- Perform operative hysteroscopy

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases recorded in logbook

Assessment

Year 1: Basic Skills

Year 4 – 5: Advanced Skills

Diagnostic and Operative Laparoscopy

Objective: *To be able to perform diagnostic and operative laparoscopy safely.*

KNOWLEDGE

- Is familiar with guidelines for safe laparoscopic entry.
- Exercises good judgement in selecting patients for laparoscopic surgery.
- Shows awareness of the potential for catastrophic complications associated with laparoscopic surgery

SKILLS

Basic Skills:

Insert Veress needle safely.

- Employ an alternative technique for laparoscopic entry in a patient with adhesions.
- Demonstrate anatomical landmarks on abdominal wall.
- Insert ports safely.
- Use bipolar diathermy safely.
- Perform Laparoscopy sterilization

Advanced Skills:

- Ablate endometriosis.
- Perform laparoscopic salpingectomy for ectopic pregnancy.
- Perform laparoscopic ovarian cystectomy/oophorectomy.

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases in logbook

Assessment:

Year 1 – 2: Basic Skills

Year 4 – 5 : Advanced Skills

Abdominal Hysterectomy

Objective: To be able to perform abdominal hysterectomy with or without salpingo-oophorectomy safely.

KNOWLEDGE

- Knows anatomy of female pelvis.
- Open abdomen safely in case with adhesions.
- Identify anatomy in case with adhesions, endometriosis or fibroids.
- Identify ureter.
- Mobilise bladder gently and safely.
- Appropriate management of injury to bladder.
- Appropriate management of bowel adhesions.
- Secure haemostasis.
- Exercise good judgement in intraoperative decision making *e.g. changing to sub-total hysterectomy.*
- Place drains safely.
- Shows awareness of the risks of surgery

SKILLS

- Perform abdominal hysterectomy

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases in logbook

Assessment at Year 3 - 4

Vaginal Hysterectomy

Objective: To be able to perform vaginal hysterectomy safely

KNOWLEDGE

- Know anatomy of female pelvis.
- Exercises good judgement in selecting patient for vaginal hysterectomy.
- Can open peritoneum.
- Can mobilise bladder gently and safely.
- Can repair injury to bladder.
- Can secure haemostasis.
- Exercises good judgement in intraoperative decision making *e.g. changing to abdominal hysterectomy.*
- Shows awareness of potential complications

SKILLS

- Perform vaginal hysterectomy

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases in logbook

Assessment at Year 4 - 5

Operations for Uterovaginal Prolapse

Objective: To be able to perform vaginal repair surgery safely.

KNOWLEDGE

- Understand anatomical basis for operations for prolapse.
- Exercises good judgement in choice of operation for primary prolapse.
- Can perform anterior colporrhaphy.
- Can perform posterior colporrhaphy.
- Can repair enterocele.
- Explains postoperative bladder care to patient.
- Counsels patient about risks of recurrent prolapse.
- Understands the principles of sacrospinotix fixation and abdominal sacrocolpopexy

SKILLS

- Perform surgical procedures for uterovaginal prolapse

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases in logbook

Assessment at Year 4 - 5

Operations for Urinary Incontinence

Objective: To be able to perform operations for urinary incontinence safely.

KNOWLEDGE

- Understands principles of female incontinence.
- Understands anatomical basis for operations for urinary stress incontinence.
- Can perform cystoscopy.
- Positions patient appropriately for colposuspension.
- Positions patient appropriately for TVOT/TVT.
- Places sutures appropriately in colposuspension.
- Places trocar appropriately for TVT.
- Explains postoperative bladder care to patient.

SKILLS

- Care and management for patient with urinary incontinence
- Perform TVT/TVOT (Non mandatory)

ASSESSMENT & LEARNING METHODS

- OSATS
- Number of cases in logbook

No Mandatory Assessment

Surgery for Gynaecological Malignancy

Objective: *To be able to diagnose and organise appropriate referral for patients with gynaecological malignancy.*

KNOWLEDGE

- Understands principles underlying staging of gynaecological cancers.
- Understands principles underlying gynaecological cancer surgery and their complications.
- Understand principles of radiotherapy and its complications.
- Exercise good judgement in referral of patients to gynaecological oncologist.
- Can interpret findings on combined rectal and vaginal examination in patients with cervical cancer.
- Can recognise recurrent and secondary disease.
- Communicates appropriately with gynaecological oncologists and radiotherapists.
- Can break bad news to patients and discuss patient's fears and expectations with compassion and realism.

SKILLS

- Appropriate diagnosis and management of patient with gynaecological malignancy

ASSESSMENT & LEARNING METHODS

- Counselling course (Optional)
- Case Based Discussion

Assessment at Year 2 – 3

Audit

Objective: *The fully trained specialist in Obstetrics and Gynaecology should be able to organise, conduct, present, interpret and discuss regular audits of outcomes of his personal and departmental work.*

Perinatal audit (*Perinatal and maternal audit*)

Objective: *To be able to collect, interpret, analyse and critically evaluate auditable outcomes in Obstetrics and Gynaecology and to use these audits as a means of improving the quality of care. s perinatal statistics.*

KNOWLEDGE

- Define perinatal mortality.
- Define perinatal morbidity.
- Define maternal mortality.
- Define maternal morbidity.
- Know local and national statistics.
- Be able to organise collection of statistics.
- Be able to present monthly perinatal audit.
- Interpret results.
- Discuss results with colleagues in a constructive way.

Gynaecological Audit

Objective: *To be able to collect, interpret, analyse and critically evaluate gynaecological morbidity statistics.*

KNOWLEDGE

- Define perioperative morbidity.
- Be able to organise collection of statistics.
- Be able to present monthly audit.
- Interpret results.
- Discuss ways of reducing morbidity.
- Discuss results with colleagues in a constructive way.

SKILLS

- Perform audit in each year of training

ASSESSMENT & LEARNING METHODS

- Attendance at audit course in first year (under generic skills)
- Perform Audit each year

Minimum Requirements for Training

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Year of Training	Form 045
On Call Rota	Required	1	Year of Training	Form 064
Section 2 - Training Activities				
Outpatient Clinics (minimum of one antenatal clinical per week)	Required	40	Training Programme	Form 001
General Antenatal	Required	10	Training Programme	Form 001
Diabetic Antenatal Clinic	Required	10	Training Programme	Form 001
Medical Antenatal	Required	10	Training Programme	Form 001
Multi-birth Antenatal Clinic	Required	10	Training Programme	Form 001
Rhesus Antenatal clinic	Required	10	Training Programme	Form 001
Infectious Antenatal	Required	10	Training Programme	Form 001
Gynaecology adolescent	Required	10	Training Programme	Form 001
Gynaecology oncology	Required	10	Training Programme	Form 001
Urogynaecology	Required	10	Training Programme	Form 001
Subfertility	Required	10	Training Programme	Form 001

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
General Gynaecology	Required	10	Training Programme	Form 001
Other	Required	10	Training Programme	Form 001
Ward Rounds/Consultations				Form 002
This should include the following category of patients:				Form 002
Consultant Led	Required	1	Training Programme	Form 002
SpR Led	Required	1	Training Programme	Form 002
Consultations	Required	1	Training Programme	
Emergencies/Complicated Cases				Form 003
Shoulder Dystocia	Required	1	Training Programme	Form 003
Eclampsia	Required	1	Training Programme	Form 003
Severe Pre-Eclampsia	Required	1	Training Programme	Form 003
Haemorrhage	Required	1	Training Programme	Form 003
Postpartum Haemorrhage	Required	1	Training Programme	Form 003
Ectopic pregnancy	Required	1	Training Programme	Form 003
Other	Required	1	Training Programme	Form 003
Procedures/Practical Skills/Surgical Skills				Form 004
Diagnostic Hysteroscopy	Required	1	Training Programme	Form 004
Operative Hysteroscopy	Required	1	Training Programme	Form 004

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Diagnostic Laparoscopy	Required	1	Training Programme	Form 004
Laparoscopic Sterilisation	Required	1	Training Programme	Form 004
Operative Laparoscopy	Required	1	Training Programme	Form 004
Abdominal Hysterectomy	Required	1	Training Programme	Form 004
Vaginal Hysterectomy	Required	1	Training Programme	Form 004
Ovarian Cystectomy/Oophorectomy	Required	1	Training Programme	Form 004
Myomectomy	Required	1	Training Programme	Form 004
Operations for Stress Incontinence	Required	1	Training Programme	Form 004
Pelvic Floor Repair	Required	1	Training Programme	Form 004
Gynaecological Operations	Required	1	Training Programme	Form 004
Other Gynaecological Operations	Required	1	Training Programme	Form 004
Additional/Special Experience Gained	Desirable	0	Training Programme	Form 005
Relatively Unusual Cases	Desirable	0	Training Programme	Form 019
Section 3 - Educational Activities				
Mandatory Courses				Form 006
Audit Year 1	Required	1	Training Programme	Form 006
Communication Year 1	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
1. Ethics I Professionalism	Required	1	Training Programme	Form 006
2. Ethics II Ethics & Law	Required	1	Training Programme	Form 006
3. Ethics III Research	Required	1	Training Programme	Form 006
4. Ethics IV End of Life	Required	1	Training Programme	Form 006
Leadership skills \geq year 3	Required	1	Training Programme	Form 006
Ultrasound Module (Highly recommended)	Desirable	1	Training Programme	Form 006
ACLS/ALSO/PROMPT of RCPI equivalent course	Required	1	Training Programme	Form 006
Non – Mandatory Courses	Desirable	0	Training Programme	Form 007
In-house activities				Form 011
Grand Rounds	Required	1	Year of Training	Form 011
Radiology Conference	Required	1	Year of Training	Form 011
Journal Club	Required	1	Year of Training	Form 011
MDT Meetings	Required	1	Year of Training	Form 011
Other	Required	1	Year of Training	Form 011
Publications (1 per year)	Required	1	Year of Training	
Presentations during training (2 oral or poster presentation per year)	Required	2	Year of Training	Form 017
National/International meetings attended during training (minimum 2 per year)	Required	2	Year of Training	Form 010
Additional Qualifications	Desirable	0	Year of Training	Form 065
Committee Attendance	Desirable	0	Year of Training	Form 063
Section 4 - Assessments				
CBD	Required	1	Training Programme	Form 020
OSATS	Required	1	Training	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
			Programme	
Posterior Repair with Perineorrhaphy				Form 024
Abdominal Hysterectomy				Form 025
Anterior Repair				Form 026
Caesarean Section				Form 027
Cervical Cerclage				Form 028
Diagnostic Cystourethroscopy				Form 029
Diagnostic Hysteroscopy				Form 030
Diagnostic Laparoscopy				Form 031
Fetal Blood Sampling				Form 032
Manual Removal of Placenta				Form 033
Midurethral tape retropubic or transob approach				Form 034
Opening and closing the abdomen				Form 035
Operative Laparoscopy				Form 036
Operative vaginal delivery				Form 037
Rotational instrumental Delivery				Form 038
Operative Uterine evacuation				Form 039
Vaginal Hysterectomy				Form 040
Multiple Pregnancy				
Mini-CEX (At least two Mini-CEX assessments)	Required	2	Year of Training	Form 023