



**INSTITUTE OF  
OBSTETRICIANS &  
GYNAECOLOGISTS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN  
**OBSTETRICS & GYNAECOLOGY**

Outcome Based Curriculum



**This Outcome Based curriculum of training in BST Obstetrics & Gynaecology was developed in 2022 by Dr Azriny Khalid, National Specialty Director (BST), Dr Ann O'Shaughnessy, Head of Education, and by the Obstetrics & Gynaecology Specialty Training Committee. The curriculum is approved by the Institute of Obstetrics & Gynaecology.**

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## Introduction

This curriculum describes the purpose of the curriculum in Basic Specialist Training (BST) for Obstetrics and Gynaecology, the content of the outcomes-based learning, the organisation of training and the requirements to be completed by Trainees leading to the award of the Certificate of Satisfactory Completion of Specialist Training (CSCST.)

Obstetrics and Gynaecology is specialty recognised and accredited by the Medical Council and graduates of the programme at Higher Specialist Training (HST) may register on the specialist division of register of the Medical Council.

Completing BST is a pre-requisite to entering the HST programme.

BST Training is a three-year programme consisting of two years spent in Senior House Officer (SHO) posts (years one and two of the programme) and one year spent as a junior registrar (year three of the programme.)

## Purpose of Training in Obstetrics and Gynaecology

The curriculum for Basic Specialist Training in Obstetrics and Gynaecology in Ireland is based upon the requirements for proficiency in both clinical and surgical practice in the specialty. The curriculum guides the training programme is intended to produce doctors with the specialty specific and core professional skills needed to work as a specialist registrar in Ireland and of sufficient ability and aptitude to enter HST.

## Outcome Based Education

This BST Obstetrics and Gynaecology curriculum introduced in 2022 is an outcomes-based curricula. This means that the curriculum is broken down in to overarching goals of training corresponding to the domains practice of Obstetrics and Gynaecology at SHO level. The domains of practice were established by consensus amongst Obstetrics and Gynaecology Trainers as corresponding to job analyses of both Trainers and Trainees. They include the day-to-day work of a Trainee and subspecialty areas considered of importance to Trainee development.

The overarching areas, called goals, are further divided into achievable units of proficiency called outcomes. Outcomes reflect closely the day-to-day practice of Trainees and offer a tangible link between service provision and the training programme. Trainees achieve proficiency in each individual outcome by performing defined activities such as recording case experiences, receiving informal feedback, undergoing workplace-based assessments, attending the Taught Programme, courses and study days, and engaging in regular formal assessments such as quarterly assessment and end of year evaluation.

The accumulation of experience and informal feedback as well as successful completion of assessments by the Trainee is reviewed by the Trainer, and Trainees can be signed off as proficient in the particular outcome. Multiple outcomes (and goals) are worked on concomitantly by the Trainee and these reflect the real-world working conditions experienced in training sites (hospitals.)

Goals and outcomes have general times by which Trainees are expected to be able to demonstrate proficiency in. It is however recognised that although over the course of the three years the Training

programme provides a uniform experience, at any time, the experience thus far of a Trainee may be different.

The outcome-based curriculum takes this into consideration in two ways

1. It allows Trainees to develop/advance at their own pace within the overall structure of the training programme.
2. It facilitates an explicit documentation of a Trainee moving towards independent practice as a basic specialist in Obstetrics and Gynaecology.

### Goals and Outcomes

The curriculum is divided into eight goals (overarching domains of practice) as shown in Figure 1



Figure 1 Outline of goals associated with BST Obstetrics and Gynaecology curriculum

Not all the goals are of equal weight, and some may require the full duration of the programme to complete.

Each Training goal consists of outcomes, completion of which over specified time periods contribute towards completing the goal. The outcomes may be best defined as the actual work components of the goal. Some goals will have more outcomes than others and even within a particular goal, not all outcomes are necessarily equal either in terms of experience or workload. The outcomes for each goal are shown in figure 2.

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7	Goal 8
<b>Basic General and Clinical Skills</b>	<b>Management of Early Pregnancy</b>	<b>Management of Antenatal Pathologies</b>	<b>Management of Obstetric Emergencies</b>	<b>Labour Ward Management and Postpartum</b>	<b>General Gynaecology</b>	<b>Gynaecology Subspecialties</b>	<b>Core Professional Skills</b>
History Taking	Early Pregnancy Problems	Common Pregnancy Problems	Care of Patients with Threatened or Established Preterm Labour	Labour and Delivery	Pre-operative Care	Operative Gynaecology	Good Professional Practice
Physical and Clinical Examination	Care of Patients with First Trimester Miscarriage	Antenatal Care of a Patient with a Previous Caesarean Section	Care of Patients With Cord Prolapse	Skilled Birth Attendance for Obstetricians	Menstrual Problems and Abnormal Bleeding, Amenorrhoea	Urogynaecology	Infection Control
Wound Care and Management	Care of Patients with Suspected or Confirmed Ectopic Pregnancy	Fetal Assessment and CTG Interpretation	Management of Shoulder Dystocia	Management of Induction of Labour	Care of Patients with Acute Pelvic Pain and Dysmenorrhoea	Oncology	Self-Care and maintaining Wellbeing
Audit & QI		Care of Patient with Diabetes in Pregnancy	Care of Patients with Pre-eclampsia and Severe Pre-eclampsia	Caesarean Section	Problems of the Vulva and Vagina	Infertility	Communication in Clinical and professional Setting
Communication		Care of Patient with Hypertensive Disorders in Pregnancy	Management of Maternal Collapse	Dystocia in Labour	Menopausal Problems	Contraception/Family Planning	Leadership
		Care of Patient with Small for gestational Age (SGA) fetus	Management of Postpartum Haemorrhage	Labour in the Presence of a Previous Caesarean Section	Care of Patients with Post-menopausal Bleeding		Quality Improvement
		Care of Patients with Obstetric Cholestasis		Operative Vaginal Delivery	Manage Family Planning/Contraception		Scholarship
		Care of Patients with APH		Care of Patients with Perineal Tears			Management
		Care of patients (with previous or suspected) VTE		Pre-Operative Management			Standards of Care
				Care of Patients with Complications During the Puerperium			Dealing with and managing Acutely Ill Patients in Appropriate Settings
							Therapeutics and Safe Prescribing

Figure 2 Outcomes associated with each goal

This outcomes-based curriculum was developed by the National Specialty Directors (NSD) Dr Azy Khalid in 2022. The content was validated by the Specialty Training Committee which governs training at both BST and HST level. It is expected that the curriculum will be reviewed regularly (at least once every three years). Obstetrics and Gynaecology training in RCPI is organised by the Obstetrics and Gynaecology Specialty Training Committee (STC.) The STC reports to the Education and Training Committee of the Institute of Obstetrics and Gynaecology (IOG.) The Institute of Obstetrics and Gynaecology is one of six constituent postgraduate medical training bodies associated with the Royal College of Physicians of Ireland (RCPI.)



## Why Outcome Based Education

A report issued to RCPI in 2016, issued by Dr Kevin Imrie (the Imrie Report) recommending RCPI consider moving its curricula for all training bodies to competency-based models. Furthermore, it was a recommendation of the Medical Council accreditation of the Institute of Obstetrics and Gynaecology specialties in that the faculty's curricula move to outcome-based models.

Obstetrics and Gynaecology is concerned with women's health – before, during and after the reproductive years.

Obstetrics focuses on childbirth, providing prenatal care and pregnancy support along with postpartum care. Gynaecology focuses on the health of the female reproductive system, including the diagnosis and treatment of disorders and diseases.

Obstetricians and Gynaecologists provide medical and surgical care to women and have specialist expertise in pregnancy, childbirth, fertility, family planning and disorders of the female reproductive system.

Combined training in both Obstetrics and Gynaecology is crucial because of the overlap between these specialties.

## About the Training Programme

The BST Obstetrics and Gynaecology training programme is three years duration. Within the training programme posts require the approval of the Institute of Obstetricians and Gynaecologists. Generally, posts are of 12 months duration. Regular inspection of all posts via hospital inspections is the basis for monitoring the training content of these posts. Additional monitoring data may derive from questionnaires sent to post-holders. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training. Trainees will learn in a variety of methods – experimental, through direct instruction, by receiving feedback, engaging in formal and informal assessments, attending study days, self-directed learning, and peer teaching.

The contents of the curriculum can be broadly divided into two categories:

- Core Professional Skills
- Obstetrics and Gynaecology Specific Skills

## Core Professional Skills

The Core Professional Skills related to the Medical Councils eight domains of good professional practice. These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve, and doctors should refer to these domains throughout the process of maintaining competence. The domains are:

1. Patient Safety and Quality of Patient Care
2. Relating to Patients

3. Communication and Interpersonal Skills
4. Collaboration and Teamwork
5. Management (Including Self-Management)
6. Scholarship
7. Professionalism
8. Clinical Skills

These eight domains are blueprinted against a series of generic competencies as defined by RCPI and this is discussed further in the Core professional Skills Section.

In addition to the acquisition of specific clinical skills and competencies, it is emphasised that personal development - including leadership and team working, communication and presentation skills, basic management and audit are important core components of BST and all other phases of training.

### Obstetrics and Specific Skills

The scope of training in Obstetrics and Gynaecology is very wide. An obstetrician/gynaecologist is both a physician and a surgeon and works in both the clinical and theatre setting to provide optimal care to patients in outpatient labour ward, and inpatient environments.

The Obstetrics and Gynaecology specific training covers basic skills in training, management of early pregnancy and management of antepartum pathology, labour ward management, general gynaecology, and exposure to gynaecology subspecialties.

### Assessment Information for BST Trainees

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments (the quarterly and end of post assessments) must be recorded in the BST ePortfolio. Trainees are also required to attend an end of year evaluation in RCPI, at which their progress in the year is discussed with an evaluation panel and they are given the opportunity to provide feedback on their rotation.

The BST ePortfolio must be kept up to date throughout the year. It is designed to record progress through the programme, whether trainees have satisfactorily completed all requirements for meeting outcomes/goals.

### BST Obstetric and Gynaecology Taught Programme

All taught elements must be completed once during BST. Trainees are expected to attend all in-house and local teaching and training made available to them, trainees may miss some on site sessions due to scheduling, leave etc. Attendance at all virtual tutorials is required. At the end of post assessment the trainer will indicate if they are satisfied that they trainee has attended as much available teaching as possible.

## Year One

July - September

- **Finding your place**
  - **Online Content**
    - Communication with Patients
    - Patient and person-centered care
    - Shared Decision Making
    - Quality in Healthcare
    - Patient Safety
  - **Virtual Tutorial**
    - Time management
    - Teamwork
    - Personal and Professional Boundaries

October - December

- **Patient Safety and person-centred care**
  - **Online Content**
    - Introduction to leadership and management
    - Receiving feedback
    - Socio-Cultural Diversity
    - Patient experience and outcomes
    - Situation Awareness
    - Recognising fatigue and stress
  - **Virtual Tutorial**
    - The IMC guide to medical ethics
    - applying person-centred care principles
    - frameworks for discussing ethical dilemmas

January – March

- **Confidentiality, Capacity & Consent**
  - **Online Content**
    - Principles of effective communication
    - Accessible writing to and for patients
    - Records and Record Keeping
    - Learning and presenting at Journal Clubs
  - **Virtual Tutorial**
    - Exploring Ethical dilemmas:
      - Confidentiality
      - Consent
      - Vulnerable patients

April - June

- **Introduction to Leading for Patient Safety**
  - **Online Content**
    - Shared decision making
    - Teaching juniors
  - **Virtual Tutorial**
    - Leading for quality and patient safety
    - A culture of patient safety

- Near misses, errors, human factors in context

Other courses to attend during Year 1:

- O&G Practical Scenarios
- O&G Basic Practical Skills
- Certificate in Basic Ultrasound for O&G
- Family Planning

Year Two

July – September

- **Ethics: Bias & Legality**
  - **Online Content**
    - Research design and methods
    - Introduction to research in clinical practice
    - Evidence appraisal
    - Communicating findings
    - Describing and recognising approaches to improving quality
    - Identify safety and quality strategies
    - A QI approach to audit
  - **Virtual Tutorial**
    - Exploring Ethical dilemmas and recognise risk of bias
    - Bias and socio-cultural diversity
    - Ethical laws and legislation

October – December

- **Communication: Patients and Emotional Intelligence**
  - **Online Content**
    - Leadership styles and multidisciplinary teamwork
    - Building time management skills
    - Data management
    - Communicating in the clinical environment
    - Literature reviews and systematic searches
  - **Virtual Tutorial**
    - Communication: self-reflection
    - Supporting colleagues with stress
    - Supporting the second victim

January – March

- **Adverse Events, Near Misses and Errors**
  - **Online Content**
    - Communicate with senior colleagues
  - **Virtual Tutorial**
    - An introduction to threat and error management
    - Raising safety concerns
    - Engaging with open disclosure
    - Reporting Medical Error & Adverse events

April - June

- **Increased Responsibility: Stepping up to Reg**
  - **Online Content**

- Physician Wellbeing: becoming a registrar
- Equity in healthcare
- Sustainable use of resources
- Assess functional capacity for decision making
- **Virtual Tutorial**
  - Managing the deteriorating patient,
  - situation awareness,
  - clinical judgement and decision making

Other course to attend during Year 2:

- Intrapartum Simulated Obstetrics Training (ISOT) – Desirable

Year Three

Taught Programme Modules:

- Teamwork and Teaching
- Patients as People
- Applying QI
- Advanced Communication Skills

Other courses to attend during Year 3:

- An approach to caring and Coping
- OASIS – Perineal Tear and Episiotomy Repair Workshop

[Summary and goals of the curriculum](#)

This curriculum will clearly set out the goals, expectations, and endpoints of training for each of the domains of practice of Obstetrics and Gynaecology at SHO level.

- The expected standards of practice for each area of practice will also be presented
- The expected timeframes for achievement of proficiency in each area of practice will also be described.
- The assessments required to demonstrate proficiency and expectations round Entrustable professional Activities will also be described.

## Core Professional Skills

### Medical Council Domain of Professional Practice

The Medical Council has defined eight domains of good professional practice. These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve, and doctors should refer to these domains throughout the process of maintaining competence. The medical Council domains are listed below

- Patient Safety and Quality of Patient Care
- Relating to Patients
- Communication and Interpersonal Skills
- Collaboration and Teamwork
- Management (including Self-Management)
- Scholarship
- Professionalism
- Clinical Skills

RCPI and IOM have identified area of core professional skills to which are mapped the Medical Councils' domains of good professional practice.

### Good Professional Practice

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Good Professional Practice is blueprinted against to the following Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

Trainees must demonstrate the following in the workplace

- Effective Communication
- Ethics
- Honesty, openness, and transparency (mistakes and near misses)

- Raising concerns about patient safety

### Infection Control

**Objective:** To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Infection Control is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

Trainees must demonstrate the following in the workplace

- Principles of infection control within a consultation or in surgery or during a procedure or during an outbreak of an infectious disease

### Self-Care and Maintaining Well-Being

**Objectives:** To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit

To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Self-Care and Maintaining Well-Being is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management.)

### Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Communication in Clinical and Professional Setting is blueprinted against to the following Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

Trainees must demonstrate the following in the workplace

- Personal psychological strengths and limitations
- Knowledge of core-beliefs
- Attitudes towards uncertainty
- Recognising symptoms of stress and burn out

### 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.

Leadership is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

Trainees must demonstrate the following in the workplace

- Effective listening and attending to patients
- Communicating essential information within a consultation and in difficult circumstances
- Dealing with professional colleagues and others
- Maintaining continuity of care
- Giving explanations
- Responding to complaints

### Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Quality Improvement is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

### Management

**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.

Management is blueprinted against to the following Medical Council Domains of Good Professional Practice: Management.

### Scholarship

**Objective:** To develop skills in personal/professional development, teaching, educational supervision, and research

Scholarship is blueprinted against to the following Medical Council Domains of Good Professional Practice: Scholarship

### Standards of Care

**Objective:** To be able to assess and treat patients' problems consistently and effectively

Standards of care is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.



## Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

**Objective:** To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate, if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations, and accurately interpret reports.

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties is blueprinted against to the following

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

## Therapeutics and Safe Prescribing

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

Therapeutics and Safe Prescribing is blueprinted against to the following Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

## Goal 1 General and Clinical Skills in Obstetrics and Gynaecology

### About this goal

The aim of this goal is to develop Trainee's abilities to provide obstetric and gynaecological medical and surgical care appropriate to the patients' needs and use resources appropriately. To complete this goal, Trainees must be able to demonstrate satisfactory history taking skills in both obstetrics and gynaecology, demonstrate appropriate communication skills and be able to perform appropriate physical examinations, and demonstrate satisfactory wound care. Trainees must also be able to perform audit and QI activities.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 5 Outcomes underpinning this goal

1. Outcome 1 History Taking
2. Outcome 2 Physical and Clinical Examination

Outcome 3 Would Care and Management

Outcome 4 Audit and Quality Improvement

Outcome 5 Communication Skills

### Outcome 1 History Taking

#### About this outcome

Trainees must be able to take and present a focused and accurate history in both obstetrics and gynaecology. This can be demonstrated at outpatient clinics, ward rounds and formally by Mini-CEX. Trainees are expected to demonstrate proficiency in this outcome relatively early in the programme.

#### Case Experience

Record and present a case mix of outpatients, inpatients per post for (years 1-2) and record feedback from senior colleague (SpR, Consultant)

#### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds

#### Workplace Based Assessments

At least 1 x Mini-CEX to be performed in year 2 or 3

At least 1 x CBD to performed in year 2 or 3

### **Courses/Study Days/Other Activities**

MRCPI Examination

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2 Physical and Clinical Examination**

### **About this outcome**

Trainees must be able to conduct a comprehensive clinical (systematic) examination including physical examination. This can be demonstrated at outpatient clinics, ward rounds and formally by Mini-CEX. Trainees are expected to demonstrate proficiency in this outcome relatively early in the programme.

### **Case Experience**

Record mixture of physical/clinical examinations (abdominal examination, speculum examination, bimanual (pelvic) examination, take a cervical smear, take vaginal swab) of outpatients, inpatients per post for (years 1-2) and record feedback from senior colleague (SpR or Trainer)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds at least one per post

### **Workplace Based Assessments**

At least 1 x observed Physical Examination (Mini-Cex) to be performed in year 1 or 2

### **Courses/Study Days/Other Activities**

MRCPI Examination

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 3 Wound Care and Management**

### **About this outcome**

Trainees must understand and apply the principles of care of surgical wounds that are associated with reduced morbidity. Trainees should know the physiology of wound healing, be able to choose appropriate incision, select appropriate suture materials, and use appropriate technique to close the wound. Trainees must also be able to recognise early signs of wound infection, dehiscence, abscess formation and haematoma formation. This can be demonstrated at ward rounds and formally by CBD, and OSATS. Trainees are expected to demonstrate proficiency in this outcome relatively early in the programme.

### **Case Experience**

Record mixture of wound care and management cases per post (years 1-2) and record feedback from senior colleague (SpR or Trainer)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on wound care and management at least one per post for years 1 and 2

### **Workplace Based Assessments**

At least 1 OSATS (Basic Perineal Suturing) years 1 or 2

At least 1 CBD discussing a case of wound care and management (conducted with senior colleague consultant trainer)

### **Courses/Study Days/Other Activities**

MRCPI Examination

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 4 Audit and Quality Improvement**

### **About this outcome**

Audit and QI activities are an important part of training. Trainees must be able to organise, conduct, present, interpret and discuss regular audits of outcomes of his personal and departmental work. Trainees are expected to demonstrate proficiency in this outcome relatively early in the programme.

### **Case Experience**

Record at least one audit or Quality Improvement Activity per year for years 1-3

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) audit or QI activities once per year

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 5 Communication**

### **About this outcome**

Trainees must be able to communicate appropriately with patients, other clinicians, and team members. These skills can be demonstrated at outpatient clinics and ward rounds. Trainees are expected to demonstrate proficiency in this outcome relatively early in the programme.

**Case Experience**

Observe a senior consultant (SpR or consultant) obtaining informed consent

**Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on communication skills (observed obtaining informed consent) at least one per post for years 1 and 2

**Courses/Study Days/Other Activities**

MRCPI Examination

**Formal Assessments**

QA/EOPA

EOYE

## Goal 2 Management of Early Pregnancy

### About this goal

The aim of this goal is to develop Trainee's abilities to diagnose early pregnancy pathologies and organise safe care for a patient in early pregnancy. To reach this goal, Trainees must be able to diagnose pregnancy, test for conditions in early pregnancy, investigate bleeding in early pregnancy. Trainees must also be able to manage miscarriage and assess ectopic pregnancy. In addition, Trainees must be able to demonstrate knowledge of the aetiology of recurrent miscarriage.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 3 Outcomes underpinning this goal

Outcome 1 Early Pregnancy Problems

Outcome 2 Care of Patients with First Trimester Miscarriage

Outcome 3 Care of Patients with Suspected of Confirmed Ectopic Pregnancy

### Outcome 1 Early Pregnancy Problems

#### About this outcome

Trainees must be able to diagnose and organise safe care for a patient in early pregnancy. This involves diagnosis and testing in early pregnancy along with investigation of early pregnancy bleeding.

#### Case Experience

Record at least one instance of vaginal assessment of early pregnancy per post (years 1-2)

Record a case mix of ultrasound assessment of early pregnancy per post (years 1-2)

Record a case mix of management of early pregnancy problems per post

#### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of early pregnancy problems at least once per year (years 1-2)

#### Workplace Based Assessments

At least 1 OSATS – Transabdominal and Transvaginal Assessment of Early Pregnancy

#### Courses/Study Days/Other Activities

Certificate in Basic Ultrasound

## **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2 Care of Patients with First Trimester Miscarriage**

### **About this outcome**

Trainees must be proficient in the management of miscarriage and be knowledgeable on the aetiology of recurrent miscarriage.

### **Case Experience**

Record a case mix of diagnosis of first trimester miscarriage per programme (years 1 and 2)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on care of patients with first trimester miscarriage at least once per year (years 1-2)

### **Workplace Based Assessments**

At least 1 OSATS – Uterine Evacuation

At least 1 CBD – Management of First Trimester Miscarriage

## **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 3 Care of Patients with Suspected or Confirmed Ectopic Pregnancy**

### **About this outcome**

Trainees must be proficient in the assessment of ectopic pregnancies.

### **Case Experience**

Record a case mix of diagnosis of management of ectopic pregnancy per programme (years 1 and 2)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of ectopic pregnancy at least once per year (years 1-2)

### **Workplace Based Assessments**

At least 1 OSATS – Diagnostic Laparoscopy

At least 1 CBD – management of Ectopic Pregnancy

### **Courses/Study Days/Other Activities**

Certificate in Basic Ultrasound

**Formal Assessments**

QA/EOPA

EOYE



## Goal 3 Antenatal Care

### About this goal

There are several objectives associated with the goal of antenatal care. Trainees must be able to evaluate a woman with a history of common pregnancy problems and to manage patients with a previous Caesarean Section. Trainees must also demonstrate proficiency in fetal assessment by ultrasound and CTG interpretation. Trainees must also be able to organise safe and effective care for a woman with a pregnancy complicated by diabetes, hypertensive disorders, SGA fetus, obstetric cholestasis, APH, and VTE.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 9 Outcomes underpinning this goal

- Outcome 1 Common Pregnancy Problems
- Outcome 2 Antenatal Care of Patients with a Previous Caesarean Section
- Outcome 3 Fetal Assessment and CTG Interpretation
- Outcome 4 Care of Patients with Diabetes in Pregnancy
- Outcome 5 Care of Patients with Hypertensive Disorders in Pregnancy
- Outcome 6 Care of Patients with Small for Gestational Age (SGA) Fetus
- Outcome 7 Care of Patients with Obstetric Cholestasis
- Outcome 8 Care of Patients with APH
- Outcome 9 Care of Patients with (Previous or Suspected) VTE

### Outcome 1 Common Pregnancy Problems

#### About this outcome

Trainees must be able to evaluate a woman with a history of common pregnancy problems. Trainees will demonstrate knowledge of:

Pregnancy induced hypertension & pre-eclampsia

Bleeding in 3rd trimester

Malpresentation

Prolonged Pregnancy

Management of multiple pregnancy

Conditions in pregnancy such as maternal hypertension, asthma, UTI, Anaemia, Thromboembolic disease, Diabetes, Epilepsy

#### **Case Experience**

Record a case mix of common pregnancy problems per programme (across years 1-2)

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of common pregnancy problems at least once per year (years 1-2)

#### **Workplace Based Assessments**

At least 1 CBD's on reduced fetal movements

At least 1 CBD on shortness of breath or chest pain or headaches

#### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2** Care of a Patients with a Previous Caesarean Section

### **About this outcome**

Trainees be able to evaluate a patient with a history of previous Caesarean section and make an appropriate plan for safe delivery. Trainees must know the current literature of VBAC benefits and risk and be able to effectively communicate this to patients recognising patients' expectations and fears about delivery.

#### **Case Experience**

Record at least one antenatal consultation for a patient with a previous Caesarean Section (across years 1-2)

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on an antenatal consultation for a patient with a previous Caesarean Section at least once per year (years 1-2)

#### **Workplace Based Assessments**

At least 1 Mini-CEX on antenatal consultation for a patient with a previous Caesarean Section

#### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 3 Fetal Assessment and CTG Interpretation

### About this outcome

Trainees must be able to assess the fetus and deliver safe and appropriate care. Trainees demonstrate this ability by assessing fetal wellbeing including movement and growth in third trimester. This involves interpretation of CTG, understanding of ultrasound in terms of fetal growth and biophysical profiles. Trainees should be able to diagnose pre-term rupture of membranes, assess for IUGR as well as demonstrate a knowledge of diagnosis and management of intra-uterine death.

### Case Experience

Record a case mix of fetal assessment by Ultrasound in clinics or ward rounds (across years 1-2) – These should include Presentation/Lie, Placental Localisation, Amniotic fluid volume

Record a case mix interpretation of CTG in clinic or ward rounds (across years 1-2)

### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on a fetal assessment by ultrasound (years 1-2)

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on an interpretation of CTG (years 1-2)

### Workplace Based Assessments

At least 1 CBD on fetal assessment by ultrasound before end year 3

At least 1 CBD in interpretation of CTG before end year 3

At least 1 OSATS – Fetal Blood Sampling (Year 3)

### Formal Assessments

QA/EOPA

EOYE

## Outcome 4 Care of Patients with Diabetes in Pregnancy

### About this outcome

Trainees must be able to organise safe and effective care for a woman with a pregnancy complicated by diabetes. To achieve this Trainees must know the pathophysiology of pregnancy in patients with pre-existing diabetes and know the indications for screening for gestational diabetes

### Case Experience

Record a case mix of management of diabetes in pregnancy (across years 1-2)

### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of diabetes in pregnancy (years 1-2)

### Workplace Based Assessments

At least 1 CBD on management of diabetes in pregnancy before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 5** Care of Patients with Hypertensive Disorders in Pregnancy

### **About this outcome**

Trainees must be able to organise safe and effective care for a woman with a pregnancy complicated by hypertensive disorders. To achieve this Trainees must demonstrate knowledge of the pathophysiology of pregnancy in women experiencing hypertensive conditions. This involves making appropriate arrangements for antenatal care, surveillance of fetal wellbeing, exercising good judgement regarding timing and mode of delivery. Trainees must also demonstrate the role of antihypertensive agents.

### **Case Experience**

Record a case mix of management of hypertensive disorders in pregnancy (across years 1-2)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of hypertensive disorders in pregnancy (years 1-2)

### **Workplace Based Assessments**

At least 1 CBD on management of hypertensive disorders in pregnancy before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 6** Care of Patients with Small for Gestational Age (SGA) Fetus

### **About this outcome**

Trainees must be able to monitor and manage a small for gestational age fetus.

### **Case Experience**

Record a case mix of fetal assessment by ultrasound and small for gestational age (across years 1-2)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of hypertensive disorders in pregnancy (years 1-2)

### **Workplace Based Assessments**

At least 1 OSATS Fetal Biometry before end year 3

At least 1 CBD on management of patients with small for gestational age before end year 3

#### **Formal Assessments**

QA/EOPA

EOYE

### Outcome 7 Care of Patients with Obstetric Cholestasis

#### **About this goal**

Trainees must be able to manage women who present with obstetric cholestasis

#### **Case Experience**

Record a case mix of fetal cholestasis (across years 1-2)

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management obstetric cholestasis (years 1-2)

#### **Workplace Based Assessments**

At least 1 CBD on management obstetric cholestasis before end year 3

#### **Formal Assessments**

QA/EOPA

EOYE

### Outcome 8 Care of Patients with Antepartum Haemorrhage (APH)

#### **About this outcome**

Trainees must be proficient in the management of women experiencing APH by demonstrating a knowledge of bleeding in the third trimester and carrying out assessment of bleeding.

#### **Case Experience**

Record a case mix management of patients with APH (across years 1-2)

#### **Informal Feedback**

Record at least one instance of feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management patients with APH (years 1-2)

#### **Workplace Based Assessments**

At least 1 CBD on management patients with APH before end year 3

#### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 9 Care of Patients with previous or suspected VTE

### **About this outcome**

Trainee's must be able to manage women at risk of or with suspected VTE. Trainees must have a suitable knowledge of thromboembolic disease

### **Case Experience**

Record a case mix management of patients with APH (across years 1-2)

### **Informal Feedback**

Record at least one instance of feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management patients with previous or suspected VTE (years 1-2)

### **Workplace Based Assessments**

At least 1 CBD on management patients with previous or suspected VTE before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## Goal 4                      Obstetric Emergencies

### About this goal

The aim of this goal is to develop Trainee's abilities to provide care to women experiencing obstetric emergencies and to manage obstetric emergencies to commensurate with experience. It is recognised that Trainees may not experience every obstetric emergency however Trainees are expected to be knowledgeable on management of these emergencies.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 6 Outcomes underpinning this goal

- Outcome 1      Care of Patients with Threatened or Preterm Labour
- Outcome 2      Care of Patients with Cord Prolapse
- Outcome 3      Management of Shoulder Dystocia
- Outcome 4      Care of Patients with Pre-eclampsia and Severe Pre-eclampsia
- Outcome 5      Management of Maternal Collapse
- Outcome 6      Management of Postpartum Haemorrhage

### Outcome 1    Care of Patients with Threatened or Preterm Labour

#### **About this outcome**

Trainees must be able to carry out assessment of a patient with threatened or established preterm labour and make appropriate decisions about management. To demonstrate this, Trainees must know the gestation specific benefits of interventions with tocolytics, steroids, Caesarean Section. Trainees must also demonstrate understanding of cervical changes and chorioamniotitis and abruptio placenta and to perform ultrasound biometry.

#### **Case Experience**

Record a case mix of common pregnancy problems per programme (across years 1-2)

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on management of threatened or preterm labour at least once per year (years 1-2)

#### **Workplace Based Assessments**

At least 1 CBD on care of patients with threatened or preterm labour (to include discussion on fetal fibronectin and cervical length changes)

#### **Study Days/Courses/Other Activities**

MOET or ALSO or PROMPT

#### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2 Care of Patients with Cord Prolapse**

### **About this outcome**

Trainees must demonstrate knowledge of current guidelines on management of cord prolapse.

### **Case Experience**

Record a case mix of management of cord prolapse programme (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at on management of cord prolapse at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 CBD management of cord prolapse

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 3 Management of Shoulder Dystocia**

### **About this outcome**

Trainees must be able to recognise and must understand the management of shoulder dystocia.

### **Case Experience**

Record a case mix of management shoulder dystocia programme (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of shoulder dystocia at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 CBD management of shoulder dystocia



### **Study Days/Courses/Other Activities**

Online practical scenario module (shoulder dystocia)

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 4** Care of patients with pre-eclampsia and severe pre-eclampsia

### **About this outcome**

Trainees must be able to manage women whose pregnancies are complicated by pre-eclampsia and severe preeclampsia

### **Case Experience**

Record a case mix of management of patients with pre-eclampsia and severe pre-eclampsia (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with pre-eclampsia and severe pre-eclampsia at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 CBD management of patients with pre-eclampsia and severe pre-eclampsia

### **Study Days/Courses/Other Activities**

Online practical scenario module (Care of patients with pre-eclampsia and severe pre-eclampsia)

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 5** Management of Maternal Collapse

### **About this outcome**

Trainees must have a knowledge of how to manage maternal collapse

### **Case Experience**

Record a case mix of management maternal collapse (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of maternal collapse at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 CBD management of maternal collapse at least once before end year 3

**Study Days/Courses/Other Activities**

Practical Scenario Module (Maternal Collapse)

**Formal Assessments**

QA/EOPA

EOYE

**Outcome 6 Management of Postpartum Haemorrhage**

**About this outcome**

Trainees must be familiar with strategies to manage postpartum haemorrhage.

**Case Experience**

Record a case mix of management of postpartum haemorrhage (across years 1-3)

**Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of postpartum haemorrhage at least once per programme (years 1-3)

**Workplace Based Assessments**

At least 1 CBD management of postpartum haemorrhage at least once before end year 3

**Study Days/Courses/Other Activities**

Online Practical Scenario Module (Major Obstetric Haemorrhage)

**Formal Assessments**

QA/EOPA

EOYE

## Goal 5 Labour Ward Management and Postpartum Management

### About this goal

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 10 Outcomes underpinning this goal

- Outcome 1 Labour and Delivery
- Outcome 2 Skilled Birth Attendance for Obstetricians
- Outcome 3 Management of Induction of Labour
- Outcome 4 Caesarean Section
- Outcome 5 Dystocia in Labour
- Outcome 6 Labour in the Presence of a Previous Caesarean Section
- Outcome 7 Operative Vaginal Delivery
- Outcome 8 Care of Patients with Perineal Tears
- Outcome 9 Pre-operative Management
- Outcome 10 Care of Patients with Complications During the Puerperium

### Outcome 1 Labour and Delivery

#### About this outcome

Trainees must be able to manage and assist in the first, second, and third stages of labour.

#### Case Experience

Record a case mix of activities in labour and delivery (to include vaginal assessment of cervix, suture of laceration/episiotomy, assisting at caesarean section, interpretation of CTG in labour) per programme

#### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) at outpatient clinics/ward rounds on labour and delivery at least once per year

#### Workplace Based Assessments

At least 1 CBD on management of postpartum haemorrhage

The following OSATS must be completed before end of year 3:

- Manual Removal of Placenta
- Uterine Evacuation
- Opening and Closing the Abdomen
- Fetal Blood Sampling
- Operative Vaginal Delivery
- Labour Ward Commitment
- Multiple Pregnancy

#### **Study Days/Courses/Other Activities**

MOET or ALSO or PROMPT

Intrapartum Simulated Obstetrics Training (ISOT) (Desirable)

#### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2 Skilled Birth Attendance for Obstetricians**

### **About this outcome**

Trainees must be able to provide appropriate care for normal pregnancy, labour, and birth by delivering woman centred care antenatal care. Trainees must be able to provide normal first stage labour support, normal newborn care, and normal postnatal care.

### **Case Experience**

Record a case mix of birth attendance including supportive care, normal birth attendance, normal newborn and normal postnatal care.

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) at aspect(s) of normal birth attendance and newborn care per programme at least once per programme (preferable year 1)

### **Workplace Based Assessments**

At least 1 x OSATS Normal Birth

At least 1 x OSATS Normal Newborn Care

Study Days/Courses/Other Activities

Formal Assessments

QA/EOPA

EOYE

## Outcome 3 Management of Induction of Labour

### About this outcome

Trainees must be able to assess women requiring induction of labour and supervise safe and effective induction. Trainees must know the benefits and hazards of induction of labour, the physiology or cervical ripening, be able to assess the suitability of the cervix and select the appropriate method of induction

### Case Experience

Record a case mix of induction of labour per programme to include description of the activity, rationale for decisions made, communication with the team and woman in labour.

### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) on management of induction of labour at least once per programme (years 1-3)

### Workplace Based Assessments

At least 1 CBD management of induction of labour

At least 1 Mini-CEX management of induction of labour

### Formal Assessments

QA/EOPA

EOYE

## Outcome 4 Caesarean Section

### About this outcome

Trainees must be able to perform Caesarean Section competently, in good time and with a low rate of complications. The skills of performing a Caesarean Section must be demonstrated and include opening and closing the abdomen,

### Case Experience

Year 1 – Record case mix of assistance at Caesarean Sections

Year 2 & 3 - Record case mix of performance of Caesarean Sections

### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) on Caesarean Section (years 1-3)

### Workplace Based Assessments

At least 1 OSATS on C section (assist) – Year 1

At least 1 OSATS on C-section (perform) in years 2 or 3 (C section assist OSATS) pre-requisite

At least 1 OSATS opening and Closing the Abdomen per programme

## **Formal Assessments**

QA/EOPA

EOYE

## Outcome 5 Dystocia in Labour

### **About this outcome**

Trainees must be able to assess a patient whose labour is not progressing normally and intervene appropriately. Trainees should know the causes of dystocia, the indications and contraindications or the use of oxytocin. Trainees should recognise malposition and malpresentations and be able to counsel patients appropriately.

### **Case Experience**

Record a case mix of management dystocia in labour per programme (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of dystocia in labour at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 CBD management of dystocia in labour before end year 3

## **Formal Assessments**

QA/EOPA

EOYE

## Outcome 6 Operative Vaginal Delivery

### **About this outcome**

Trainees must be able to perform instrumental vaginal delivery with a low rate of morbidity in women and their babies. Trainees must know the criteria for safe operative delivery, be able to assess presentation and position of the head and appropriately use non-rotational and ventouse forceps.

### **Case Experience**

Record a case mix of the use of non-rotational forceps, non-rotational and rotational ventouse per programme (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on operative vaginal delivery at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 OSATS Operative Vaginal Delivery (Year 3)

At least 1 OSATS Rotational Instrument Delivery (Year 3)

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 7 Labour in the Presence of a Previous Caesarean Section**

### **About this outcome**

Trainees must be able to provide safe and effective care to a woman in labour who has had one previous Caesarean Section. Trainees must be aware of the current literature on VBAC, know the incidence of uterine scar dehiscence and risk factors for this. Trainees should also be able to recognise the signs of uterine scar dehiscence

### **Case Experience**

Record a case mix per programme

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on managing a vaginal birth following Caesarean Section

### **Workplace Based Assessments**

At least 1 Mini-CEX per programme

At least 1 CBD per programme

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 8 Care of Patients with Perineal Tears**

### **About this outcome**

Trainees must be able to recognise third- and fourth-degree tears (Obstetric Anal Sphincter Injuries – OASIs). Trainees will observe repair of perineal tears and be able to manage puerperium after OASIs. Trainees must be able to demonstrate appropriate antibiotic prescribing/stool softener and arrange physiotherapy and follow up. Trainees must also be able to recognise infection and dehiscence.

### **Case Experience**

Record a case mix of perineal repairs per programme (across years 1-3)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on perineal repair at least once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 OSATS Perineal Repair (Year 3)

### **Study Days/Courses/Other Activities**

OASIS – Perineal Tear and Episiotomy Repair Workshop (Year 3)

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 9 Pre-operative Management**

### **About this outcome**

Trainees must be able to deliver safe and effective care to women preparing for gynaecological surgery. Trainees demonstrate this by being able to evaluate patients' fitness for surgery, obtaining informed consent and exercising good judgement. Trainees must also be able to effectively communicate with patients.

### **Case Experience**

Record a case mix of management of pre-operative cases per programme (across years 1-3) this should include obtaining informed consent for emergency Caesarean Section

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of pre-operative patients once per programme (years 1-3)

### **Workplace Based Assessments**

At least 1 Mini-CEX per programme

At least one CBD per programme

### **Study Days/Courses/Other Activities**

Attend the taught elements of your programme including tutorials, course and online material

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 10 Care of Patients with Complications During the Puerperium**

### **About this outcome**

Trainees must be able to manage patients presenting with complications in the puerperium

### **Case Experience**



Record a case mix of management of complications during the puerperium per programme (examples – sepsis, wound infection, secondary post-partum haemorrhage)

**Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of complications during the puerperium at least once per programme (years 1-3)

**Workplace Based Assessments**

At least 1 CBD per programme

**Formal Assessments**

QA/EOPA

EOYE

## Goal 6                      General Gynaecology

### About this goal

The aim of this goal is to develop Trainee's abilities to assess and care for patients experiencing menstrual problems and abnormal bleeding, acute pelvic pain, and dysmenorrhea. Trainees should be able to assess women presenting with problems of the vulva and vagina and menopausal problems. Trainees should also be proficient in the pre-operative care of women undergoing procedures.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 7 Outcomes associated with this goal

- Outcome 1      Pre-operative Care
- Outcome 2      Menstrual Problems and Abnormal Bleeding
- Outcome 3      Care of Patients with Acute Pelvic Pain and Dysmenorrhoea
- Outcome 4      Problems of the Vulva and Vagina
- Outcome 5      Menopausal Problems
- Outcome 6      Care of Patients with Post-menopausal Bleeding
- Outcome 7      Managing Family Planning and Contraception

### Outcome 1    Pre-operative Care

#### About this goal

Trainees must be able to deliver safe and effective care to women preparing for gynaecological surgery. Trainees must demonstrate knowledge of evidence-based guidelines for perioperative thromboprophylaxis and perioperative antibiotic cover.

#### Case Experience

Record a case mix of management of pre-operative care patients across years 1-3 to include evaluation of patient fitness for surgery, obtaining informed consent, explaining risks and benefits of procedures, liaising with anaesthetists

#### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) on pre-operative care at least once per programme (over years 1-3.)

#### Workplace Based Assessments

At least 1 CBD or mini-CEX on pre-operative care before end year 3

### **Courses/Study Days**

RCPI O&G Basic Practical Skills

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 2 Menstrual Problems and Abnormal Bleeding**

### **About this outcome**

Trainees must be able to evaluate, investigate and plan appropriate treatment of a woman with menstrual problems. Trainees must be able to demonstrate knowledge about failure to start periods, cessation of periods abnormal periods, painful periods, post-menopausal vaginal bleeding, and vaginal bleeding before puberty.

### **Case Experience**

Record a case mix of Menstrual Problems and Abnormal Bleeding across years 1-3 to include abdominal and vaginal examination, performing speculum examination, performing cervical smear, performing pipelle biopsy, ordering tests and scans, performing diagnostic hysteroscopy, assisting in hysterectomy.

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of menstrual problems and abnormal bleeding at least once per programme.

### **Workplace Based Assessments**

At least 1 CBD and 1 mini-CEX on pre-operative care before end year 3

OSATS – Diagnostic Hysteroscopy

OSATS – Assisting in Hysterectomy

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 3 Care of Patients with Acute Pelvic Pain and Dysmenorrhoea**

### **About this outcome**

Trainees must be able to evaluate, investigate, and plan appropriate treatment of a woman with acute pelvic pain. Trainees must demonstrate knowledge of the differential diagnosis of acute pelvic pain, exercise good judgement in triaging a patient, respecting her need for privacy during history taking, pelvic examination in an A&E setting.

### **Case Experience**

Record a case mix of care of patients with acute pelvic pain and dysmenorrhea (such as acute pelvic pain, communicating diagnosis and management plan to patients) per programme.

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with acute pelvic pain and dysmenorrhea at least once per programme.

### **Workplace Based Assessments**

At least 1 CBD and mini-CEX on pre-operative care before end year 3

OSATS Diagnostic Laparoscopy (year 3)

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 4 Problems of the Vulva and Vagina**

### **About this outcome**

Trainees must be able to diagnose problems of the vulva and vagina and demonstrate a knowledge of vulvo-vaginal pain, vulval swelling, discharge from the vagina, itching around the vagina, warts around the vulva.

### **Case Experience**

Record a case mix of care of patient's problems of the vulva and vagina (such as swab taking, observe or perform biopsy of suspicious lesions) per programme.

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with acute pelvic pain and dysmenorrhea at least once per programme.

### **Workplace Based Assessments**

At least mini-CEX or CBD on management of problems of the vulva and vagina before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## **Outcome 5 Menopausal Problems**

### **About this outcome**

Trainees must be able to diagnose women with menopausal symptoms and demonstrate knowledge of the physiology of menopause, appropriate vasomotor symptoms and management. Trainees must

also demonstrate understanding of HRT types, uses, benefits, risks, and limitations and appreciate the long terms consequences of menopause e.g., CVD, CVS, Osteoporosis

#### **Case Experience**

Record a case mix of care of patients with menopausal problems per programme.

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with menopausal problems at least once per programme.

#### **Workplace Based Assessments**

At least 1 CBD per programme (to include discussion on HRT)

#### **Formal Assessments**

QA/EOPA

EOYE

### **Outcome 6** Care of Patients with Post-menopausal Bleeding

#### **About this outcome**

Trainees must be competent in the management of post-menopausal bleeding

#### **Case Experience**

Record a case mix of care of patients with post-menopausal bleeding per programme.

#### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with post-menopausal bleeding at least once per programme.

#### **Workplace Based Assessments**

At least 1 CBD and 1 Mini-CEX per programme

OSATS - Hysteroscopy

#### **Formal Assessments**

QA/EOPA

EOYE

### **Outcome 7** Manage Family Planning/Contraception

#### **About this outcome**

Trainees must understand fertility and family planning problems. Trainees must be able to assess difficulty in conceiving, difficulty in having a baby because of repeated miscarriages, understand basic investigations for sub-fertility

**Case Experience**

Record a case mix of family planning and contraception per programme (such as vaginal examination, fitting IUS/IUD, semen analysis (fertility), arranging Hycocy/hysterosalpingogram/laparoscopy dye testing (fertility), clinical assessment of a woman with hirsutism/virilism, superficial and DDX of superficial dyspareunia and deep dyspareunia

**Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of family planning and contraception at least once per programme.

**Workplace Based Assessments**

At least 2 CBD (including one on contraception types) and 1 Mini-CEX per programme

**Courses/Study Days**

Complete the taught elements of your programme including tutorials, course and online material

RCPI Course Family Planning

**Formal Assessments**

QA/EOPA

EOYE

## Goal 7 Gynaecology Subspecialties

### About this goal

The aim of this goal is to develop Trainee's abilities to assess and manage women experiencing urinary problems, symptoms of uterovaginal prolapse, assessing presentation of mass and/or pelvic pain. Trainees should be able to manage problems of the vulva and vagina, menopausal problems as well as advise on fertility and family planning problems.

Outcomes are met by the Trainee recording relevant case experiences either per post, per year, or per programme as appropriate. Trainees are expected to take advantage of opportunities for feedback from SpRs or consultants in Obstetrics and Gynaecology. In some instances, Trainees will be requested to undergo a workplace-based assessment with a registered Obstetrics and Gynaecology Trainer. Trainees will also be expected to perform, and record specified activities associated with the outcome. These activities are wide ranging and may include attending Taught Programme, courses, attending study days, attending MDT, performing audit, attending specific clinics, ward rounds, research, or specialty specific activities.

There are 5 Outcomes underpinning this goal

- Outcome 1 Operative Gynaecology
- Outcome 2 Urogynaecology
- Outcome 3 Oncology
- Outcome 4 Infertility
- Outcome 5 Contraception/Family Planning

### Outcome 1 Operative Gynaecology

#### About this outcome

Trainees must be able to deliver safe care to women preparing for and recovering from gynaecological surgery. Trainees must be able to recognise complications of surgery and organise care for patients experiencing these complications.

#### Case Experience

Record a case mix of management of operative gynaecology cases per programme to include

- Pre-operative care
- Post-operative care
- Care of Patients suffering from complications following gynaecological surgery
- Basic Surgical Skills for Open Surgery
- Diagnostic Hysteroscopy
- Diagnostic Laparoscopy

#### Informal Feedback

Record feedback from senior colleagues (SpR or consultant) on operative gynaecology care at least once per programme (over years 1-3.)

#### **Workplace Based Assessments**

At least 1 CBD and 1 mini-CEX on pre-operative care before end year 3

#### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 2 Urogynaecology

### **About this outcome**

Trainees must be able to evaluate a woman with urinary incontinence (stress incontinence, urge incontinence), other bladder problems as well recognise therapies available. Trainees must also be able to assess a woman with symptoms of uterovaginal prolapse, and demonstrate knowledge of types and degree of prolapse and treatment strategies (conservative and surgical.)

### **Case Experience**

Record a case mix of management of urogynaecology patients to include management of urinary problems (interpretation of basic urodynamic traces) and uterovaginal prolapse (diagnosis and use of vaginal ring pessaries)

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of urogynaecology patients at least once per programme.

#### **Workplace Based Assessments**

At least 1 CBD and 1 mini-CEX on urogynaecology care before end year 3

OSATS – Diagnostic Cystourethroscopy

#### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 3 Gynaecological Oncology

### **About this outcome**

Trainee must be able to assess and appropriately refer a woman with an abdominal mass and/or pelvic pain

### **Case Experience**

Record a case mix of abdominal distension, mass, pelvic pain



### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with gynaecological oncology at least once per programme.

### **Workplace Based Assessments**

At least 1 CBD on gynaecological oncology before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 4 Infertility

### **About this outcome**

Trainee must be able to assess and evaluate patients presenting with fertility problems such as difficulty in conceiving, repeated miscarriages.

### **Case Experience**

Record a case mix of care of infertility (both male and female) per programme

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on management of patients with infertility problems at least once per programme.

### **Workplace Based Assessments**

At least 1 CBD on management of infertility before end year 3

### **Formal Assessments**

QA/EOPA

EOYE

## Outcome 5 Contraception

### **About this outcome**

Trainees must be familiar with all contraception methods

### **Case Experience**

Record a case mix of care of discussions patients regarding family planning and /or contraception

### **Informal Feedback**

Record feedback from senior colleagues (SpR or consultant) on family planning at least once per programme.

### **Workplace Based Assessments**

At least 1 CBD per programme (to include discussion on HRT)

**Courses/Study Days**

RCPI Family Planning course

**Formal Assessments**

QA/EOPA

EOYE

## Goal 8 Core Professional Skills

### About this goal

Core Professional Skills are critical component of practice in Obstetrics and Gynaecology and Trainees must explicitly demonstrate and understanding of the eight domains of professional practice and three pillars of professionalism as communicated by the medical council. The Faculty of Pathology through RCPI lists eleven areas of practice that Trainees must adhere to in all workplace interactions and interaction with patients, families, and carers.

Trainees must demonstrate an understanding of the following areas of professionalism

1. Good Professional Practice
2. Infection Control
3. Self-Care and Maintenance of Wellbeing
4. Communication in Clinical and Professional Setting
5. Leadership
6. Quality Improvement
7. Scholarship
8. Management
9. Standards of Care
10. Dealing with and Managing Acutely Ill Patients in Appropriate Settings
11. Therapeutics and Safe Prescribing

Core Professional Skills activities can be recorded at the goal level

### Case Experience

Record a case mix of professional activities per programme covering professional activities related to the eleven areas.

### Taught Programme, Courses and Study Days

Attend 4 study days as organised by the Specialty Training Committee per year of training. Attend all the Courses, the Taught Programme Tutorials and the online content.

### In House Activities

**MDT** – Trainees must record frequency of attendance at MDT or specialty meetings – required at least once per month

**Journal clubs/Educational Meetings (peer led acceptable)** – Trainees must record frequency of attendance at educational meetings – required at least once per week

**Delivery of Teaching** – Trainees must deliver teaching to undergraduates/interns/inter-professional teaching – required at least once per fortnight.

**Research** – It is expected that Trainees will be involved in research and should record at least once instance of such per programme

**Presentations & Publications** – Trainees are expected to have presented their work (Audit/QI/Research) at national/international conferences at least once per year of training

**Examinations** - Trainees must pass the MRCPI examinations to contribute to several of the specialty goals. Trainees may not complete the programme without passing all stage of the MRCPI

### **Informal Feedback**

At least 2 x instances of informal feedback (from senior colleague, consultant) on aspects of practice related to core professional skills

### **Workplace Based Assessments**

At least 1 x CBD on core professional skills before year 3 (topic agreed with Trainer)

At least 1 x CBD on core professional skills in year 3 (topic agreed with Trainer)

## BST Obstetrics & Gynaecology OBE at a glance ePortfolio recording requirements

Goal	Outcome	Activities to record	Assessments*
<b>General and Clinical Skills in Obstetrics &amp; Gynaecology</b>	History Taking	<ul style="list-style-type: none"> <li>• Case mix per post: years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 Mini-CEX in year 2 or 3</li> <li>• At least 1 CBD in year 2 or 3</li> <li>• MRCPI Exam</li> </ul>
	Physical and Clinical Examination	<ul style="list-style-type: none"> <li>• Case mix per post: years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 Mini-CEX in year 1 or 2</li> <li>• MRCPI Exam</li> </ul>
	Wound Care and Management	<ul style="list-style-type: none"> <li>• Case mix per post: years 1-3</li> <li>• Informal feedback</li> <li>• RCPI Practical Scenario Module</li> <li>• RCPI Practical Skills</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 OSATS Basic Perineal Suturing in Year 1 or 2</li> <li>• At least 1 CBD year 1 or 2</li> <li>• MRCPI Exam</li> </ul>
<b>Management of Early Pregnancy</b>	Early Pregnancy Problems	<ul style="list-style-type: none"> <li>• Case mix per post: years 1-2</li> <li>• Attendance at ward rounds</li> <li>• Informal feedback</li> <li>• RCPI Certificate in basic Ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 satisfactory OSATS Transvaginal &amp; Transabdominal ultrasound per programme</li> </ul>
	Care of patients with First Trimester Miscarriage	<ul style="list-style-type: none"> <li>• Case mix per post: years 1-2</li> <li>• Informal feedback</li> <li>• RCPI Certificate in Basic Ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 OSATS – Uterine Evacuation</li> <li>• At least 1 CBD</li> </ul>
	Care of patients with Suspected or Confirmed Ectopic Pregnancy	<ul style="list-style-type: none"> <li>• Case mix per post in years 1-2</li> <li>• Informal feedback</li> <li>• RCPI Certificate in Basic Ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 OSATS – Diagnostic laparoscopy</li> <li>• At least 1 CBD</li> </ul>
<b>Antenatal Care</b>	Common Pregnancy Problems	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> <li>• Attendance at a relevant study day</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD – Fetal Movement</li> <li>• At least 1 CBD – Fetal Movement</li> </ul>
	Antenatal Care of Patients with a Previous Caesarean Section	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 Mini-CEX</li> </ul>
	Fetal Assessment and CTG Interpretation	<ul style="list-style-type: none"> <li>• Case mix per post years 1 -2 on both</li> <li>• Informal feedback on both</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD Fetal Assessment</li> <li>• At least 1 CBD Interpretation of CBD</li> </ul>

			<ul style="list-style-type: none"> <li>• At least 1 OSATS – Fetal Blood Sampling</li> </ul>
	Care of Patients with Diabetes in Pregnancy	<ul style="list-style-type: none"> <li>• Case mix per post in years 1-2</li> <li>• Informal feedback</li> <li>• Attendance at a relevant study day</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with Hypertensive Disorders in Pregnancy	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with Small for gestational Age (SGA) Fetus	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> <li>• Attendance at relevant study days</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> <li>• At least 1 OSATS – Fetal Biometry</li> </ul>
	Care of Patients with Obstetric Cholestasis	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with APH	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with (Previous or Suspected) VTE	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-2</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
<b>Obstetric Emergencies</b>	Care of Patients with Threatened or Preterm Labour	<ul style="list-style-type: none"> <li>• Case mix per post Years 1-2</li> <li>• Informal feedback</li> <li>• Courses</li> <li>• MOET or ALSO or PROMPT</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with Cord Prolapse Management of Shoulder Dystocia	<ul style="list-style-type: none"> <li>• Case mix per programme (desirable)</li> <li>• Informal Feedback (Desirable)</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with Pre-eclampsia and Severe Pre-eclampsia	<ul style="list-style-type: none"> <li>• Case mix per post Years 1-3</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Management of Maternal Collapse	<ul style="list-style-type: none"> <li>• Case mix per programme (Desirable)</li> <li>• Informal feedback (Desirable)</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>

	Management of postpartum Hemorrhage	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-3</li> <li>• Informal feedback</li> <li>• Online Practical Scenario Module</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Care of Patients with (Previous or Suspected) VTE	<ul style="list-style-type: none"> <li>• Case mix per post in Years 1-3</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
<b>Labour Ward Management and Postpartum</b>	Labour and Delivery	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> <li>• Courses <ul style="list-style-type: none"> <li>○ RCPI O&amp;G Basic Practical Skills</li> <li>○ MOET or ALSO or PROMPT</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ Manual Removal of Placenta</li> <li>○ Uterine Evacuation</li> <li>○ Opening &amp; Closing the Abdomen</li> <li>○ Fetal Blood Sampling</li> <li>○ Operative Vaginal Delivery</li> <li>○ Labour Ward Commitment</li> <li>○ Multiple Pregnancy</li> </ul> </li> </ul>
	Skilled Birth Attendance for Obstetricians	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ Normal Birth</li> <li>○ Normal Newborn Care</li> </ul> </li> </ul>
	Management of Induction of Labour	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> <li>• At least 1 Mini-CEX</li> </ul>
	Caesarean Section	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ C-Section Assist (year 1)</li> <li>○ C Section Perform (Year 2/3)</li> <li>○ Opening &amp; Closing the Abdomen</li> </ul> </li> </ul>
	Dystocia in Labour	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 CBD</li> </ul>
	Labour in the Presence of a Previous Caesarean Section	<ul style="list-style-type: none"> <li>• Case mix per programme</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 Mini-CEX</li> <li>• At least 1 CBD</li> </ul>
	Operative Vaginal Delivery	<ul style="list-style-type: none"> <li>• Case mix per programme</li> <li>• Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ Operative Delivery (Year 3)</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Rotational Instrument Delivery (Year 3)</li> </ul>
	Care of Patients with Perineal Tears	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ Basic Perineal Suturing</li> <li>○ Third Degree Repair (Year 3)</li> </ul> </li> </ul>
	Pre-operative Management	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 Mini-CEX</li> <li>● At least 1 CBD</li> </ul>
	Care of Patients with Complications During the Puerperium	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> </ul>
General Gynaecology	Menstrual Problems and Abnormal Bleeding	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> <li>● At least 1 of each OSATS <ul style="list-style-type: none"> <li>○ Diagnostic Hysteroscopy</li> <li>○ Assisting in Hysterectomy</li> </ul> </li> </ul>
	Care of Patients with Acute Pelvic pain and Dysmenorrhoea	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> <li>● At least 1 Mini-CEX</li> </ul>
	Problems of the Vulva and Vagina	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD or</li> <li>● At least 1 Mini-CEX</li> </ul>
	Menopausal Problems	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> </ul>
	Care of patients with Postmenopausal Bleeding	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> <li>● At least 1 Mini-CEX</li> <li>● At least 1 OSATS - Hysteroscopy</li> </ul>
	Managing Family Planning and Contraception	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> <li>● Courses <ul style="list-style-type: none"> <li>○ Family Planning</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● At least 2 CBD</li> <li>● At least 1 Mini-CEX</li> </ul>
Gynaecology Subspecialty	Operative Gynaecology	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal Feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> <li>● At least 1 Mini-CEX</li> </ul>
	Urogynaecology	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> <li>● At least 1 Mini-CEX</li> <li>● At least 1 OSATS – Diagnostic Cystourethroscopy</li> </ul>
	Gynaecological Oncology	<ul style="list-style-type: none"> <li>● Case mix per programme</li> <li>● Informal Feedback</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> </ul>
	Infertility	<ul style="list-style-type: none"> <li>● Case mix per programme</li> </ul>	<ul style="list-style-type: none"> <li>● At least 1 CBD</li> </ul>



		• Informal feedback	
<b>Core Professional Skills</b>	<ol style="list-style-type: none"> <li>1. Good professional practice</li> <li>2. Infection control</li> <li>3. Self-care and maintenance of wellbeing</li> <li>4. Communication in clinical and professional settings</li> <li>5. Leadership</li> <li>6. Quality improvement</li> <li>7. Scholarship</li> <li>8. Management</li> <li>9. Standards of care</li> <li>10. Dealing with and managing acutely ill patients in appropriate settings</li> <li>11. Therapeutics and safe prescribing</li> </ol>	<ul style="list-style-type: none"> <li>• Record a case mix of professional activities per programme covering professional activities related to the eleven areas</li> <li>• Informal feedback</li> <li>• Attendance at the relevant mandatory RCPI courses and Taught Programme</li> <li>• Attendance at or performance of relevant in-house activities (see below for list)</li> </ul>	<ul style="list-style-type: none"> <li>• At least 2 CBD (1 before year 3 and 1 in year 3)</li> </ul>
<b>Supporting educational activities and documentation requirements</b>	Personal goals form	• 1 personal goals form in the first month of each post	• Personal goals form assessed and signed off by trainer
	Taught Programme and Courses	Attend all the Courses, the Taught Programme Tutorials and the online content	
	Study days	Record attendance at 4 Study Days per year	
	In-house activities	<ul style="list-style-type: none"> <li>• Record participation in the following each year               <ul style="list-style-type: none"> <li>○ MDT: 1/month = 12 per year</li> <li>○ Journal Club/Educational Meeting: 1 per week = 40 per year</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>○ Delivery of Teaching: 1/ fortnight = 20 per year</li> <li>○ Research: 1 per programme</li> <li>○ Presentations &amp; Publications: 1 per year</li> </ul>	
	Exams	MRCOG Part 1 Written MRCPI Part II Written MRCPI Part II OSCE/Clinical	
	Quarterly or end of post assessments	<ul style="list-style-type: none"> <li>● Record 4 per year</li> </ul>	<ul style="list-style-type: none"> <li>● Requires satisfactory sign off by trainer</li> </ul>
	End of year evaluation	<ul style="list-style-type: none"> <li>● Record 1 at the end of each year</li> <li>● Satisfactory completion of the ePortfolio and requirements for the year</li> </ul>	<ul style="list-style-type: none"> <li>● Requires satisfactory sign of by trainer and the end of year evaluation panel</li> </ul>