



HIGHER SPECIALIST TRAINING IN

OUTCOME BASED EDUCATION CURRICULUM



This curriculum of Higher Specialist Training (HST) in Obstetrics & Gynaecology was developed in 2024 by Ms Orfhlaith O’Sullivan in collaboration with consultant trainers as well as doctors in training. The curriculum undergoes regular review by the Obstetrics & Gynaecology National Specialty Directors, the Speciality Training Committee for Obstetrics and Gynaecology, the Director of Education, the Education and Training committee and the board of the Institute of Obstetricians and Gynaecologists (IOG) and Royal College of Physicians of Ireland (RCPI). The curriculum is approved by the Institute of Obstetricians & Gynaecologists.

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National Specialty Director's Foreword

The aim of the higher speciality training programme in Obstetrics and Gynaecology is to ensure HST trainees reach the required level of training to be eligible to be awarded a certificate of successful completion of specialist training (CSCST) and work as a Consultant Obstetrician and Gynaecologist.

The curriculum is based on an outcome based educational system, whereby set goals must be achieved during training. This requires engagement from the HST trainee, trainer, and training site to ensure opportunities for training are provided to the HST trainee. Training opportunities occur during day-to-day work in both clinical and out of programme placements and through attendance at courses, training days and conferences. Educational opportunities are provided by the RCPI as mandatory courses and webinars while others require self-directed learning, whereby the HST trainee attends courses provided by other learned bodies or professional colleges.

The curriculum identifies twelve distinct training goals across the speciality of Obstetrics and Gynaecology which HST trainees must achieve during training. Training is assessed and evaluated annually by means of work-based assessments and feedback completed by trainers, in-person evaluation and review of logbook completion by the NSDs.

Implementation note – July 2025

The implementation of this Outcome-Based Education (OBE) curriculum is an iterative process that relies on feedback from multiple stakeholders. This process is subject to revisions and updates to enhance its effectiveness.

RCPI and the Institute of Obstetricians and Gynaecologists are committed to continuously improving this new curriculum and its assessment methods, aligning them with international best practice and standards.

As part of this commitment, specific aspects of assessment and learning are currently under review to ensure they align with the new curriculum design. The following quality improvement initiatives are underway:

- Revising and updating the Objective Structured Assessment of Technical Skills (OSATS)
- Developing a structured programme of online learning which will become part of the mandatory courses
- Revising and updating the ePortfolio design and edits to specific forms (e.g., OSATS)

In parallel, there is an ongoing review of the RCPI Assessment Strategy, including the potential introduction of additional summative assessments.

Any significant changes to the existing training requirements, such as the introduction of new summative assessments or major changes that may impact progression decisions, will be communicated with a minimum of 12 months' notice to trainees.

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1. INTRODUCTION

This section includes an overview of the Obstetrics & Gynaecology training programme and of this curriculum document.

1.1. Purpose of training

This programme is designed to provide training in Obstetrics & Gynaecology in approved training posts, under supervision, to fulfil agreed curricular requirements. This training programme aims to produce skilled specialists in the field of Obstetrics and Gynaecology.

1.2. Purpose of the curriculum

The purpose of the curriculum is to define the relevant principles contents, outcomes, and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning pathways, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a feedback framework for successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional minimum based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

1.3. How to use the curriculum

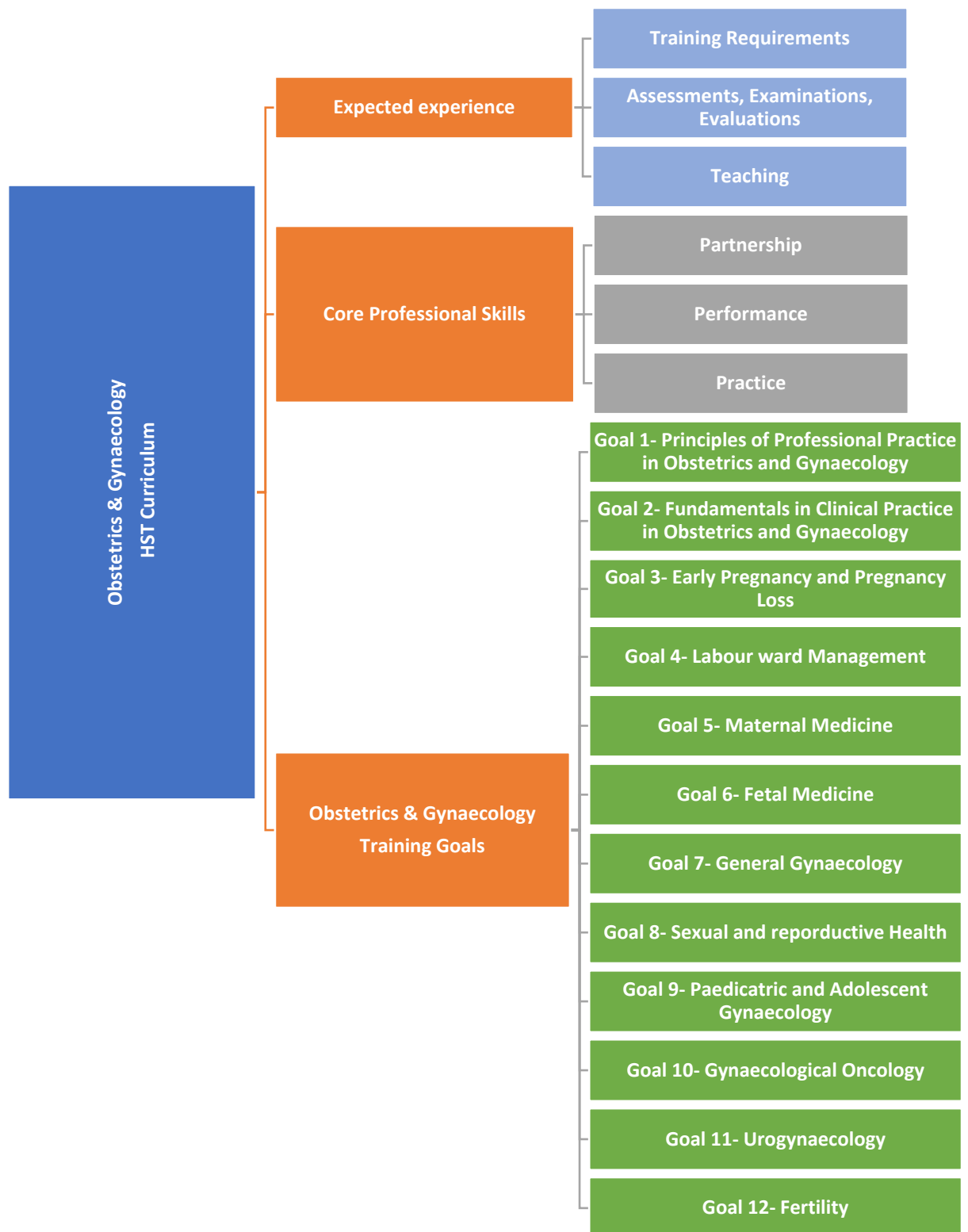
It is expected that both HST trainees and trainers have a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with HST trainees, particularly during goals-setting, feedback, and appraisal processes.

Each trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows trainees to build up evidence to inform decisions on their progress at the annual reviews whilst also providing tools to support and identify further educational and development opportunities. It is the responsibility of the HST trainee to keep an up to date ePortfolio throughout the duration of their training programme.

1.4. Reference to rules and regulations

Please refer to the following sections within the Obstetrics & Gynaecology HST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following [this link](#).

1.5. Programme structure



Goal 1- Principles of Professional Practice in Obstetrics and Gynaecology

- Understanding Medical Ethics and How It Impacts on Practice
- Knowledge of current Healthcare legislation pertaining to Obstetrics and Gynaecology
- Apply principles of Quality and patient safety in practice
- Be aware of Global health issues
- Be aware of Social and Inclusion health
- Have Knowledge of the healthcare system and how it functions
- Understanding the digital environment and its impact on Obstetrics and Gynaecology
- Understanding the implications of climate on healthcare and healthcare on the climate

Goal 2- Fundamentals in Clinical Practice in Obstetrics and Gynaecology

- Be able to interpret hospital statistics and biostatistics
- Demonstration and Application of appropriate knowledge of basic science relative to obstetrics and gynaecology
- Demonstration of professionalism in the workplace
- Be able to provide antenatal care
- Be able to assess fetal wellbeing
- Be able to provide postnatal care
- Be able to manage routine and acute gynaecological presentations
- Be able to provide perioperative care for obstetrics and gynaecology
- Be competent in Emergency care provision in Obstetrics and Gynaecology
- Be knowledgeable in the safe use of medical equipment in Obstetrics and Gynaecology

Goal 3- Early Pregnancy and Pregnancy Loss

- EARLY PREGNANCY COMPLICATIONS INCLUDING EARLY PREGNANCY LOSS
- ULTRASOUND SCANNING IN EARLY PREGNANCY
- MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE
- MANAGEMENT OF ECTOPIC PREGNANCY
- INVESTIGATION AND MANAGEMENT OF RECURRENT MISCARRIAGE
- INVESTIGATION AND MANAGEMENT OF SECOND TRIMESTER PREGNANCY LOSS
- INVESTIGATION AND MANAGEMENT OF STILLBIRTH

Goal 4- Labour ward Management

- Management of labour
- Management of complications of labour
- Induction and acceleration of labour
- Management of obstetric anaesthesia
- Management of assisted Vaginal Birth
- Management of Caesarean section
- Management of labour ward emergencies
- Management of complex pregnancies, co-morbidities and maternal medical conditions in labour
- Management, organization and prioritisation of a labour ward suite

Goal 5- Maternal Medicine

- Recognition of the impact of pre-existing medical conditions on pregnancy
- Management of the impact on pregnancy of medical conditions affecting other body systems
- Investigation and treatment of medical conditions associated with pregnancy
- – Management of long-term maternal health
- Critical care management of an unwell pregnant woman
- Management of medication in pregnancy and lactation

Goal 6- Fetal Medicine

- Be able to request and interpret prenatal screening and diagnostic tests and counsel women/couples appropriately
- To know when to refer to fetal medicine services and be able to liaise with specialists, sonographers, geneticists, neonatologists
- Management of women with a current or previous history of fetal complications of pregnancy
- To recognise and recommend when delivery is indicated

Goal 7- General Gynaecology

- Investigation and Management of benign conditions of the menstrual cycle
- Investigation and Management of benign conditions of the reproductive tract
- To be able to competently perform diagnostic and operative hysteroscopy for polyps, fibroids, ablation, insertion/removal IUDs and endometrial biopsy
- To be able to competently perform diagnostic and operative laparoscopy for unilateral salpingo-oophorectomy (USO), Bilateral SO (BSO) and ovarian cyst management
- To be able to competently perform simple open (normal uterus size) and laparoscopic hysterectomy (desirable)
- To be able to investigate and manage vulval conditions and competently perform vulval punch biopsy
- To be able to recognise conditions of the cervix and factors influencing them.
- To be able to discuss the cervical screening programme in Ireland and the HPV vaccination programme
- Investigation and Management of cervical irregularities
- Investigation, diagnosis, and grading of endometriosis
- Medical and surgical management of endometriosis

Goal 8- Sexual and reproductive Health

- To be able to counsel, prescribe, and manage women's needs and choices regarding appropriate contraception
- To manage WOMEN with symptoms of menopause
- To know the legislation regarding TOP, and to work within the legislation to provide medical and surgical TOP
- To know the grades of FGM and the countries in which it is practiced and aware of the potential complications associated with FGM and to provide care for women who have experienced FGM
- To be able to support a woman after sexual assault, including signposting SATU care for forensic examination and allied healthcare
- To advise, investigate, and care for women with sexual dysfunction

Goal 9- Paediatric and Adolescent Gynaecology

- To demonstrate communication skills for appropriate communication with children, adolescents, and families
- To be able to identify disorders of puberty, to investigate and manage menstrual disorders, dermatological conditions and ovarian pathology in paediatric and adolescent patients
- To safely manage PAG conditions by surgery
- To be able to identify and classify congenital anomalies including hymenal variants and differences in sex development (DSD)

Goal 10- Gynaecological Oncology

- To manage (as appropriate) patient work up leading to the diagnosis of gynaecological cancer
- To manage (as appropriate) gynaecological cancers and pre-malignant pathologies
- To understand the role of genetics in Gynaecological cancers
- To recognise the risks and benefits for chemotherapy and radiotherapy
- To recognise the steps to the surgeries for gynaecological cancers and know the risks and complications

Goal 11- Urogynaecology

- Management of incontinence
- Be able to provide care for women with pelvic organ prolapse
- Investigation of bladder problems and interpretation of urodynamics
- Be able to provide care for women with previous OASIS

Goal 12- Fertility

- To be able to take a focused history of infertility
- To be able to appropriately investigate/identify causes of infertility (male and female)
- Management of infertility (or referral as appropriate)

2. EXPECTED EXPERIENCE

This section details the training experience that all HST Trainees are expected to complete over the course of the higher specialist training

2.1. Training requirements

2.1.1. Programme structure

To complete the HST Training Programme in Obstetrics & Gynaecology, HST Trainees are expected to observe the following rotational requirements.

Over the course of HST, HST Trainees are expected to:

- Complete 60 months experience (fulltime or equivalent) in Obstetrics & Gynaecology
- Acquire experience in Obstetrics & Gynaecology in Model 3 and Model 4 hospitals.
- Fill out a Personal Goals form with their trainer at the start of each post and upload it to their ePortfolio; the form should be agreed and signed by both HST Trainee & Trainer.
- Meet regularly with their lead trainer during each post and complete an evaluation form prior to attending for evaluation/assessment.
- Maintain a contemporaneous and up to date ePortfolio.
- Attend for annual assessment/evaluation in year 1 and in year 2 and a progress evaluation in year 3.
- Attend for assessment when out of programme.
- Demonstrate ongoing increasing ability to manage Obstetrics and Gynaecological cases, including performing more complex cases on the labour ward and in the theatre complex.
- Attend the penultimate year assessment, where an external assessor will review training.
- Attend for final year assessment with the NSDs.
- Attend for all additional assessment/evaluation as deemed necessary by the NSDs/External assessor.
- Out of programme experience if approved must take place after Year 3.
- HST Trainees are expected to attend all the courses and study days as detailed in the [Teaching Appendix](#), at the end of this document.

Failure to demonstrate satisfactory progress at end of year reviews or in relation to evaluations may result in a delay in training (extended training time) or prevent its completion.

2.1.2. Clinical activities

Attendance at Clinics, participation in Ward Rounds and Patient Consultations are required elements of all posts throughout the programme. The timetable and frequency of attendance should be agreed with the assigned trainer at the beginning of the post.

This table provides an overview of the expected experience a Specialist Registrar should gain regarding clinics attendance, ward rounds and consultations.

CLINICS- OBSTETRICS & GYNAECOLOGY			
Clinic	Timeline	Expected Experience	ePortfolio Form
Obstetrics Clinics	Years 1-5	As appropriate to gain competence in the area	Clinics
Gynaecology Clinics	Years 1-5	As appropriate to gain competence in the area	
Specialist Clinics to meet training goals outlined for: Early Pregnancy and Pregnancy Loss, Maternal Medicine, Fetal Medicine, Sexual and Reproductive Health, Paediatric and Adolescent Gynaecology, Gynaecological Oncology, Urogynaecology, Fertility	Years 1-5	As appropriate to gain competence in the area	Clinics
Other clinical activities- OBSTETRICS & GYNAECOLOGY			
Type	Timeline	Expected Experience	ePortfolio Form
Ward Rounds	Years 1-5	As appropriate to gain competence in the area	Clinical Activities
In patient Consultations	Years 1-5	As appropriate to gain competence in the area	
Procedures	Years 1-5	As appropriate to gain competence in the area	Clinical Activities
MDTs (either team meeting consisting of multiple healthcare professionals or inter disciplinary)	Years 1-5	As appropriate to gain competence in the area	Clinical Activities
Labour ward and obstetric theatre	Years 1-5	As appropriate to gain competence in the area	Clinical Activities

Fetal assessment and imaging (obstetric and gynaecological)	Years 1-5	As appropriate to gain competence in the area	Clinical Activities
Unscheduled obstetric and gynaecological care	Years 1-5	As appropriate to gain competence in the area	Clinical Activities

2.1.3. In-house commitments

Specialist Registrars are expected to attend a series of in-house commitments as follows:

- Attend at least **1 Grand Rounds per month**
- Attend at least **1 Journal Club per month**
- Attend at least **1 MDT Meeting per week**
- Attend at least **1 teaching session per month.**

2.2. Evaluations, assessments, and examinations

Specialist Registrars are expected to:

- **Attend 3 quarterly evaluations with a nominated trainer per training year in each post**
- **Attend 1 end of post evaluation at the end of each post**
- **Regularly update the ePortfolio – this is the record of training and is a vital resource**
- **Complete Case Based Discussions (n=4) each training year, appropriate to the training year**
- **Complete Mini CEX (n=4) each training year, appropriate to the training year**
- **Complete OSATS each training year, appropriate to the training year**
- **Attend End of year assessment/ appraisal of training with the National Specialty Directors.**

For more information on evaluations, assessment, and examinations, please refer to the [Assessment Appendix](#) at the end of this document.

2.3. Research, audit and teaching experience

By the end of HST trainees are expected to have developed a knowledge of clinical audit, research skills and relevant methodologies. HST Trainees are expected to understand the components that make up a body of research and appreciate the different types of research undertaken and have an ability to interpret and critically appraise the published literature.

The knowledge underpinning this goal includes:

- Audit
- Development of standards and professional activity
- Science and practice of epidemiology
- Quality improvement
- Guideline development
- Research ethics
- Research methods and study design
- Critical review of published literature
- Data quality and data management
- Statistical analysis of data
- Role of patient and public engagement

Production of:

- Audit report (annually)
- Research paper (published in a peer reviewed journal 1 during years 1-5) project complete year 1-3
- Guideline/ policy/protocol/pathway (1 completed) during year 1-5
- Poster/oral presentation local or national (1 during years 1-3)
- Involvement in relevant hospital committee (e.g. Audit, QI, Ethics, Governance, Educational) during years 1-5

Specialist Registrars are expected to complete the following activities:

- Deliver regular undergraduate and postgraduate teaching **sessions** (to include tutorials, lectures, bedside teaching, etc.) over the course of 5 years of HST
- Deliver **1 Oral or Poster Presentation**, between year 1-3 of HST
- Complete **1 Audit or Quality Improvement Project**, per year of HST
- Attend **National or International Educational Meeting or Conference**, each year of HST
- Complete **1 Research Project**, over the course of 1-3 years of HST
- Complete **1 Research Publication** (which includes a full paper or short communication, case report or research letter) published in a peer-reviewed journal over the course of 5 years of HST
- Complete **1 Clinical Publication** (which includes a clinical guideline, pathway, policy, or patient information leaflet evidenced by local/regional/national publication (website, online, full document)) over the course of 5 years of HST.

Research output

To complete a research project with the expectations for a poster/oral presentation at either a national or international meeting. By Year 5 to have this project completed with at least one peer reviewed publication.

To have completed a clinical guideline, pathway or policy or protocol either locally, regionally, or nationally during year 1-5.

To perform an audit or service evaluation or QI project annually during year 1-5.

Learning Opportunities (including self directed)

RCPI courses

- Health research methods
- Introduction to health research

Research integrity training (online – numerous providers: example- Epigeum training)

Health Service Executive (HSE) guide to research

- www2.healthservice.hse.ie/organisation/nqpsd/featured-articles/clinical-audit-a-practical-guide-2023/
- www.hse.ie/eng/who/nqpsd/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf

Websites

International Federation of Gynaecology and Obstetrics (FIGO)- www.FIGO.org/resources

Assessment:

End of year assessment

2.4. Overview of expected experience

Experience Type	Required Experience	ePortfolio form
Rotation Requirements	Complete all requirements related to the posts agreed.	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with the trainer and signed by both HST Trainee & Trainer.	Personal Goals
Clinics	Attend Obstetrics & Gynaecology outpatient Clinics with the aim of developing clinical and patient management skills. Specific clinics to be attended as agreed with the trainer and document attendance per each post on ePortfolio.	Clinics
Other clinical activities	Attend other clinical activities such as gynaecology and obstetrics theatre, Emergency room and Labour ward. Document attendance and clinical activity in the ePortfolio.	Other clinical activities
Deliver Teaching	Record on ePortfolio all the occurrences where tutorials, lectures and bedside or clinical teaching have been delivered (per Year).	Delivery of Teaching
Research	Actively participate in research, seek to publish a paper and present research at conferences or national/international meetings.	Research Activities
Publication	Complete one publication during the training programme.	Additional Professional Activities
Presentation	Deliver one oral presentation or poster either nationally or internationally.	Additional Professional Activities
Audit	Complete and report on an audit or Quality Improvement (QI) per each year of training, either to start, continue or complete.	Audit and QI
Attendance at In-House Activities	Attend Grand Rounds, Attend MDT Meeting (see above), Attend Seminar/Journal Club/Educational session, Attend Lecture/Webinar per quarter Record attendance on ePortfolio.	Attendance at In-House Activities
National/International Meetings	Attend one per year of training.	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix.	Teaching Attendance
Evaluations and Assessments	Complete Quarterly Assessments (3)/End of post assessment (1) with trainer in each year. HST Trainee and trainer Discuss progress and complete the form together.	Quarterly Assessments/End-of-Post Assessments
Workplace-based Assessment	Complete all the workplace-based assessment as agreed with trainer and complete the respective form.	CBD/OSATS/Mini-CEX

End of Year Evaluation	Prepare for End of Year Evaluation by ensuring portfolio is up to date and End of Year Evaluation form is initiated with trainer.	End of Year Evaluation
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3. CORE PROFESSIONAL SKILLS

This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice

Partnership

Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, duty of care and appropriate modes of communication when exchanging information with others

Collaboration

- Collaborate with patients, their families, and colleagues to work in the best interest of the patient, for improved services and outcomes and to create a positive working environment
- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Appropriately share knowledge and information, in compliance with GDPR guidelines
- Take on-board available, relevant feedback

Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine.
- Actively promote good health practices with patients individually and collectively

Caring for patients

- Take into consideration patient's individuality and autonomy, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with and apply
 - Ethical guidelines
 - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and discuss consent

Performance

Patient safety and ethical practice

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may impact the patient
- Follow safe working practices that impact staff and patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

Organisational behaviour and leadership

- Understand The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Demonstrate self-management

Wellbeing

- Be responsible for managing and sustaining own physical and mental well-being and health as it can impact on the provision of clinical care and patient outcomes
- Be aware and act upon of signs of poor health and well-being

Practice

Continuing competence and lifelong learning

- Continually learn, improve clinical skills, and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, your employer, and your training body
- Identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

Reflective practice and self-awareness

- Bring awareness to your actions and decisions and engage in critical appraisal of your own work to drive lifelong learning and improve practice
- Be aware of your own level of practice and your learning needs
- Be aware of good professional practice within the health service

Quality assurance and improvement

- Use opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of and apply quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

4. SPECIALTY SECTION – Obstetrics & Gynaecology Goals and Outcomes

This section includes the Obstetrics & Gynaecology goals that the HST Trainee should achieve by the end of Higher Specialist Training

Each Training Goal is broken down into specific and measurable training outcomes.

*Under each outcome there is an indication of the **suggested** training/learning opportunities and assessment methods.*

To achieve the outcomes, it is recommended to agree the most appropriate training and assessment methods with the assigned Trainer.

Training Goal 1 – Principles of Professional Practice in Obstetrics and Gynaecology

By the end of HST Trainees will have acquired knowledge and skills to ensure the utilisation of safe professional practice during clinical, educational and research activities.

Knowledge underpinning this goal consists of

- Medical ethics
- Healthcare legislation
- Quality and patient safety
- Global health
- Social and inclusion health
- The healthcare system and framework
- Digital environment in Obstetrics and Gynaecology
- Climate change and health

Outcome 1: Understanding Medical Ethics and How It Impacts on Practice

HST Trainees should know the principles of medical ethics and what it means to practice as an ethical practitioner. They should have knowledge of the principles of gaining consent and when confidentiality is necessitated when it is not. HST Trainees should be aware of confidentiality pertaining to medical records including case discussion and record keeping (paper/electronic). They should understand the complexities surrounding gaining consent in vulnerable situations.

Outcome 2: Knowledge of current Healthcare legislation pertaining to Obstetrics and Gynaecology

HST Trainees should be aware of the law applicable to medical negligence and the environment of medical indemnity in Ireland. They should understand the role and responsibility of the medical practitioner under the national legislative requirement such as the patient safety act, health (termination of pregnancy) act, coroner (amended) act and the human tissue act of 2024. HST Trainees should understand the role of the obstetrician and gynaecologist in safeguarding children. Furthermore, they should demonstrate awareness of areas of conscientious objection in themselves, their colleagues, and their patients. They should respect diverse viewpoints while maintaining their duty of care to the woman/patient.

Outcome 3: Apply principles of Quality and patient safety in practice

HST trainees should understand the patient's perspective in their care experience and actively engage with and learn from women and their families in improving patient experience and safety. They should have knowledge of and follow safety processes that exist locally and nationally, while promoting a culture of safety. HST Trainees should understand the principles of risk management including how appropriate, clear communication plays a role in managing complaints and how communication can lead to complaints and legal cases. HST Trainees should know the importance of documentation in good practice and the need for same in reducing risk. HST trainees should know the policies surrounding complaint reporting and management within the hospital system. This includes a knowledge of incident report forms and the requirements for writing a report. Furthermore, they should understand the ways in which incidents can be investigated and the theory that underpins this. HST trainees should practice open disclosure when reporting harmful patient safety incidents to patients and their families. HST Trainees should also demonstrate humanity and empathy for both

first and second victims of adverse incidents. Where indicated HST trainees should participate in incident investigations and implement recommendations to improve quality.

Outcome 4: Be aware of Global health issues

In relation to global women's health HST trainees should be aware and practice Obstetrics and Gynaecology keeping the following 4 tenets in mind:

Promote a healthy lifestyle in women across all age groups

HST Trainees should understand and appreciate the impact of lifestyle factors on a woman's short- and long-term health. They should provide appropriate lifestyle advice to women in a sensitive manner and facilitate access to useful support or services, e.g. smoking cessation, weight management, pelvic floor health and sexual health.

Promote illness prevention in women

HST Trainees should understand the concept of screening and have an awareness of, and promote, the current national screening programmes in women's health. HST Trainees should provide evidence based advice regarding the current recommended vaccinations available to protect women and their unborn children. They should provide balanced advice regarding illness prevention strategies. They must also be able to inform a patient about the impact of pregnancy and childbirth on their general, sexual, and pelvic health and advise on mitigating strategies.

Be aware of national and international policies and politics which have an impact on women's healthcare

HST Trainees should have knowledge of the impact national policy has on local caregiving. In addition, they should be able to assess if local health and social care service provision equates with national standards. HST Trainees should be aware of the interaction between the HSE and international healthcare bodies (e.g. the World Health Organization (WHO)).

Be aware of the globalisation of healthcare

HST Trainees should understand the principles of global health. They should understand the implications of increased movement of people and health migration on patients and health services.

Outcome 5: Be aware of Social and Inclusion health

HST Trainees practice should be inclusive and appreciative of social factors within the population. This is best achieved by practicing the following:

Promote non-discriminatory practice -

- Possess knowledge of ethical and legal issues and an awareness of the situations where discrimination might occur.
- Respect diverse values of patients and colleagues.
- Avoid beliefs to lead to discrimination.
- Adopt patient-centred assessments and interventions that are inclusive and respectful of the individual.
- Be able to perform consultations incorporating the specific needs of a disabled person and being mindful that not all disabilities are visible.
- Be aware of the specific needs of transgender and non-binary individuals and be able to perform consultations and refer appropriately to specialist services.
- Reflect on unconscious bias which may influence interactions and behaviours.

Be aware of broader social and cultural determinants of health -

- Interact with appropriate patient representatives and engage with colleagues from different professional and personal backgrounds when working in multidisciplinary teams to promote the health of patients and the public.
- Have knowledge of the interaction between women's health and cultural beliefs and practices.
- Be aware of and adhere to the legislation regarding certain cultural practices (e.g. FGM, modern slavery) within Ireland.

Be aware of an individual's social wellbeing -

- Assess and aim to identify any pertinent social issues e.g. domestic violence and can signpost patients to appropriate services.
- Consider the interaction between medical conditions, care and a woman's broader work and family life.
- Understand that people who care for dependents may face barriers in engaging with healthcare services or as a result have delayed engagement with healthcare providers which could impact on their health.
- Understand and apply the principles of safeguarding and their role in protecting health, wellbeing and human rights, and enabling to live free from harm, abuse and neglect.

Be aware of the interaction between mental health and physical health -

- Understand how mental health issues can affect a woman's reproductive health.
- Know how reproductive health issues can significantly impact on the mental health of a woman and her partner.

Outcome 6: Have Knowledge of the healthcare system and how it functions

HST Trainees should appreciate how healthcare services are funded in Ireland and the key organisational structures. They should also understand the role of Government and agencies and public bodies who work with the Department of Health. They should be able to demonstrate an awareness of budget and resource management.

Outcome 7: Understanding the digital environment and its impact on Obstetrics and Gynaecology

HST Trainees should understand the need for responsible interaction with digital platforms. They should be able to signpost patients and health professionals to HSE and professional body provided websites and newsletters. Furthermore, they should be able to work with patients to interpret information in the public domain and identify accurate sources of information. They should demonstrate an ability to interact appropriately with women's concerns and public campaigns. In relation to themselves they should maintain an appropriate digital persona, e.g. on social media.

Outcome 8: Understanding the implications of climate on healthcare and healthcare on the climate

HST Trainees should understand the impact that changes in the climate have on healthcare. They should be aware that increased incidence of extreme weather events results in increased acute and chronic illnesses, increased mortality, infrastructural damage, and climate migration. They should have an understanding of the impact that healthcare has on the environment and climate and what their role as healthcare professionals is in minimising this impact without affecting standard of care provided. They should be aware of the Intercollegiate Green Theatre Checklist.

Assessment

End of year evaluation/assessment

CBD

Mini CEX

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

On-call

Ward rounds

Hospital meetings

National Study Days

IOG (Institute of Obstetricians and Gynaecologists) Annual Study Day

NPEC (National Perinatal Epidemiology Centre) Annual Study Day

NWIHP (National Women and Infants Health Programme) Study Days /Meetings

National educational platforms and resources

RCPI Global health curriculum

HSeLand- Children First

RCPI position paper- Taking action on climate change and health

Webinars

RCPI events

Royal College of Obstetricians and Gynaecologists (RCOG), UK

International Federation of Gynaecology and Obstetrics (FIGO)

World Health Organisation (WHO)

Mandatory BST and HST Courses

Other suggested courses /learning opportunities

Medical protection society online learning resources

Medical Protection Society courses

FIGO resources library

Intercollegiate Green theatre Checklist (Reang)

Online / other resources

RCPI trainee website

Self- directed literature review

National Clinical Guidelines (NWIHP/RCPI)

Royal College of Obstetricians and Gynaecologists (RCOG), UK

**This is not an exhaustive list and may be edited in the future

Training Goal 2 - Fundamentals in Clinical Practice in Obstetrics and Gynaecology

By the end of HST Trainees will have acquired competence in the fundamental skills in both Obstetrics and Gynaecology. These are identified skills that the HST Trainee is expected to acquire and demonstrate on a continual basis throughout the programme. Proficiency in these areas of skill and the underpinning knowledge is core to the practice of the specialty and thus they will be assessed as part of workplace-based assessments and commented on during formal assessments (quarterly/end of post, and end of year.)

The knowledge underpinning this goal consists of

- Basic Science (including anatomy and physiology of the female pelvis, surrounding structure and reproductive system)
- All aspects of antenatal care including fetal assessment
- Labour ward management and intrapartum care
- Postnatal care
- Common acute gynaecological presentations
- Peri and post operative care for obstetrics and gynaecology
- General aspects of obstetrics and gynaecology
- Hospital statistics and biostatistics

OUTCOME 1 – BE ABLE TO INTERPRET HOSPITAL STATISTICS AND BIOSTATISTICS

The HST Trainee should have knowledge of and be able to interpret statistics and biostatistics for the unit/hospital in which the HST Trainee is practicing, in addition to national and international figures as appropriate. HST Trainees must understand how that knowledge is gained and the factors influencing them. To understand the hospitals requirements for data collection and reporting to National bodies (HSE, NPEC, NCCP).

Assessment

Workplace Based Assessment (CBD/Mini-CEX)
End of year assessment/evaluation

OUTCOME 2 – DEMONSTRATION AND APPLICATION OF APPROPRIATE KNOWLEDGE OF BASIC SCIENCE RELATIVE TO OBSTETRICS AND GYNAECOLOGY

The HST Trainee should have appropriate knowledge of the anatomy of the female pelvis, reproductive tract, and surrounding structures, along with understanding of the physiology female reproductive organs. HST Trainee should also be knowledgeable on pharmacology in obstetrics and gynaecology and prescribing in pregnancy.

Assessment

Workplace Based Assessment (CBD/Mini-CEX)
End of year assessment/evaluation

OUTCOME 3 – DEMONSTRATION OF PROFESSIONALISM IN THE WORKPLACE

The HST Trainee should always display professionalism – with all interactions with women, in relevant meetings and with colleagues. HST Trainees should maintain their professional competence through attendance at study days and course and keeping up to date with National healthcare standards and national clinical guideline.

Examples of professionalism include but not limited to:

- Communication and teamwork (including breaking bad news, telemedicine, open disclosure)
- Teamwork and collegiality
- The role of the Multidisciplinary team (other medical specialties and allied health care workers)
- Leadership and management
- Conflict Resolution

Assessment

End of year evaluation/assessment

Case based discussion

Mini CEX

OUTCOME 4 – BE ABLE TO PROVIDE ANTENATAL CARE

The HST Trainee will be proficient in providing antenatal care and competently work in antenatal outpatient clinics. To undertake appropriate clinical diagnostics and interventions incorporating the relevant therapeutic strategies

Conditions in which HST Trainees are expected to be competent in managing include but are not limited to the following list.

- Anaemia in pregnancy
- Antenatal Corticosteroid usage
- Antepartum Haemorrhage (Placenta praevia, abruption, Placenta accreta spectrum, other causes)
- Birth After Caesarean section
- Breech Presentation /Unstable lie
- Care of normal risk pregnancies
- Diabetes in pregnancy
- Fetal growth restriction
- Complications arising from Homebirth
- Hyperemesis Gravidarum
- Hypertensive disorders in pregnancy- Pre-eclampsia (PET), Pregnancy Induced Hypertension (PIH), Chronic Hypertensions (HTN)
- Obesity in Pregnancy
- Pelvic pain in pregnancy
- Perinatal mental health
- Pregnancy in vulnerable groups
- Premature preterm rupture of membranes/Threatened pre-term labour
- VTE (Venous thromboembolism)– prevention, diagnosis, management

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

End of year evaluation/assessment

OUTCOME 5 – BE ABLE TO ASSESS FETAL WELLBEING

The HST Trainee will be proficient in the assessment of fetal well-being using CTG and ultrasound. They will know when and how to refer for more detailed assessment.

- CTG interpretation (antepartum)
- Fetal ultrasound assessment (Growth, Liquor volume, BPP (biophysical profile), umbilical artery Doppler, placental localisation)

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS/DOPS (Direct observation of procedural skills)

End of year evaluation/assessment

OUTCOME 6 – BE ABLE TO PROVIDE POSTNATAL CARE

The HST Trainee will be proficient in providing routine and specific postnatal care as inpatients and outpatients. Conditions which HST Trainees are expected to manage include but are not limited to the following list.

- Birth Debrief
- Discussion, within clinical limitations and including neonatal input, both common (respiratory dysfunction, neonatal infection) and uncommon (hypoxic ischaemic encephalopathy)
- Complex Postnatal care
- Contraception
- Lactation support and education/complications
- Awareness of the principles of Neonatal resuscitation
- Intended benefits and referral to Physiotherapy
- Postpartum Haemorrhage
- Puerperal sepsis
- Routine postnatal care
- Venous thromboembolism: prevention and treatment

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

End of year evaluation/assessment

OUTCOME 7 – BE ABLE TO MANAGE ROUTINE AND ACUTE GYNAECOLOGICAL PRESENTATIONS

The HST Trainee will be proficient in providing gynaecological care for women presenting routinely to clinic or acutely with gynaecological conditions. HST Trainee will work competently in gynaecology outpatient clinics and emergency rooms. To undertake appropriate clinical diagnostics and interventions incorporating the relevant therapeutic strategies.

Conditions in which HST Trainees are expected to be competent in managing include but are not limited to the following list.

- Abnormal vaginal bleeding (including but not limited to: Menorrhagia, Abnormal Uterine Bleeding, Post Menopausal Bleeding)
- Bartholin's cysts/abscess

- Pelvic pain
 - Ovarian cyst accidents (torsion, haemorrhage, rupture)
 - Acute Pelvic Inflammatory Disease
- Pelvic mass

Related Procedures:

- Examination under anaesthesia
- Hysteroscopy
- Dilatation and curettage
- Polypectomy
- Biopsy
- Laparoscopy

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

End of year evaluation/assessment

OUTCOME 8 – BE ABLE TO PROVIDE PERIOPERATIVE CARE FOR OBSTETRICS AND GYNAECOLOGY

The HST Trainee will be proficient in providing perioperative care for women including but not limited to

- Basic surgical skills
- Preoperative care (Preoperative assessment and investigations)
- Intraoperative care
- Routine Post operative care
- Management of common postoperative complications (Wound management, VTE prevention/ investigation and management, haemorrhage)
- Management within a multidisciplinary of complex postoperative complications (Injury to renal tract, injury to Gastro- intestinal tract, massive haemorrhage)
- Theatre etiquette
- Ergonomics
- Communication
- Surgical instruments

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

End of year evaluation/assessment

OUTCOME 9 – BE COMPETENT IN EMERGENCY CARE PROVISION IN OBSTETRICS AND GYNAECOLOGY

The HST Trainee will be able to provide prompt emergency care to women in Obstetrics and Gynaecology for example in cases of major obstetric haemorrhage, septic shock, collapse, severe pre-eclampsia, eclampsia, cardiopulmonary arrest.

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

End of year evaluation/assessment

OUTCOME 10– BE KNOWLEDGEABLE IN THE SAFE USE OF MEDICAL EQUIPMENT IN OBSTETRICS AND GYNAECOLOGY

HST Trainees will demonstrate a working knowledge of the medical equipment that they use during the course of their work including but not limited to ultrasound machines and diathermy. This should include the ability to trouble shoot if equipment fails. They will be able to accurately choose the appropriate settings on the equipment to ensure optimal usage and output.

- Use of medical devices /equipment in obstetrics and gynaecology
- Equipment/electrocautery safety
- Safe use and Troubleshooting
- Basic theory of ultrasound and machine set up

Related procedures:

- Opening and closing the abdomen
- Diagnostic hysteroscopy
- Diagnostic laparoscopy
- Surgical treatment of ectopic pregnancy
- Ovarian cystectomy/oophorectomy ** HST4-5
- Caesarean section
- Operative vaginal delivery (Ventouse and forceps)
- Fetal blood sampling
- Repair of third and fourth degree perineal tears

Basic resuscitation

- BLS
- PROMPT or equivalent

Basic second/third trimester obstetrics ultrasound

- Viability- Fetal heart
- Presentation
- Liquor volume assessment
- Placental location
- Fetal movement
- Fetal growth measurement – BPD (Biparietal diameter), HC (Head circumference), AC (abdominal circumference) and FL (Femur length) HST 4-5
- Assessment of umbilical artery Doppler ** HST 4-5

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

End of year evaluation/assessment

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

- On-call
- Ward rounds
- Grand Rounds
- Theatre (Obstetric and Gynaecology)
- Obstetrics related MDT meetings
- Gynaecology related MDT meetings
- Participation in service evaluation meetings and discussions
- Audit and Quality improvement projects

National Study Days

- IOG Annual Study Day
- NPEC Annual Study Day
- NWIHP Study Days /Meetings

Webinars

- RCPI events
- Royal College of Obstetricians and Gynaecologists (RCOG), UK
- International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses

Other suggested courses /learning opportunities

- Basic Life Support (BLS)
- Practical Obstetric Multi-Professional Training (PROMPT)
- Energy in Surgery (RCSEng)
- Fetal monitoring online educational training (such as K2)
- HSeLand- children first
- Medical protection Society Courses
- RCPI courses

Online / other resources

- Guide to Professional Conduct and Ethics (Irish Medical Council)
- Self- directed literature review
- National Clinical Guidelines (NWIHP/RCPI)
- National policy and procedure for Safe Surgery
- Safe site surgery tools and Resources (WHO)
- Royal College of Obstetricians and Gynaecologists (RCOG), UK
- Current ethical challenges in Obstetrics and gynaecological challenges (FIGO resource

library)

- Childbirth and Respectful care (FIGO resource library)
- Research courses run by National Universities of Ireland (NUI) colleges in Ireland

**This is not an exhaustive list and may be edited in the future

Training Goal 3 – Early Pregnancy and Pregnancy Loss

By the end of HST, HST Trainees will be expected to have acquired and be able to demonstrate and discuss a significant core body of knowledge in early pregnancy with a focus on complications of early pregnancy including early pregnancy loss. To reach the necessary level in this goal, HST Trainees must also have knowledge of first and second trimester pregnancy loss, stillbirth, neonatal death, intrapartum death, and recurrent miscarriage. HST Trainees must also be cognisant of issues in early pregnancy such as miscarriage (threatened/missed/incomplete/septic) pregnancy of unknown viability, pregnancy of unknown location, ectopic pregnancy, molar pregnancy/Gestational Trophoblastic Neoplasia (GTN) and pregnancies complicated by hyperemesis.

HST Trainees should understand how to communicate clearly and sensitively when breaking bad news in pregnancy and when communicating management options in different scenarios of pregnancy loss. They should have an understanding of how the multidisciplinary team functions and the key role of the wider bereavement/pregnancy loss team, as well as the roles of the perinatal pathology team, the Coroner and oncology multidisciplinary team (GTN) play in the investigation/management/follow-up of different types of pregnancy loss.

The management of termination of pregnancy is covered in training goal 6: Sexual and reproductive health.

The knowledge underpinning this goal consists of

- Embryology of the fetus and pregnancy
- Anatomy and physiology of pregnancy
- Therapeutics and diagnostics
- Prescribing in pregnancy
- Common clinical presentations of different types of pregnancy loss
- Teamwork and Communication:
 - Bereavement/pregnancy loss team
 - Perinatal pathology team
 - Coroner
 - Oncology MDT (GTN)
 - Quality and patient safety
- Communication- provide empathetic sensitive but factual and appropriate counselling.
 - With staff
 - With family
 - Community
 - Other healthcare professionals
- Documentation
 - Clear and concise
 - Following national clinical guidelines
 - Informed by National Bereavement Standards
 - Within the legal and national framework

OUTCOME 1 – EARLY PREGNANCY COMPLICATIONS INCLUDING EARLY PREGNANCY LOSS

The HST Trainee should be able to investigate, diagnose and manage a range of problems of early pregnancy in both the Emergency Department (ED) and Early Pregnancy Unit (EPU) environments including but not limited to miscarriage (missed/incomplete/septic), pregnancy of unknown location (PUL), ectopic pregnancy, molar pregnancy, and hyperemesis. This includes evaluation and management options in threatened miscarriage. HST Trainees should appreciate the complexities associated with diagnosis of issues/complications in early pregnancy. HST Trainees will recognise the role including the limitations of blood tests (HCG) and ultrasound in early pregnancy. HST Trainees will be able to manage early pregnancy complications in an outpatient and inpatient environment.

Related Procedures

Early pregnancy ultrasound

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS/DOPS

End of year assessments

OUTCOME 2 – ULTRASOUND SCANNING IN EARLY PREGNANCY

HST Trainees must be competent in pelvic, transabdominal, and transvaginal, ultrasound scanning for diagnostic purposes in early pregnancy.

Related Procedures

Early pregnancy ultrasound

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS/DOPS

OUTCOME 3 – MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE

HST Trainees will be able to manage miscarriage and the potential sequelae or complications during the first trimester miscarriage management. They will understand the options of expectant, medical and surgical management, and when these may be most appropriate and how to counsel women about their management options. HST Trainees will recognise the role including the limitations of blood tests (HCG) and ultrasound in managing miscarriage. HST Trainees will be able to prescribe suitable medication regimens and ensure appropriate follow up. HST Trainees will be able to perform first trimester surgical uterine vacuum aspiration via electric (EVA) or manual (MVA). HST Trainees will be able to perform hysteroscopic resection of retained pregnancy tissue (RPT).

Related Procedures

Early pregnancy ultrasound

Manual vacuum aspiration (MVA) in early pregnancy

Electric vacuum aspiration (EVA) in early pregnancy non-molar and suspected molar

Ultrasound guided uterine evacuation.

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

End of year assessment

OSATS

- MVA
- EVA
- Manual removal of placenta
- Hysteroscopic resection of RPT

OUTCOME 4 – MANAGEMENT OF ECTOPIC PREGNANCY

HST Trainees will be able to manage ectopic pregnancy and the potential complications during its management. They will understand the options of expectant, medical and surgical management, and when these may be most appropriate and how to counsel women about their management options. HST Trainees will recognise the role including the limitations of blood tests (HCG) and ultrasound in diagnosing and managing PUL and ectopic pregnancy. HST Trainees will be able to surgically manage ectopic pregnancies. HST Trainees will provide safe surgical management and post operative care.

Related Procedures

Early pregnancy ultrasound

Diagnostic laparoscopy

Operative laparoscopy (salpingectomy/salpingostomy)

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

End of year assessment

OSATS

- Diagnostic laparoscopy
- Operative laparoscopy

OUTCOME 5 – INVESTIGATION AND MANAGEMENT OF RECURRENT MISCARRIAGE

HST Trainees will be able to investigate recurrent miscarriage and to counsel women/couple about their future reproductive options. HST Trainees should understand the role of dedicated recurrent pregnancy loss clinics for women who have experienced recurrent pregnancy loss. HST Trainees will also be able to counsel women about the risk factors, incidence, and recurrence risk of miscarriage. They will be able to formulate a management plan for women with recurrent miscarriage for future pregnancy.

Related Procedures

Pelvic ultrasound

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

End of year assessment/evaluation

OUTCOME 6 – INVESTIGATION AND MANAGEMENT OF SECOND TRIMESTER PREGNANCY LOSS

HST Trainees will be able to diagnose and investigate second trimester pregnancy loss and understand the role of perinatal pathology and cytogenetics investigation after pregnancy loss. HST Trainees will understand the role of compassionate bereavement care in the management of second trimester pregnancy loss. HST Trainees will also be able to counsel women about the risk factors, incidence, and recurrence risk of second trimester pregnancy loss. HST Trainees will also be able to manage threatened second trimester miscarriage. Trainees need to understand the principles behind the role of emergency cerclage. HST trainees will be able to perform second and third trimester MROP. HST Trainees will be able to perform hysteroscopic resection of retained pregnancy tissue (RPT) and understand the principles of emergency surgical management of second trimester miscarriage (D&E). HST Trainees will provide safe surgical management and post operative care.

Related Procedures

Ultrasound in pregnancy
Ultrasound guided uterine evacuation
Manual removal of placenta
Hysteroscopic resection of RPT

Assessment

Workplace Based Assessment (CBD/Mini-CEX)
End of year assessment/evaluation
OSATS

- Manual removal of placenta (MROP)
- Hysteroscopic resection of RPT

OUTCOME 7 – INVESTIGATION AND MANAGEMENT OF STILLBIRTH

HST Trainees will be able to diagnose and counsel women who present with intrauterine fetal death and discuss the management options for care. HST Trainees will understand the role of compassionate bereavement care in the management of stillbirth, and the place of the multidisciplinary bereavement team. HST Trainees will be able to investigate stillbirth and understand the role of perinatal pathology and cytogenetics investigation after pregnancy loss, including the legal frameworks around the Coroner, Open disclosure, and Patient Safety. HST Trainees will also be able to counsel women about the risk factors, incidence, and recurrence risk of stillbirth. HST Trainees should understand and follow a standardised approach to the provision of follow up care to women who have had a stillbirth and know how to manage women in pregnancy after stillbirth.

Assessment

Workplace Based Assessment (CBD/Mini-CEX)
End of year assessment/evaluation

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

- On-call
- Ward rounds
- Outpatient manual aspiration vacuum (MVA) service

Obstetrics/Gynaecology theatre (EP/ ERPC /EVA)
Early pregnancy clinics /Early pregnancy unit
Pregnancy Loss/ Recurrent miscarriage clinic
Pre-conceptual counselling clinics
Fetal assessment unit
Fetal medicine clinics
Fetal Medicine MDT Meetings
Perinatal Mortality MDT Meetings

National Study Days

IOG Annual Study Day
NPEC Annual Study Day
NWIHP Study Days /Meetings

Webinars

RCPI events
Royal College of Obstetricians and Gynaecologists (RCOG), UK
Fetal Medicine Foundation, UK
International Stillbirth Alliance (ISA)
International Federation of Gynecology and Obstetrics (FIGO)
International Society for Diagnosis (ISPD)

Other suggested courses /learning opportunities

Professional certificates in ultrasound, UCD Diagnostic Imaging
An approach to caring and coping workshop (RCPI)
TEARDROP workshop (Pregnancy Loss Research Group, UCC) or equivalent
MBRRACE-UK online conferences / annual report meetings
Irish Hospice Foundation courses/workshops
Minimal Access Skills
RCOG/BSACP MVA course

Mandatory BST and HST Courses

Online / other resources

National website: www.pregnancyandinfantloss.ie
RCPI trainee website
Self- directed literature review
National Clinical Guidelines (NWIHP/RCPI)
National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death
HSE National Guidelines for Postmortem examination services
HSE National Clinical Guidelines for Gestational Trophoblastic disease
NPEC (PM Audits)
HIQA; National Care experience programme
MBRRACE-UK
Royal College of Obstetricians and Gynaecologists (RCOG), UK
Association of Early Pregnancy Units (AEPU), UK

**This is not an exhaustive list and may be edited in the future

Training Goal 4 – Labour Ward Management

By the end of HST, HST Trainees are expected to be able to manage pregnancies on the labour ward including those with known complications of pregnancy. HST Trainees will also be able to counsel women regarding induction of labour including the indications, types/mode, and potential complications. HST Trainees will also understand the use of intrapartum fetal monitoring. HST Trainees will be able to ensure a woman has adequate awareness of analgesics available during labour. HST Trainees will be able to work and communicate well with the multidisciplinary team associated with care on the labour and theatre suite.

The knowledge underpinning this goal consists of

- Physiology and anatomy associated with normal/preterm/abnormal labour for nulliparous and multiparous, singleton and multiple pregnancies
- Fetal monitoring including both first line (CTG) and second line (FBS)
- Recognition of labour ward emergencies
- Complex pregnancies and co-morbidities
- Management, organisation, and prioritisation of labour ward
- Pharmacology of the medications used on the labour and theatre suite including the risk of anaphylaxis
- Analgesia and alternatives in labour

OUTCOME 1 – MANAGEMENT OF LABOUR

HST Trainees will be able to manage normal and preterm labour, and abnormal labour – complicated or obstructed. This includes the management of both singleton and multiple pregnancies in labour.

Related Procedures

Artificial rupture of membranes

Fetal blood sampling

Normal vaginal birth (singleton & multiple)

Operative vaginal birth (singleton & multiple)

Caesarean section- term, preterm, elective, and emergency

Manual removal of placenta

Perineal suturing

3rd /4th degree perineal tear repair

B-lynch sutures/Intrauterine balloon insertion

*Peripartum hysterectomy

Pudendal blocks

*= needs to be aware of the steps of the procedure. Competence not required.

Assessment

End of year assessment/evaluation

Workplace based Assessment (CBD/Mini-CEX)

OSATS

- Artificial rupture of membranes
- Fetal blood sampling
- Normal vaginal birth (singleton & multiple)
- Assisted vaginal birth (singleton & multiple)

- Caesarean section- term, preterm, elective, and emergency
- Manual removal of placenta
- Perineal suturing
- 3rd /4th degree perineal tear repair
- *B-lynch sutures/Intrauterine balloon insertion
- *Peripartum hysterectomy
- Pudendal blocks

OUTCOME 2 – MANAGEMENT OF COMPLICATIONS OF LABOUR

HST Trainees will be able to manage complications of labour including but not limited to antepartum haemorrhage, uterine rupture, vaginal birth after Caesarean section (VBAC), suspected fetal distress, dystocia, unsuccessful induction of labour. HST Trainees will also be experienced in the management of pregnancies complicated by intrauterine fetal death and placenta accreta spectrum as part of a multidisciplinary team.

Related Procedures

Artificial rupture of membranes

Fetal blood sampling

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Artificial rupture of membranes
- Fetal blood sampling

OUTCOME 3 – INDUCTION AND ACCELERATION OF LABOUR

HST Trainees will be capable of providing induction and acceleration of labour for both singleton and multiple pregnancies. HST Trainees will be familiar with the indications and modes of induction as well as the medications associated with the induction process.

Related Procedures

Artificial rupture of membranes

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Artificial rupture of membranes
- Fetal blood sampling

OUTCOME 4 – MANAGEMENT OF OBSTETRIC ANAESTHESIA

HST Trainees will be capable of ensuring a woman has adequate awareness of analgesics available during labour. In addition, they will be aware of options available for analgesia and anaesthesia when regional options are contraindicated.

Related Procedures

Pudendal block

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Pudendal block

OUTCOME 5 – MANAGEMENT OF ASSISTED VAGINAL BIRTH

HST Trainees will be able to manage assisted deliveries using forceps, ventouse (metal cup, single use kiwi, silastic cup) and breech extraction.

Related Procedures

Fetal blood sampling

Operative vaginal birth (singleton & multiple)

Manual removal of placenta

Perineal suturing

3rd /4th degree perineal tear repair

B-lynch sutures/Intrauterine balloon insertion

*Peripartum hysterectomy

Pudendal blocks

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Fetal blood sampling
- Operative vaginal birth (singleton & multiple)
- Manual removal of placenta
- Perineal suturing
- 3rd /4th degree perineal tear repair
- B-lynch sutures/Intrauterine balloon insertion
- *Peripartum hysterectomy
- Pudendal blocks

OUTCOME 6 – MANAGEMENT OF CAESAREAN SECTION

HST Trainees will be capable for performing elective and emergency Caesarean section for both normal and abnormal pregnancies. HST Trainees will be able to perform complicated caesarean sections associated with previous surgery, fibroids, fetal anomalies, PAS, preterm pregnancy and at full dilatation.

Related Procedures

Caesarean section- term, preterm, elective, and emergency

Manual removal of placenta

B-lynch sutures/Intrauterine balloon insertion

*Peripartum hysterectomy

Opening and closing the abdomen

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Caesarean section- term, preterm, elective, and emergency
- Manual removal of placenta
- B-lynch sutures/Intrauterine balloon insertion
- *Peripartum hysterectomy
- Opening and closing the abdomen

OUTCOME 7 – MANAGEMENT OF LABOUR WARD EMERGENCIES

HST Trainees will be capable of managing labour ward emergencies including but not limited to shoulder dystocia, maternal collapse, genital tract trauma, OASI (3rd /4th degree perineal tear), manual removal of placenta, post-partum haemorrhage including B lynch suture and intrauterine balloon insertion, peripartum hysterectomy, intrapartum death, cord prolapse, impacted fetal head. HST Trainees will have a knowledge of hypoxic ischaemic encephalopathy including potential causes and sequelae.

Related Procedures

Operative vaginal birth (singleton & multiple)

Manual removal of placenta

3rd /4th degree perineal tear repair

B-lynch sutures/Intrauterine balloon insertion

*Peripartum hysterectomy

Shoulder dystocia

Caesarean section- term, preterm, elective, and emergency

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- Operative vaginal birth (singleton & multiple)
- Manual removal of placenta
- 3rd /4th degree perineal tear repair
- B-lynch sutures/Intrauterine balloon insertion
- *Peripartum hysterectomy
- Shoulder dystocia
- Caesarean section- term, preterm, elective, and emergency

OUTCOME 8 – MANAGEMENT OF COMPLEX PREGNANCIES, CO-MORBIDITIES AND MATERNAL MEDICAL CONDITIONS IN LABOUR

HST Trainees will be able to manage labour complicated by maternal conditions including but not limited to diabetes, haematological disorders pre-eclampsia/hypertension, renal disease, infectious disease, and addiction. HST Trainees will be able to manage complex pregnancies, pregnancies associated with co-morbidities for the pregnant woman and fetus as well as maternal medical conditions that complicate labour.

Related Procedures

Artificial rupture of membranes
 Fetal blood sampling
 Normal vaginal birth (singleton & multiple)
 Operative vaginal birth (singleton & multiple)
 Caesarean section- term, preterm, elective, and emergency
 Manual removal of placenta
 Perineal suturing
 3rd /4th degree perineal tear repair
 B-lynch sutures/Intrauterine balloon insertion
 *Peripartum hysterectomy
 Pudendal blocks

Assessment

End of year assessment/evaluation
 Workplace Based assessment (CBD/Mini CEX)
 OSATS

- Artificial rupture of membranes
- Fetal blood sampling
- Normal vaginal birth (singleton & multiple)
- Operative vaginal birth (singleton & multiple)
- Caesarean section- term, preterm, elective, and emergency
- Manual removal of placenta
- Perineal suturing
- 3rd /4th degree perineal tear repair
- B-lynch sutures/Intrauterine balloon insertion
- *Peripartum hysterectomy
- Pudendal blocks

OUTCOME 9 – MANAGEMENT, ORGANIZATION AND PRIORITISATION OF A LABOUR WARD SUITE

HST Trainees will demonstrate organisational skills in the labour ward especially regarding communication with midwives, anaesthetists, medical and surgical teams, as well as neonatology and the laboratory.

Assessment

End of year assessment/evaluation
 Workplace Based Assessment (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

On-call
 Labour ward
 Labour Ward rounds and handover
 Obstetrics MDT meetings
 Labour ward meetings

National Study Days

IOG Annual Study Day
 NPEC Annual Study Day
 NWIHP Study Days /Meetings

Webinars

RCPI events

Royal College of Obstetricians and Gynaecologists (RCOG), UK

International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses

- HST Advanced Practical Skills
- HST Advanced Gynaecological Surgical Skills
- BST Surgical skills courses
- HST Course - Third and Fourth degree perineal tears and episiotomy workshop
- Obstetrics & Gynaecology Practical Scenario Modules: Perineal suturing

Other suggested courses /learning opportunities

RCPI courses

Management of Labour ward (RCOG/BMFMS)

Medical Complications of pregnancy course

Practical Obstetric Multi-Professional Training (PROMPT)

Managing Medical and Obstetric Emergencies and Trauma Course (mMOET) (year 4-5)

Fetal monitoring online educational training (such as K2)

Online / other resources

National website:

RCPI trainee website

Self- directed literature review

National Clinical Guidelines (NWIHP/RCPI)

NPEC meetings/audits and reports

MBRRACE-UK

Royal College of Obstetricians and Gynaecologists (RCOG), UK

****This is not an exhaustive list and may be edited in the future**

Training Goal 5 – Maternal Medicine

By the end of HST, HST Trainees will be able to provide care for pregnant women with known medical conditions, for women who develop or are diagnosed with medical conditions during pregnancy and for pregnant women requiring admission to ICU/HDU or CCU due to a medical complication as part of the multidisciplinary team.

The knowledge underpinning this goal consists of

- The impact of medical conditions on pregnant women and the impact of pregnancy on the disease
- The impact of previous & current medical conditions on current and future pregnancies
- The impact of pregnancy and pregnancy complications on long term health
- Women - pregnant or postpartum - in ICU/HDU/CCU
- Therapeutics associated with medical conditions in pregnancy
- Understanding the role and importance of working within an MDT

OUTCOME 1 – RECOGNITION OF THE IMPACT OF PRE-EXISTING MEDICAL CONDITIONS ON PREGNANCY

HST Trainees will be aware of the potential impact of previous medical conditions including but not limited to pre-existing diabetes, chronic hypertension, venous thromboembolism, epilepsy. HST Trainees will be aware of the importance of preconception counselling and advice for women with known medical conditions.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 2 – MANAGEMENT OF THE IMPACT ON PREGNANCY OF MEDICAL CONDITIONS EFFECTING OTHER BODY SYSTEMS

HST Trainees will be capable of managing in collaboration with other medical specialties a wide range of medical conditions in pregnant women including but not limited to Cardiology, Nephrology, Neurology, Haematology/Immunology, Endocrine, Rheumatology/connective tissue disease, Respiratory, Gastrointestinal/Hepatology, Oncology, Dermatology, Infectious Disease, Metabolic and Perinatal mental health.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 3 – INVESTIGATION AND TREATMENT OF MEDICAL CONDITIONS ASSOCIATED WITH PREGNANCY

HST Trainees will be able to investigate and manage medical conditions not pre-existing that are caused by pregnancy including but not limited to pre-eclampsia, gestational diabetes and pregnancy induced hypertension. HST Trainees will be able to work with the MDT to manage evolving clinical scenarios and use therapeutics and diagnostics safely in pregnancy as part of the investigation and management process.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 4 – MANAGEMENT OF LONG-TERM MATERNAL HEALTH

HST Trainees will be aware of the long-term sequelae associated with medical conditions both preexisting and occurring during pregnancy and in the post-partum period.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 5 – CRITICAL CARE MANAGEMENT OF AN UNWELL PREGNANT WOMEN

HST Trainees will be able to identify the need for and escalate care for any unwell pregnant woman in a safe and efficient manner. HST Trainees will also have a knowledge of systems to enable a collaborative approach for effective and timely management. HST Trainees will be able to identify women requiring escalation of care to HDU/ICU and co-ordinate transfer to ICU for intensive medical management. HST Trainees will have knowledge of the indications and requirement for termination of pregnancy on maternal health (physical and mental) grounds, as well as of the underpinning legislation and relevant clinical guidance.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 6 – MANAGEMENT OF MEDICATION IN PREGNANCY AND LACTATION

HST Trainees will be familiar with safe prescribing in pregnancy and during lactation. HST Trainees will have knowledge of the Irish Medicine in Pregnancy Service (IMPS) and the European Network of Teratology Information Services (ENTIS). HST Trainees will be able to liaise with the local hospital pharmacy and advise women requiring medication adjustments pre-conception, during pregnancy, postnatally and while lactating.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

- Outpatient clinics

 - Antenatal clinics

 - Pre-conceptual counselling clinics

 - Medical Specialist clinics

- HDU/ICU cases and rounds

National Study Days

IOG Annual Study Day
NPEC Annual Study Day
Maternal medicine study days (e.g. IOG, Mullingar)

Webinars

RCPI
Royal College of Obstetricians and Gynaecologists (RCOG), UK
MacDonald Obstetric Medicine Society UK
Fetal Medicine Foundation UK
International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses

Suggested courses /learning opportunities

PROMPT
Medical complications in pregnancy (RCOG/BMFMS; Obstetric medicine company UK)
European Network of Teratology Information Service (ENTIS)
Birth Defects Research + Prevention – Human Teratogens Course (BDRP)
MBRRACE-UK online conferences / annual report meetings

Online resources

RCPI trainee website
National Clinical Guidelines
Irish Medicine in Pregnancy Service
NPEC (SAMB Audits, MDE reports)
MBRRACE-UK
European Network of Teratology Information Service (ENTIS)
BUMPS – Medicines in Pregnancy
MacDonald Obstetric Medicine Society UK
FIGO
Society for Maternal and Fetal Medicine (SMFM), US
British Maternal and Fetal Medicine Society (BMFMS), UK
International Society of Obstetric Medicine (ISOM)

****This is not an exhaustive list and may be edited in the future**

Training Goal 6 – Fetal Medicine

By the end of HST, HST Trainees are expected to be able to identify, counsel, and manage a pregnancy at high risk for fetal complication. This includes diagnosis, counselling and management of pregnancies complicated by fetal anomalies, disorders of fetal growth, and pregnancies affected by fetal infection or maternal antibodies. HST Trainees will have knowledge the screening and management of pregnancies at risk for fetal disorders due to a background history, such as prior pregnancy complications, or known or suspected genetic predispositions.

The knowledge underpinning this goal consists of

- Teratogenesis/aetiology of congenital abnormalities
- Ultrasound dating, anatomy, growth/wellbeing
- Fetal anomaly screening (ultrasound and aneuploidy screening)
- Prenatal testing (invasive and non invasive)
- Perinatal genomics
- Fetal therapies
- Current legislation and clinical guidance related to the management of fetal anomalies
- Role of genetic specialists and perinatal pathologists in the MDT

OUTCOME 1 – BE ABLE TO REQUEST AND INTERPRET PRENATAL SCREENING AND DIAGNOSTIC TESTS AND COUNSEL WOMEN/COUPLES APPROPRIATELY

HST Trainees should know when to order and how to interpret dating, anatomy, growth/wellbeing ultrasound scans and screening tests (aneuploidy screening/NIPT, anatomy scans). In the presence of a fetal anomaly HST trainees will have an understanding of the diagnosis and the principles of management including potential maternal complications. HST Trainees will be able to counsel women regarding prenatal diagnosis tests (CVS, amniocentesis, and fetal blood sampling) and understand the principles of these tests. HST Trainees will be able to counsel women/couples after an unexpected fetal diagnosis and manage clinical uncertainty.

Related Procedures

Ultrasound- well-being/growth/fetal UA Doppler

Ultrasound anatomy (desirable for HST trainees with interest in maternal fetal medicine)

Assessment

End of year assessment/evaluation

Workplace Based assessment (CBD/Mini-CEX)

OSATS

- Ultrasound- well-being/growth/fetal UA Doppler
- Ultrasound anatomy (desirable in HST trainees with an interest in maternal fetal medicine)

OUTCOME 2 – TO KNOW WHEN TO REFER TO FETAL MEDICINE SERVICES AND BE ABLE TO LIAISE WITH SPECIALISTS, SONOGRAPHERS, GENETICISTS, NEONATOLOGISTS

HST Trainees will understand the role of referral pathways in pregnancies associated with fetal complications including but not limited to early onset growth restriction, borderline viability FGR, previable PPRM and multiple pregnancy complicated by TTS, preterm labour, IUFD, growth

discordance and issues specific to higher order multiples. and the role of the specialist team in managing these pregnancies. HST Trainees will have an understanding of the legal framework around termination of pregnancy for fetal anomaly.

Assessment

End of year assessment/evaluation

Workplace Based assessment (CBD/Mini-CEX)

OUTCOME 3 – MANAGEMENT OF WOMEN WITH A CURRENT OR PREVIOUS HISTORY OF FETAL COMPLICATIONS OF PREGNANCY

HST Trainees will be able to manage women with a previous history of fetal complications including but not limited to previous 2nd trimester loss or preterm birth, preterm delivery associated with cervical incompetence, rhesus disease and alloimmunisation and congenital infections.

Assessment

End of year assessment/evaluation

Workplace Based assessment (CBD/Mini-CEX)

OUTCOME 4 – TO RECOGNISE AND RECOMMEND WHEN DELIVERY IS INDICATED

HST Trainees will be able to recognise factors influencing the timing of birth and the appropriate mode of delivery in pregnancies complicated by fetal anomaly, fetal growth restriction or fetal infection. HST Trainees will have an understanding of the legal framework around termination of pregnancy for fetal anomaly.

Assessment

End of year assessment/evaluation

Workplace Based assessment (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)****Clinical activities**

- Antenatal clinics
- Pre-conceptual counselling clinics
- Anatomy scans / Ultrasound department
- Fetal assessment unit
- Fetal medicine clinics
- Pregnancy Loss clinics
- Fetal Medicine MDT Meetings
- Perinatal Mortality MDT Meetings

National Study Days

- IOG Annual Study Day
- NPEC Annual Study Day
- Fetal Medicine Study Days (e.g. RCPI; NMH, NWIHP)

Webinars

- RCPI events

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

- Fetal Medicine Foundation, UK

- International Federation of Gynecology and Obstetrics (FIGO)

- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

- International Society for Prenatal Diagnosis (ISPD)

Other suggested courses /learning opportunities

- Professional certificates in ultrasound, UCD Diagnostic Imaging

- An approach to caring and coping workshop (RCPI)

- TEARDROP workshop (Pregnancy Loss Research Group, UCC) or equivalent

- European Network of Teratology Information Service (ENTIS)

- Birth Defects Research + Prevention – Human Teratogens Course (BDRP)

- Fetal Medicine and High Risk Pregnancy course (RCOG/BMFMS), UK

- The British Medical Ultrasound Society (BMUS), UK

- MBRRACE-UK online conferences / annual report meetings

Online resources

- RCPI trainee website

- National Clinical Guidelines

- Irish Medicines in Pregnancy Service

- NPEC (PM and VLBW Audits)

- MBRRACE-UK

- European Network of Teratology Information Service (ENTIS)

- BUMPS – Medicines in Pregnancy

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

- Fetal Medicine Foundation, UK

- International Federation of Gynecology and Obstetrics (FIGO)

- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

- International Society for Prenatal Diagnosis (ISPD)

- The British Medical Ultrasound Society (BMUS), UK

- Society for Maternal and Fetal Medicine (SMFM), US

- British Maternal and Fetal Medicine Society (BMFMS), UK

*This is not an exhaustive list and may be edited in the future

Training Goal 7 – General Gynaecology

By the end of HST, HST Trainees will be able to investigate, diagnose and manage a range of general gynaecological conditions – conservatively, medically, and surgically, related to conditions of the vulva, menstrual cycle, reproductive tract (ovaries, fallopian tubes, uterus), cervix and menopause

The knowledge underpinning this goal consists of

Medical Gynaecology

- Hormone cycle and endocrine interactions
- Menstrual dysfunction
- Endometrial abnormalities
- Pelvic pain - aetiology, pathogenesis, epidemiology, presentation, investigation, management
- Abnormal uterine bleeding
- Pelvic inflammatory disease
- Fibroids
- Vulval dermatoses
- Endocrine disorders
- Ovarian pathologies
- Mental health disorders

Surgical Gynaecology

- Safe site surgery, theatre etiquette and non technical skills
- Electrocautery in surgery
- Instrument selection, assembly, and troubleshooting.
- Principles of safe laparoscopy and hysteroscopy
- Principles of patient selection
- Pre, intra and perioperative care
- Indications & surgical approaches
- Identification and management of surgical complications
- Patient counselling and consent

Cervix

- Signs and symptoms of cervical disease
- Factors influencing the health of the cervix
- Screening guidance (cervical screening programme in Ireland)
- Colposcopy

Endometriosis & complex gynaecology

- Pelvic pain - aetiology, pathogenesis, epidemiology, presentation, investigation, management
- Benign conditions of the lower genital tract

OUTCOME 1 – INVESTIGATION AND MANAGEMENT OF BENIGN CONDITIONS OF THE MENSTRUAL CYCLE

HST Trainees will be able to investigate using blood tests and diagnostic imaging and manage a range of conditions relating to the menstrual cycle seen in outpatient gynaecology clinics including but not

limited to menstrual dysfunction (amenorrhoea, oligomenorrhoea, menorrhagia,) endometrial abnormality (polyps, atypia, hyperplasia,) and abnormal uterine bleeding (post-coital, intermenstrual, post-menopausal).

Related Procedures

Gynaecology ultrasound

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSAT/DOPS

- Gynaecology ultrasound

OUTCOME 2 – INVESTIGATION AND MANAGEMENT OF BENIGN CONDITIONS OF THE REPRODUCTIVE TRACT

HST Trainees will be able to investigate using blood test and diagnostic imaging and manage a range of conditions relating to the reproductive tract including but not limited to pelvic pain (acute and chronic including pelvic floor muscle dysfunction) polycystic ovary syndrome (PCOS), pelvic inflammatory disorder (PID), fibroids, premenstrual dysphoric disorder (PMDD) and endocrine disorders. HST Trainees will understand the role of interventional radiology in the management of specific benign conditions including but not limited to fibroids and PID.

Related Procedures

Gynaecology ultrasound

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSAT/DOPS

- Gynaecology ultrasound

OUTCOME 3 – TO BE ABLE TO COMPETENTLY PERFORM DIAGNOSTIC AND OPERATIVE HYSTEROSCOPY FOR POLYPS, FIBROIDS, ABLATION, INSERTION/REMOVAL IUDS AND ENDOMETRIAL BIOPSY

HST Trainees will be able to manage gynaecological conditions using diagnostic and operative hysteroscopy in both an ambulatory and theatre setting using local and general anaesthetic. HST Trainees will be able to identify complications and manage them as part of a team.

Related Procedures

Diagnostic Hysteroscopy

Operative Hysteroscopy

polyps

fibroids

ablation

insertion/removal IUDs

endometrial biopsy

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSATS

- Diagnostic Hysteroscopy
- Operative Hysteroscopy

OUTCOME 4 – TO BE ABLE TO COMPETENTLY PERFORM DIAGNOSTIC AND OPERATIVE LAPAROSCOPY FOR UNILATERAL SALPINGO-OOPHORECTOMY (USO), BILATERAL SO (BSO) AND OVARIAN CYST MANAGEMENT.

HST Trainees will be able to manage gynaecological conditions using diagnostic and operative laparoscopy. HST Trainees will know the importance of appropriate patient selection and how to identify and management complications as part of a team, seeking support when necessary.

Related Procedures

Diagnostic Laparoscopy

Operative Laparoscopy

USO

BSO

Cyst

Hysterectomy (desirable to special interest in minimally invasive gynaecology)

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSATS

- Diagnostic Laparoscopy
- Operative Laparoscopy

OUTCOME 5 – TO BE ABLE TO COMPETENTLY PERFORM SIMPLE OPEN (NORMAL UTERUS SIZE) AND LAPAROSCOPIC HYSTERECTOMY (DESIRABLE)

HST Trainees will know the indications for and be able to perform as appropriate an open and laparoscopic (desirable for special interest in minimally invasive gynaecology) hysterectomy. HST Trainees will know the importance of appropriate patient selection and how to identify and manage complications as part of a team seeking support when necessary.

Related Procedures

Open Hysterectomy (simple, normal size uterus)

Laparoscopic Hysterectomy (desirable to special interest in minimally invasive gynaecology)

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSATS

- Open Hysterectomy
- Laparoscopic Hysterectomy

OUTCOME 6 – TO BE ABLE TO INVESTIGATE AND MANAGE VULVAL CONDITIONS AND COMPETENTLY PERFORM VULVAL PUNCH BIOPSY

HST Trainees will know how to investigate and manage vulval conditions including but not limited to VAIN, lichen simplex, lichen planus, lichen sclerosus and vulval ulceration. HST Trainees will know the indications and be able to perform vulval punch biopsy. HST Trainees will understand the role of the

dermatologist in vulval disease and know when to appropriately refer to them seeking support when necessary.

Procedures

Vulval punch biopsy

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSATS

- Vulval punch biopsy

OUTCOME 7 – TO BE ABLE TO RECOGNISE CONDITIONS OF THE CERVIX AND FACTORS INFLUENCING THEM.

HST Trainees will recognise conditions of the cervix including but not limited to benign (e.g. ectropion, polyps, Nabothian follicles), premalignant, malignant, CIN, CGIN and their associated signs and symptoms. HST Trainees will recognise factors influencing the health of the cervix including HPV, HPV vaccination, Immunosuppression, and exposure to medications. HST Trainees will know when to refer patients whether symptomatic or asymptomatic to a specialist cervical assessment clinic and/or to colposcopy.

Related Procedures

Cervical biopsy

Cervical polypectomy

Colposcopy

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 8– TO BE ABLE TO DISCUSS THE CERVICAL SCREENING PROGRAMME IN IRELAND AND THE HPV VACCINATION PROGRAMME

HST Trainees will be aware of how the cervical screening programme in Ireland is conducted as well as WHO guidance on safe screening. HST Trainees will understand how the HPV vaccination programme functions including eligibility factors.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 9– INVESTIGATION AND MANAGEMENT OF CERVICAL IRREGULARITIES

HST Trainees will be aware of investigations and treatment for cervical irregularities - colposcopy ± biopsy, cold coagulation, LLETZ. HST Trainees will be aware of complications associated with investigations and treatment and how to manage them in the acute setting. HST Trainees will understand there are further management options/requirement such as trachelectomy,

hysterectomy or chemoradiation. HST Trainees will understand the role of the MDT in the management of these cases.

Required:

Attend 1 colposcopy clinic per quarter in year 1 (local or parent hub)

Attend 4 specialist cervical assessment clinics during years 1-3

Attend Colposcopy MDT

Related Procedures

Colposcopy

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 10 – INVESTIGATION, DIAGNOSIS, AND GRADING OF ENDOMETRIOSIS

HST Trainees will be able to appropriately diagnose, investigate and grade endometriosis using diagnostic imaging (ultrasound, MRI, CT scan) and/or surgery (laparoscopy). HST Trainees will recognise the potential impact on fertility and will be aware of referral requirements to the national endometriosis centres.

Related Procedures

Diagnostic laparoscopy

Ultrasound- gynaecology

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBS/Mini-CEX)

OSATS

- Diagnostic laparoscopy
- Ultrasound- gynaecology

OUTCOME 11– MEDICAL AND SURGICAL MANAGEMENT OF ENDOMETRIOSIS

HST Trainees will be aware of the need to work within an MDT including pain specialist, psychiatry, psychology, physiotherapy, colorectal and urology.

Medical Management

HST Trainees will be able to medically manage endometriosis using hormonal therapy and pain management.

Surgical Management

HST Trainees will be familiar with surgical options for management of endometriosis which include laparoscopy (diagnostic, operative, excision or cautery/laser,) ovarian, tubal, deep infiltrating, hysterectomy.

Related Procedures

Ultrasound gynaecology

Diagnostic and operative laparoscopy (excision, ablative)
Cystoscopy

Assessment

Workplace Based Assessment (CBS/Mini-CEX)

OSATs

- Ultrasound gynaecology
- Diagnostic and operative laparoscopy (excision, ablative)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

On-call
Ward rounds
Gynaecology outpatient clinics
Gynaecology related MDT meetings
Colposcopy Clinics
Colposcopy MDT
Specialist cervical assessment clinics
Endometriosis centres/clinics
Endometriosis related MDT meetings
Gynaecology theatre attendance

National Study Days

IOG Annual Study Day
NPEC Annual Study Day
NWIHP Study Days /Meetings

Webinars

RCPI events
Royal College of Obstetricians and Gynaecologists (RCOG), UK
International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses

- HST course - Minimal Access Skills
- HST course - Advanced Gynaecological Surgical Skills

Other suggested courses /learning opportunities

Professional certificates
Gynaecological Endoscopic Surgical Education and Assessment (GESEA) Educational programme (level 1&2)
Understanding population cancer screening module (RCPI)

Online / other resources

National website:
Cervical Check Website
Cervical check training and learning portal
RCPI trainee website
Self- directed literature review
National Clinical Guidelines (NWIHP/RCPI)

European Society of Human Reproduction and Embryology (ESHRE) guideline on Endometriosis
National screening programme resources
WHO guidelines on safe screening
Cervical cancer elimination document (WHO)
BSCCP guidelines on colposcopy (BSCCP accreditation not required for HST)
Royal College of Obstetricians and Gynaecologists (RCOG), UK

**This is not an exhaustive list and may be edited in the future

Training Goal 8 – Sexual and Reproductive Health

By the end of HST, HST Trainees are expected to have the skills and knowledge to be able to advise in sexual health and its associated dysfunction throughout a lifetime. HST Trainees will also be able to identify, investigate and care for women with a history of FGM. HST Trainees will be able to provide emergency care for a person attending after sexual assault and to appropriately signpost and collaborate with SATU teams.

The knowledge underpinning this goal consists of

- Sexual health and dysfunction
- Contraception, methods, failure rates and contraindications
- Termination of pregnancy
- Menopause and HRT
- Pharmacology
- FGM
- Sexual assault/forensic gynaecology

OUTCOME 1 – TO BE ABLE TO COUNSEL, PRESCRIBE, AND MANAGE WOMENS NEEDS AND CHOICES REGARDING APPROPRIATE CONTRACEPTION

HST Trainees will be able to counsel, prescribe and manage a woman regarding appropriate choice of contraception, being aware of the pharmacological, medical, and social determinants that might impact on choice.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD, Mini-CEX)

OUTCOME 2 – TO MANAGE WOMEN WITH SYMPTOMS OF MENOPAUSE

HST Trainees will be able to manage, investigate and prescribe HRT or safe alternatives to women with symptoms of menopause.

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 3 – TO KNOW THE LEGISLATION REGARDING TOP, AND TO WORK WITHIN THE LEGISLATION TO PROVIDE MEDICAL AND SURGICAL TOP

HST Trainees will know the relevant legislation relating to TOP in Ireland including the certification and notification process. Be able to manage TOP within the community and hospital setting. Be aware of investigations that may be required and able to recognise and manage complications arising from TOP.

Related Procedures

MVA

EVA

MROP

Hysteroscopic Resection of RPT

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

Related Procedures

MVA
EVA
MROP
Hysteroscopic Resection of RPT

OUTCOME 4 – TO KNOW THE GRADES OF FGM AND THE COUNTRIES IN WHICH IT IS PRACTICES AND AWARE OF THE POTENTIAL COMPLICATIONS ASSOCIATED WITH FGM AND TO PROVIDE CARE FOR WOMEN WHO HAVE EXPERIENCED FGM

HST Trainees will know the grades and types of FGM, the countries in which it is practiced. To be aware of the potential complications associated with FGM, medical, surgical, and psychological. To provide appropriate care for women who have experienced FGM either prior to or during pregnancy.

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 5 – TO BE ABLE TO SUPPORT A WOMAN AFTER SEXUAL ASSAULT, INCLUDING SIGNPOSTING SATU CARE FOR FORENSIC EXAMINATION AND ALLIED HEALTHCARE

HST Trainees will be able to provide sympathetic and supportive care to a woman following sexual assault including signposting SATU care for forensic examination and allied healthcare. HST Trainees will be aware of medical and legal issues related to sexual assault and recognise that immediate health needs (e.g. physical injury) take priority over forensic examination.

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 6 – TO ADVISE, INVESTIGATE, AND CARE FOR WOMEN WITH SEXUAL DYSFUNCTION

HST Trainees will be aware of the issues around sexuality and sexual dysfunction and understand factors that may predispose to sexual dysfunction. HST Trainees will be able to arrange appropriate referral for counselling and appropriate care

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities
On-call
Ward rounds
Gynaecology outpatient clinics

Outpatient manual aspiration vacuum (MVA) service
Obstetrics/Gynaecology theatre (EP/ ERPC /EVA)
Early pregnancy clinics /Early pregnancy unit
Pregnancy Loss/ Recurrent miscarriage clinic
Pre-conceptual counselling clinics
Pregnancy Options clinic
Sexual assault treatment unit

National Study Days

IOG Annual Study Day
NPEC Annual Study Day
NWIHP Study Days /Meetings
SATU study day

Webinars

RCPI events
Royal College of Obstetricians and Gynaecologists (RCOG), UK
International Federation of Gynecology and Obstetrics (FIGO)
European Society for Sexual Medicine (ESSM)

Mandatory BST and HST Courses

Other suggested courses /learning opportunities

RCOG/BSACP MVA course
Foundation programme in Sexual Health promotion (HSE)
HSeLand courses
Termination of pregnancy education course (HSE)
Female genital mutilation revision (RCPI)
RCOG/BSACP MVA course
RCOG/BSACP Abortion care essentials course (NB- based on UK legal framework)
Menopause courses (ICGP and HSeLand)

Online / other resources

National website:
RCPI trainee website
Self- directed literature review
National Clinical Guidelines (NWIHP/RCPI)
Royal College of Obstetricians and Gynaecologists (RCOG), UK
British menopause society website
Female genital mutilation education – www.Akidwa.ie
International Society for sexual medicine

**This is not an exhaustive list and may be edited in the future

Training Goal 9 – Paediatric and Adolescent Gynaecology

By the end of HST the HST Trainee is expected to be familiar with pubertal disorders and their impact and to understand congenital anomalies and syndromes affecting the female reproductive tract & development. HST Trainees are expected to understand the role of the extended MDT in managing adolescent and paediatric patients

The knowledge underpinning this goal consists of

- Gynaecological history and examination in children and adolescents
- HEADSS assessment tool (Home, Education and employment, Activities, Drugs, Sexuality, Suicide/Depression)
- Anatomy and embryology of the pelvis and reproductive tract
- Common PAG dermatological presentations (e.g. vulvovaginitis, labial fusion, lichen sclerosus)
- Puberty and development
- Hymenal variants
- Contraception and sexual health and wellbeing
- Congenital abnormalities (ASRM classification of Mullerian anomalies: MRKH syndrome, Vaginal septa and OHVIRA (obstructed hemi vagina and ipsilateral renal anomaly) syndrome)
- Differences in sex development (DSD's) e.g. Androgen insensitivity syndrome (AIS) and Congenital adrenal hyperplasia (CAH)

OUTCOME 1 – TO DEMONSTRATE COMMUNICATION SKILLS FOR APPROPRIATE COMMUNICATION WITH CHILDREN, ADOLESCENTS, AND FAMILIES

HST Trainees will be familiar with the concept of safeguarding and how to act on safeguarding concerns (including completion of Children First and familiarity with TUSLA referral pathways).

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 2 – TO BE ABLE TO IDENTIFY DISORDERS OF PUBERTY, TO INVESTIGATE AND MANAGE MENSTRUAL DISORDERS, DERMATOLOGICAL CONDITIONS AND OVARIAN PATHOLOGY IN PAEDIATRIC AND ADOLESCENT PATIENTS

HST Trainees will be familiar with gynaecological history and examination in children and adolescents. HST Trainees will understand what normal puberty is and identify disorders associated with puberty and developments to include but not limited to precocious, and delayed puberty, prepubertal bleeding, primary and secondary amenorrhoea, and hypogonadism and hypergonadism. HST Trainees will be aware of the management and investigations for menstrual disorders, dermatological conditions, and ovarian pathology. HST Trainees will be familiar with the HEADSS assessment tool. HST Trainees will be aware of the complexities of gender dysphoria, understand the role of PAG providers and be aware of the pathway involved in referral of patients with gender dysphoria.

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 3 – TO SAFELY MANAGE PAG CONDITIONS BY SURGERY

HST Trainees will be familiar with PAG related surgical procedures (examination under anaesthesia, vaginoscopy, Cystoscopy, hysteroscopy, laparoscopy, hymenectomy (in the emergency setting)). HST Trainees will understand the specific considerations when operating on a PAG patient.

Procedures

Examination under anaesthesia
Vaginoscopy
Cystoscopy
Hysteroscopy
Laparoscopy
Hymenectomy (in the emergency setting)

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)
OSATS

- Examination under anaesthesia
- Vaginoscopy
- Cystoscopy
- Hysteroscopy
- Laparoscopy
- Hymenectomy (in the emergency setting)

OUTCOME 4 – TO BE ABLE TO IDENTIFY AND CLASSIFY CONGENITAL ANOMALIES INCLUDING HYMENAL VARIANTS AND DIFFERENCES IN SEX DEVELOPMENT (DSD)

HST Trainees will be familiar with congenital anomalies including cloacal anomalies, Vaginal septa and OHVIRA (obstructed hemi vagina and ipsilateral renal anomaly) syndrome and the need for investigations and treatments. HST Trainees will be aware of sexual development and the differences that may occur including Androgen insensitivity syndrome and congenital adrenal hyperplasia.

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)****Clinical activities**

On-call
Ward rounds
Paediatric and adolescent clinics
Emergency room attendance

National Study Days

IOG Annual Study Day
NPEC Annual Study Day
NWIHP Study Days /Meetings

Webinars

- RCPI events

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

- International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses**Other suggested courses /learning opportunities**

- Children First course (HSELand)

- BSPAG/EURAPAG/NASPAG meetings

Online / other resources

- National website:

- RCPI trainee website

- Self- directed literature review

- National Clinical Guidelines (NWIHP/RCPI)

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

****This is not an exhaustive list and may be edited in the future**

Training Goal 10 – Gynaecological Oncology

By the end of HST the HST Trainee is expected to be aware of the management options for the treatment of gynaecological cancers (endometrial, cervical, ovarian, vulvovaginal, gestational trophoblastic disease) and to be aware of the genetics associated with gynaecological malignancies and counsel women regarding risk reduction. HST Trainees will understand the role of both palliative and survivorship care.

The knowledge underpinning this goal consists of

- Genetics and risk factors for gynaecological cancers
- Epidemiology of gynaecological cancers
- Natural history of premalignant conditions and how to reduce the risk of cancer development
- Screening for gynaecological cancers
- Genetics associated with gynaecological cancers
- Related procedures (biopsy, laparoscopy, midline laparotomy, TAH, BSO biopsy, simple hysterectomy with omental biopsy)

OUTCOME 1 – TO MANAGE (AS APPROPRIATE) PATIENT WORK UP LEADING TO THE DIAGNOSIS OF GYNAECOLOGICAL CANCER

HST Trainees will be able to recognise clinical presentations of the gynaecological malignancies. HST Trainees will exercise judgement in giving clinical priority to women with suspected malignancy and use diagnostic features appropriately. HST trainees will understand the MDT process and the need for appropriate communication to women prior to referral to gynaecologic oncology services.

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 2 – TO MANAGE (AS APPROPRIATE) GYNAECOLOGICAL CANCERS AND PRE-MALIGNANT PATHOLOGIES

HST Trainees will be aware of the management and treatment options, based on staging, and grading of gynaecological malignancies. HST Trainees will know what investigations are required to allow appropriate staging of gynaecologic malignancies.

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 3 – TO UNDERSTAND THE ROLE OF GENETICS IN GYNAECOLOGICAL CANCERS

HST Trainees will be aware of the familial cancers and genetic predispositions associated with gynaecology cancers. They will be familiar with the risk to patients who carry these genes of developing gynaecological cancers and the potential for interventions to mitigate this risk.

Assessment

End of year assessment/evaluation
Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 4 – TO RECOGNISE THE RISKS AND BENEFITS FOR CHEMOTHERAPY AND RADIOTHERAPY

HST Trainees will liaise with gynaecological oncologist, medical oncologist, radiotherapist, palliative care consultant and their teams to evaluate risk and benefits of these treatment modalities.

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OUTCOME 5 – TO RECOGNISE THE STEPS TO THE SURGERIES FOR GYNAECOLOGICAL CANCERS AND KNOW THE RISKS AND COMPLICATIONS

HST Trainees will be aware of the need for surgery to obtain biopsies to enable diagnosis and grading of the cancer. HST Trainees will know the steps required to perform excisional surgery for gynaecological cancers to include the potential risk and complications (midline laparotomy, TAH, BSO omental biopsy and lymph node dissection)

Related Procedures

Examination under anaesthetic

Biopsies

Cystoscopy

Diagnostic and operative laparoscopy

Simple hysterectomy with omental biopsy

Know the steps for radical TAH BSO omentectomy and lymph node biopsy

Assessment

End of year assessment/evaluation

Workplace Based Assessments (CBD/Mini-CEX)

OSATS

- Examination under anaesthetic
- Biopsies
- Cystoscopy
- Diagnostic and operative laparoscopy
- Simple hysterectomy with omental biopsy
- Know the steps for radical TAH BSO omentectomy and lymph node biopsy

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)****Clinical activities**

Gynaecology oncology clinics

On-call

Ward rounds

Gynaecology oncology related MDT meetings

Gynaecology oncology theatre attendance

National Study Days

IOG Annual Study Day

NPEC Annual Study Day

NWIHP Study Days /Meetings

Webinars

RCPI events

Royal College of Obstetricians and Gynaecologists (RCOG), UK

International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses

Other suggested courses /learning opportunities

Professional certificates

Online / other resources

National website:

www.isgo.ie

ThisisGO.ie

RCPI trainee website

Self- directed literature review

National Clinical Guidelines (NWIHP/RCPI)

Royal College of Obstetricians and Gynaecologists (RCOG), UK

**This is not an exhaustive list and may be edited in the future

Training Goal 11 – Urogynaecology

By the end of HST, HST Trainees will be able to provide care for women with incontinence, with prolapse and for women with history of OASI. HST Trainees will also know the prevalence, incidence, and risk factors for developing pelvic floor dysfunction

The knowledge underpinning this goal consists of

- The anatomy and physiology of the pelvis, pelvic floor, and related organs (including renal)
- Factors impacting on pelvic floor function/dysfunction
- Pathophysiology of bladder pain syndrome

HST Trainees will have knowledge of the use of MESH and MESH devices to manage pelvic organ prolapse and incontinence (MUS, vaginal MESH kits, abdominal MESH kits) along with referral policy to MESH centres and guidelines for MESH use.

OUTCOME 1 – MANAGEMENT OF INCONTINENCE

HST Trainees will be able to evaluate, investigate and plan treatment for women with different forms of urinary incontinence including knowledge of conservative, medical and surgical options for different types of urinary incontinence. HST Trainees will be aware of referral pathways and investigations for faecal and flatal incontinence.

Related Procedures

PTNS (knowledge of)
Sacral neuromodulation (knowledge of)
Abdominal continence surgery – colposuspension (knowledge of)
Diagnostic Cystoscopy
Intravesical Botox
MUS sling (TVT/TOT/PVS) (knowledge of)

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)
OSATS

- Diagnostic Cystoscopy
- Intravesical Botox

OUTCOME 2 – BE ABLE TO PROVIDE CARE FOR WOMEN WITH PELVIC ORGAN PROLAPSE

HST Trainees will be able to evaluate, investigate and plan treatment for women with pelvic organ prolapse including knowledge of conservative, medical and surgical options for different types of pelvic organ prolapse (anterior, middle, or posterior compartment). HST Trainees will know the available surgical approaches (vaginal/abdominal/open/laparoscopy) the potential benefits and risks for both primary and recurrent POP.

Related Procedures

Abdominal/Open laparotomy SCP
Vaginal reconstructive surgery- Colporrhaphy, vaginal hysterectomy
Pessary insertion

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 3 – INVESTIGATION OF BLADDER PROBLEMS AND INTERPRETATION OF URODYNAMICS

HST Trainees will understand normal and abnormal bladder function and be able to perform bladder scans. HST Trainees will understand and interpret urodynamics including flow rates uroflow.

Related Procedures

Urodynamics (interpretation)
Bladder ultrasound

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 4 – BE ABLE TO PROVIDE CARE FOR WOMEN WITH PREVIOUS OASIS

HST Trainees will have knowledge of the principles of appropriate follow up of women who have been treated for third- and fourth-degree tears.

Related Procedures

Radiological evaluation of the anal sphincter
Endoanal manometry

Assessment

End of year assessment/evaluation
Workplace Based Assessment (CBD/Mini-CEX)

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)****Clinical activities**

- Urogynaecology clinics
- On-call
- Ward rounds
- Urogynaecology related MDT meetings

National Study Days

- IOG Annual Study Day
- NPEC Annual Study Day
- NWIHP Study Days /Meetings

Webinars

- RCPI events
- Royal College of Obstetricians and Gynaecologists (RCOG), UK
- International Federation of Gynecology and Obstetrics (FIGO)
- International Urogynecological Association (IUGA)

European Urogynecological Association (EUGA)
American Urogynecological Society (AUGS)
International Continence Society (ICS)

Mandatory BST and HST Courses

- HST Course - Third and Fourth degree perineal tears and episiotomy workshop
- Obstetrics & Gynaecology Practical Scenario Modules: Perineal suturing

Other suggested courses /learning opportunities

IUGA courses

Online / other resources

National website:

RCPI trainee website

Self- directed literature review

National Clinical Guidelines (NWIHP/RCPI)

Royal College of Obstetricians and Gynaecologists (RCOG), UK

Educational resources from IUGA and ICS

**This is not an exhaustive list and may be edited in the future

Training Goal 12 – Fertility

By the end of HST, HST Trainees will be able to investigate couples with fertility issues, interpret findings, and manage where appropriate. HST Trainee will understand the legal and ethical issues around fertility treatments in Ireland and have knowledge of clinical pathways in Ireland/ regional fertility hubs.

The knowledge underpinning this goal consists of

- Causes of infertility (female, male, unexplained) both primary and secondary
- Investigations and management of infertility
- Legislations and guidelines regarding infertility

OUTCOME 1 – TO BE ABLE TO TAKE A FOCUSED HISTORY OF INFERTILITY

HST Trainees will be able to take a full history focusing on infertility to include impact of previous medical or surgical treatment.

Learning Opportunities including self directed

Attendance at fertility clinic

Attendance at MDT

Working with other specialties (Andrologist, ART unit, Endocrinology, Nurse/midwife, radiology, Urology)

National and international guidelines

RCPI and RCOG/BFS courses

National Clinical Guidelines in Obstetrics and Gynaecology website

- <https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

RCPI courses website-

- <https://courses.rcpi.ie>

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OUTCOME 2 – TO BE ABLE TO APPROPRIATELY INVESTIGATE/IDENTIFY CAUSES OF INFERTILITY (MALE AND FEMALE)

HST Trainees will be able to order appropriate investigations (bloods, ultrasound, semen analysis, HSG, HyCoSy, genetic analysis, chromosome analysis) to identify factors causing infertility in males and females.

- Male – Structural, endocrine, pharmacological, infectious, genetic, lifestyle
- Female – Ovulatory & tubal disorders, endometriosis, cervical & uterine factors, genetic & developmental disorders

Related Procedures

HSG

HyCoSy

Laparoscopy and Dye test

Assessment

End of year assessment/evaluation

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- HSG interpretation
- HyCoSy
- Laparoscopy and Dye test

OUTCOME 3 – MANAGEMENT OF INFERTILITY (OR REFERRAL AS APPROPRIATE)

HST Trainees will know the indications, techniques, limitations, and complications of fertility treatment including but not limited to ovulation induction, IUI, ART along with criteria for referral pathways in Ireland. HST Trainees will also be aware of surgical options for infertility treatment – hysteroscopic (diagnostic and operative), laparoscopic with tubal patency test, laparoscopic adhesiolysis, laparoscopic treatment of endometriosis, ovarian cystectomy, salpingectomy, and myomectomy (open, laparoscopic and hysteroscopic)

Related Procedures

EUA

Hysteroscopy diagnostic

Hysteroscopy – operative

Laparoscopy diagnostic

Lap and Dye

Laparoscopy operative – ovarian cystectomy

Myomectomy – hysteroscopic, laparoscopic or open

Assessment

Workplace Based Assessment (CBD/Mini-CEX)

OSATS

- EUA
- Hysteroscopy diagnostic
- Hysteroscopy – operative
- Laparoscopy diagnostic
- Lap and Dye
- Laparoscopy operative – ovarian cystectomy
- Myomectomy – hysteroscopic, laparoscopic or open

LEARNING OPPORTUNITIES (INCLUDING SELF DIRECTED)**

Clinical activities

Fertility Clinic

On-call

Ward rounds

Fertility related MDT meeting

National Study Days

IOG Annual Study Day

NPEC Annual Study Day

NWIHP Study Days /Meetings

Webinars

- RCPI events

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

- International Federation of Gynecology and Obstetrics (FIGO)

Mandatory BST and HST Courses**Other suggested courses /learning opportunities**

- British Fertility Society courses

Online / other resources

- National website:

- RCPI trainee website

- Self- directed literature review

- National Clinical Guidelines (NWIHP/RCPI)

- Royal College of Obstetricians and Gynaecologists (RCOG), UK

- British Fertility Society (BFS)

****This is not an exhaustive list and may be edited in the future**

5. APPENDICES

This section includes the assessment and teaching appendix

ASSESSMENT APPENDIX

Workplace-Based Assessment and Evaluations

The expression “workplace-based assessments” (WBA) defines all the assessments used to evaluate HST trainees’ daily clinical practices employed in their work setting. It is primarily based on the observation of HST trainees’ performance by trainers. Each observation is followed by a trainer’s feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although “assessment” is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. **Any senior clinician or experienced midwives, nurses and scientists can play a role in WBA under the supervision of the local trainer.** The main purpose of WBA is to provide specific feedback for HST trainees. Such feedback is expected to be:

- **Frequent:** the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely:** preferably, the feedback should be a direct conversation between trainer and HST trainee in a timeframe close to the training event. The HST trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive:** the recorded feedback would inform both HST trainee’s practice for future performance and committees for evaluations. Hence, feedback should provide HST trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance; Discussion of clinical cases; Feedback; Mandatory Evaluations.*

As WBAs, at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Evaluation/End of Post Evaluation; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every HST trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track HST trainees’ progression.

Formative and Summative Feedback

The HST Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the HST trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. Planning: The HST trainee selects two or more medical records to present to the trainer who will choose one for the assessment. HST Trainee and trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the trainer verifies the HST trainee's clinical reasoning and professional judgment, determining the HST trainee's diagnostic, decision-making and management skills. 3. Feedback: The trainer provides constructive feedback to the HST trainee. <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
OSATS Observed Structured Assessment of Technical Skills	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>In the context of an OSATS, the trainer evaluates the HST trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.</p>
Mini-CEX Mini Clinical Examination Exercise	<p>The trainer is required to observe and assess the interaction between the HST trainee and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. The HST trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The HST trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The trainer assesses the overall HST trainee's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	<p>Designed to record as much feedback as possible. It is based on observation of the HST trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the HST trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)</p>
MANDATORY EVALUATIONS	
QE Quarterly Evaluation	<p>As the name suggests, the Quarterly Evaluation recurs four times in the academic year, once every academic quarter (every three months).</p> <p>It frequently happens that a Quarterly Evaluation coincides with the end of a post, in which case the Quarterly Evaluation will be substituted by completing an End of Post Evaluation. In this sense the two evaluations are interchangeable, and they can be completed using the same form on ePortfolio.</p> <p>However, if the HST trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Evaluation. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Evaluation to assess the end of a post.</p> <p>This means that for every specialty and level of training, a minimum of four Quarterly Evaluation and/or End of Post Evaluation will be completed in an academic year as a mandatory requirement.</p>
EOP End of Post Evaluation	
EOYA End of Year Evaluation	<p>The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).</p>
PYE Penultimate Year Evaluation	<p>The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.</p> <p>It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned trainer is not supposed to attend this meeting unless there is a valid reason to do so.</p>
FYE Final Year Evaluation	<p>In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.</p>

TEACHING APPENDIX

Generic Courses

RCPI Taught Programme (modularised content available on Brightspace)

Hospital (Post) Specific Courses

Obstetrics & Gynaecology Specific Courses

Advanced Gynaecological Surgical Skills

Advanced Obstetrics Practical Skills

An Approach to Caring and Coping

Minimal Access Skills

Obstetrics & Gynaecology Practical Scenario Modules: Eclampsia & Pre-eclampsia

Obstetrics & Gynaecology Practical Scenario Modules: Fetal Monitoring

Obstetrics & Gynaecology Practical Scenario Modules: Major Obstetric Haemorrhage

Obstetrics & Gynaecology Practical Scenario Modules: Maternal Collapse

Obstetrics & Gynaecology Practical Scenario Modules: Perineal Suturing

Obstetrics & Gynaecology Practical Scenario Modules: Sepsis in Pregnancy & the Puerperium

Third & Fourth Degree Perineal Tears and Episiotomy workshop

Research integrity / GCP

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the Neurology HST curriculum.

HST Trainees are expected to attend the study days available.

The Learning Environment

Learning is gained throughout training via:

- Self-directed learning
- Learning from senior and peer discussion
- Teaching available via multidisciplinary team meetings and discussion

Educational supports to facilitate the HST trainee in acquiring this knowledge and skills include (Appendix to include a list of educational supports):

- Medical textbooks in Obstetrics and Gynaecology
- Professional societies / organisation websites
- Webinars
- National and international Guidelines
- HSEland
- Courses
- National and international Reports
- Conferences

Assessment of training

- Trainer evaluation form
- ePortfolio completion
- OSATs
- CBD
- Mini-CEX
- Yearly national assessment
- Year 3 progress appraisal