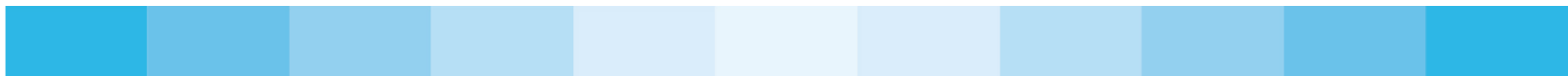




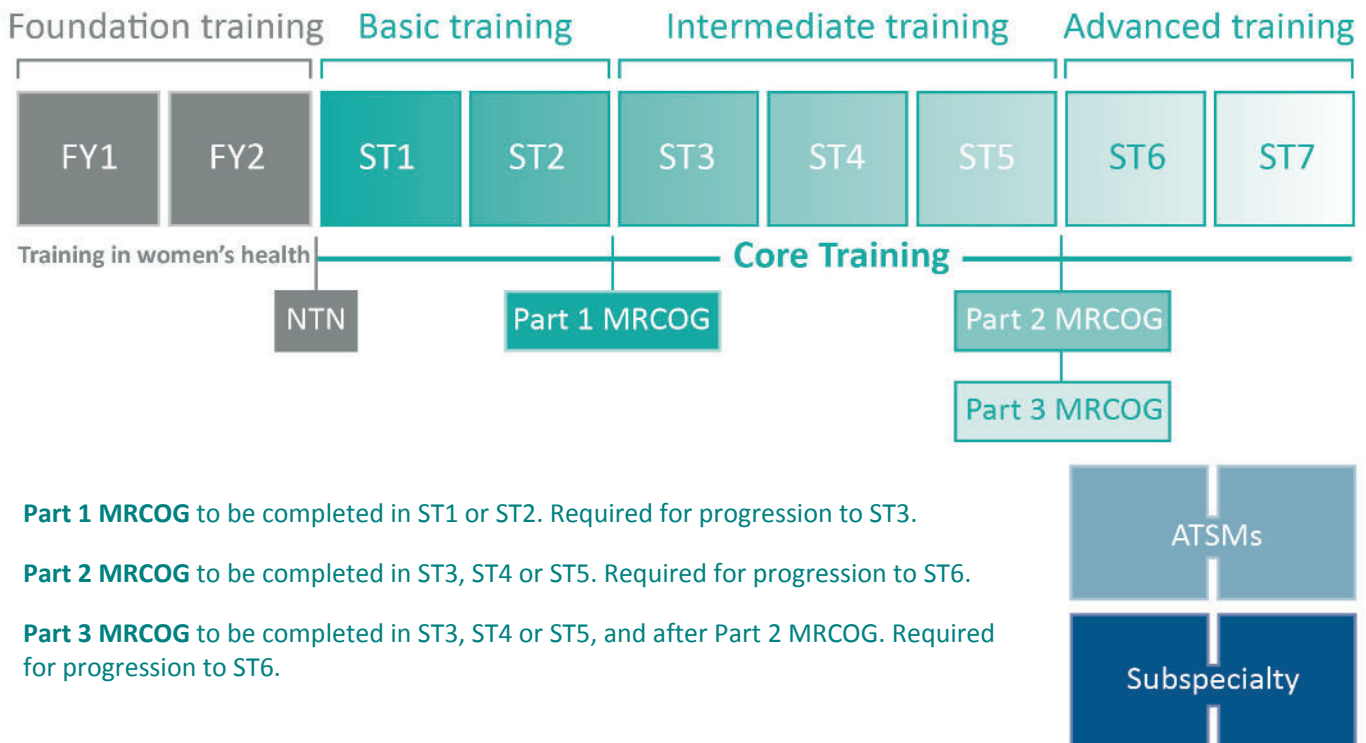
Royal College of
Obstetricians &
Gynaecologists

Trainees' Guide to the O&G Curriculum and Specialty Training





Specialty training and education programme



Part 1 MRCOG to be completed in ST1 or ST2. Required for progression to ST3.

Part 2 MRCOG to be completed in ST3, ST4 or ST5. Required for progression to ST6.

Part 3 MRCOG to be completed in ST3, ST4 or ST5, and after Part 2 MRCOG. Required for progression to ST6.

INTRODUCTION

This section gives a general overview of the obstetrics and gynaecology (O&G) postgraduate medical education training programme. It contains brief information about assessment and progression, regulations, ARCP and certification, as well as the detailed curriculum for core and advanced training in O&G.

You can find detailed information on the RCOG website for each topic by clicking on the topic title.

UK training in O&G typically requires 7 years of specialty training in the specialty. Following successful completion of the programme, the trainee will be awarded a Certificate of Completion of Training (CCT) by the General Medical Council (GMC). The content and structure of the training programme is determined by the Royal College of Obstetricians and Gynaecologists (RCOG) and approved by the GMC. The RCOG Education Board, through the Specialty Education Advisory Committee (SEAC) and Curriculum Committee, is responsible for the content, structure and standard of the specialty training programme. SEAC is responsible for making recommendations to GMC concerning the eligibility of individual doctors for the award of the CCT. SEAC is based at the RCOG and acts as the executive of the Deanery/Local Education Training Board (LETB) Heads of School and Training Programme Directors. The local delivery of the programme is overseen by the Postgraduate Deans in conjunction with the Deanery/LETB Schools of O&G.

CURRICULUM

Core curriculum

The curriculum is comprised of 19 modules with two basic ultrasound modules. Each module needs to be signed off by the educational supervisor. As new competencies are acquired, trainees should ask their clinical trainer to **approve** and **date** the eLogbook. Unless the competency is approved in this way, the



completion of the module will not be accepted by SEAC. The signature of the educational supervisor should also be obtained to confirm successful completion of any relevant courses.

The curriculum is divided into modules for ease of reference and to allow the specification of competencies to the appropriate levels for each stage of training. It is not intended that modules should be completed in isolation. Each module has specific training targets in the form of competencies that need to be attained in order to progress through the different levels of training. The important way points are between ST2 and ST3, and ST5 and ST6 – both these progression points not only require the successful completion of the eLogbook, but success in all parts of the MRCOG. The [Matrix of Educational Progression](#) contains information about all the requirements for trainee progression between each year of training.

Trainees starting post August 2013 will have to complete the basic ultrasound modules by the end of ST3. All other trainees must have completed these modules and have signed off all of the intermediate skills targets by the end of ST5. Failure to complete the eLogbook will delay progression into advanced training.

[Competencies](#)

The RCOG curriculum is competency based. This means that each module has specific training targets in the form of competencies, and the final level is reached in stages, ranging from level 1 through level 2 to level 3. Competencies need to be attained at a defined level to progress through the curriculum. More details on the sign-off of level 1, 2 and 3 competencies are on the website. Remember that a **competency** is a baseline level for safe practice within a team-based environment, with further exposure and experience leading to **proficiency**, **expertise** and **leadership** (often, but not universally, developed post-CCT).

[Other ways of achieving competency \(other methodologies\)](#)

Trainees may find that there are some rarer clinical presentations contained within the curriculum in which it proves difficult to develop competency. Trainees and trainers should be aware that, in such circumstances and only these circumstances, trainees need not be seen to observe or do the relevant procedure in the clinical environment in order to be assessed and progress through training. Instead, alternative training methods (e.g. drills, simulation or eLearning) may be used, together with case-based discussion (CbD) assessments, which should be continued until all requirements at the specific assessment level are met, also known as other methodologies (OMs). The eLogbook is annotated with 'OM' where competencies may be signed off using this approach. However, these are examples and are not necessarily the only situations in which the use of OMs may be relevant. The Core Training tutorials in [StratOG](#) can also be used in OM and the ePortfolio now contains links to the relevant core tutorials to enable this to happen.

[Training courses](#)

Some modules require attendance at a course. The Basic Practical Skills in O&G Course is mandatory and must be attended by the end of Year 2. Evidence of completion will need to be provided at the ARCP Year 2, and will be a prerequisite for entry to ST3. The deanery/LETB will provide all other mandatory courses mentioned in the ePortfolio for core training. A certificate confirming attendance and, where relevant, documented confirmation of satisfactory completion of the course should be uploaded to the ePortfolio before the module can be completed.

[Advanced Training Skills Modules](#)

In the final 2 years of the training programme, trainees will be expected to develop professional interests commensurate with their skills and interests and future needs of the health service. While trainees will need to complete the advanced competencies in the Core Curriculum, they will also be expected to complete at least two Advanced Training Skills Modules (ATSMs). The combination of ATSMs should reflect the interests of the trainee and should be seen as training for a desired specialist post after CCT. They are designed to be delivered in secondary care within the normal working week, and to provide trainees with



the skills they will need to practice as a specialist within appropriate team-based structures. The trainee will need to spend more time in the relevant clinical area, such as the labour ward, operating theatre or colposcopy clinic, and will, of course, be receiving training while providing a service, thus narrowing the gap between training and service at senior trainee level.

The trainee should discuss within their deanery/LETB the modules that they are considering to take in Year 4 and 5 to allow for local planning of educational programmes and workforce numbers. In some instances, ATSMs may be oversubscribed, in which case trainees will be 'selected' competitively (for example, by structured interview). For further details, including how to register and the full list of ATSMs, please refer to the [RCOG website](#). All the necessary forms and information for each ATSM are on the ePortfolio. The ePortfolio should be used to record trainee progress in exactly the same way as for the core modules.

Subspecialty training

Some trainees will choose to subspecialise, and there are four subspecialties open to trainees: Gynaecological Oncology, Maternal–Fetal Medicine, Reproductive Medicine and Urogynaecology. Entry is usually through competitive interview. Trainees follow the specific subspecialty curriculum undertaking assessments as they progress, including a midterm review organised by the secretariat of the Subspecialty Committee at RCOG. The assessment is usually scheduled so that the outcome can be used to inform the ARCP process.

KEY RESOURCES FOR ALL TRAINEES

ePortfolio (eLogbook)

All trainees are required to use the RCOG ePortfolio, which provides the trainee with a comprehensive record of training and documents to demonstrate progression through the training programme, from the start of ST1. The 'Profile' section of the Training ePortfolio allows the trainee to access their post/supervisor details, and information about any prolonged periods of leave can be recorded in the 'Absences' section. At the start of each new post, the trainee should enter their post details and the name of their educational supervisor in the 'Post/Supervisor Details' section. Details of any overseas or supplementary training received can be entered, or details of courses and regional training days attended in the 'Courses' area of the ePortfolio. Course certificates can be stored in this section. The website contains comprehensive user guides for trainees, trainers and Deanery/LETB administrative staff.

eLearning

The RCOG has developed a large series of core tutorials on its eLearning platform that specifically support the core curriculum. While completion of these is not a mandatory element of the training programme, it is strongly recommended that trainees use these resources to supplement their learning. eLearning can be used at times to demonstrate knowledge. This is indicated in the curriculum by the term 'OM'. The ePortfolio contains direct links to the relevant core training tutorials for each competency.

PROGRESSING THROUGH TRAINING

Induction and appraisal

The trainee should meet with their educational supervisor within 2 weeks of starting their new post. **The front section of the induction/appraisal form on the ePortfolio must be completed prior to this meeting.** The trainee should meet with their educational supervisor on at least two further occasions (at 4 and 8 months) to ensure that satisfactory progress is being made and that the trainee is on track to achieve their educational objectives. The dates of these appraisal interviews and a record of the discussion should be recorded on the induction/appraisal form and stored in the ePortfolio.



Workplace-based assessments

The *Matrix of Educational Progression* describes the minimum number of assessments for each category per year. Assessments provide the trainee with valuable feedback and should be taken throughout the training year. All assessment forms are to be completed via the ePortfolio.

All workplace-based assessment (WPBA) encounters are categorised as either:

Formative

- Formative OSATS (objective structured assessment of technical skill)
- Mini-CEX (mini clinical evaluation exercise)
- CbD

Summative

- Summative OSATS (objective structured assessment of technical skill)

Formative assessments (assessment **for** learning) are used only for the purpose of feedback provision, whereas summative assessments (assessments **of** learning) allow for the demonstration of competency in a given clinical situation. Further details of all the WPBAs are on the [RCOG website](#).

Team observations (TO1 & TO2)

Trainees need feedback from a range of healthcare professionals, and the TO1 form is to be used for this purpose. This multisource feedback tool will form part of the assessment and informs the ARCP. The process is undertaken through the Training ePortfolio and is fully outlined on the [RCOG website](#).

Annual Review of Competency Progression

The RCOG and deaneries/LETBs have agreed the standards for progression through training, as outlined in the *Gold Guide*. These standards are described in the *Matrix of Educational Progression*. This is updated by SEAC and is published on the website at the beginning of August each year. At the end of each training year, a formal assessment of the trainee's progress will be conducted to determine whether they can progress to the next year of the Specialty Training Programme. This is the responsibility of the postgraduate dean in conjunction with the deanery/LETB school of O&G. The RCOG also publishes [guidance on ARCP outcomes](#) that is updated each year. Academic and subspecialty trainees have separate arrangements for ARCP.

MRCOG examinations

Trainees will need to pass three examinations in order to progress through training. Further detail on the [regulations for the MRCOG](#), including currency of result and number of attempts allowed, are available on the website.

Part 1 MRCOG

This examination assesses basic sciences relevant to O&G and consists of two written papers containing single best answer (SBA) questions (as of March 2015). Trainees need to pass the Part 1 MRCOG to progress from ST2 to ST3.

Part 2 MRCOG

This examination can be sat at any time after the attainment of Part 1. The Part 2 MRCOG exam assesses the application of knowledge in clinical scenarios. It is held in the British Isles and at selected overseas centres. The exam, which is in English, comprises two written papers consisting of single best answer questions (SBAs) and extended matching (EMQ) questions. Each paper counts for the same amount of marks (i.e. paper 1 counts for 50% of the mark, and paper 2 also counts for 50% of the mark). Trainees who are successful in the written papers can progress to the Part 3 MRCOG.



Part 3 MRCOG

Candidates are eligible to sit the Part 3 examination once they have passed the Part 2 exam and satisfied all other eligibility requirements regarding currency and attempts. The aim of the Part 3 exam is to assess the candidate's ability to demonstrate core clinical skills in the context of the skills, knowledge, attitudes and competences as defined in the MRCOG Part 2 curriculum. The exam will assess the following five core skill domains in the context of the 14 modules:

- Patient safety
- Communicating with patients and families
- Communicating with colleagues
- Information gathering
- Applied clinical knowledge

Each task will assess up to four of the five core skill domains. Candidates who pass all parts of the examination are awarded the MRCOG. The Core Training tutorials in StratOG will be an essential resource for candidates.

RECORDING DEVELOPMENT AND EXPERIENCES THROUGHOUT TRAINING

Reflective practice

All trainees are expected to actively engage in reflective practice. The ePortfolio provides a template for reflection. While trainees must meet the minimum requirements of the *Matrix of Educational Progression*, trainees are strongly encouraged to complete regular reflection to foster their own personal and intellectual development.

Trainees involved in serious incidents or complaints must always complete a reflective practice and discuss this, as well as electronically share it, with their educational supervisor; and, in some cases, the discussion would need to extend to other senior doctors directly involved with the case. If the case has been particularly distressing for the trainee, they should seek help and support quickly.

Log of experience

Once the trainee enters advanced training, it is recommended that a log of operative experience is maintained to confirm that they have been able to maintain their newly acquired skills.

Quality improvement (audit, research, publications and formal presentations)

Involvement in quality improvement (QI) is a crucial part of training. Evidence of a successfully completed QI will be expected at each annual assessment. Failure to demonstrate involvement in QI may hold up progress to the next year of training.

ACADEMIC TRAINING

Academic curriculum

Trainees should follow the RCOG academic curriculum. This runs concurrent with the core curriculum and has separate assessment and progression arrangements. The academic curriculum is much less prescriptive than the *core clinical curriculum*. The academic curriculum is designed to allow flexibility because academic trainees, even within the same grade of post (e.g. Academic Clinical Fellow), have differing levels of experience. While not all academic trainees will continue into senior academic posts, the academic curriculum includes competencies that need to be achieved by those who do wish to do so.



GUIDANCE REGARDING TRAINING REGULATIONS

Regulations for CCT/CESR(CP)

The regulations for CCT/CESR(CP) are available on the [GMC website](#). This is a useful source of information if there is a query concerning the CCT/CESR(CP). College Tutors can also give advice.

Out of programme

Some trainees want to take time out of programme (OOP) to undertake a period of additional training or research. There are four varieties of OOP. The Core Training tutorials in [StratOG](#) will be an essential resource for some taking OOP.

- OOP(C): this is used for trainees taking time OOP for personal reasons that are not relating to their competency progression. This time cannot be counted towards CCT or CESR(CP).
- OOP(E): the trainee is having experiences and competency progression that are related to the curriculum but not part of the curriculum. For instance, experience in IVF or overseas in a vesico–vaginal fistula service. This time cannot be counted towards CCT or CESR(CP).
- OOP(T): the trainee is undertaking competency progression but not in a GMC prior-approved training post. The GMC requires that the RCOG gives prior agreement of such requests for any time to be counted towards CCT. In exceptional circumstance OOP(T) can be in an overseas post, assuming that appropriate educational supervision is in place and matrix requirements can be met. Prior to the RCOG reviewing such application, agreement in principle is required from the responsible Postgraduate Dean (usually initially considered by the Head of School). An example would be subspecialty training in an RCOG approved post in Eire.
- OOP(R): the trainee is taking time out to undertake research. Trainees should always discuss any application to go OOP(R) with the Head of School before applying for the research post. Time does not count towards CCT unless prior GMC approval is recommended by the RCOG.

Acting up as a consultant

Trainees who wish to act up as a consultant within the deanery/LETB that their training number belongs to can do so with prospective agreement of the Head of School who will inform the Postgraduate Dean. However, appropriate prior OOP(T) processes will need to be completed for trainees wishing to act up as a consultant outside their home deanery.



Common terms in postgraduate O&G training

ALSO	Advanced Life Support in Obstetrics
ARCP	Annual Review of Competency Progression: the process whereby trainees have evidence of their progress reviewed by a Deanery panel
AUC	Acting up as a consultant
CbD	Case-based discussion
CCT	Certificate of Completion of Training
CESR	Certificate confirming Eligibility for Specialist Registration
CEX	Clinical evaluation exercise
CLT	Clinical Trainer: the consultant assigned to a trainee who provides training during episodes of 'direct clinical care'
CoPMeD	Conference of Postgraduate Medical Deans in the UK
CT	College Tutor: a consultant with at least 2 years' experience as educational supervisor, who is appointed by the NHS Trust and is responsible for the delivery of the training within the unit/hospital/trust
DFFP	Diploma of the Faculty of Family Planning
ES	Educational Supervisor: consultant assigned by the College Tutor to supervise a trainee's period of training. The supervisor is responsible for the process of appraisal
FRCOG	Fellow of the Royal College of Obstetricians & Gynaecologists
FTSTA	Fixed-term specialty training appointment
FTTA	Fixed-term training appointment
GMC	General Medical Council
Gold Guide	Guide to Postgraduate Specialty Training in the UK
HoS	Head of School (of O&G in a LETB/deanery)
LAS	Locum Appointment for Service
LAT	Locum Appointment for Training
LETB	Local Education Training Board (in England) previously Deanery
MOET	Managing Obstetric Emergencies and Trauma
MRCOG	Member of the Royal College of Obstetricians & Gynaecologists
MSF	Multisource Feedback
NICE	National Institute for Health and Care Excellence
NTN	National Training Number
OOP	Out of Programme
OOP(C)	Out of Programme for Career Break
OOP(E)	Out of Programme for Experience
OOP(R)	Out of Programme for Research
OOP(T)	Out of Programme for Clinical Training that has been prospectively approved by the GMC and can be counted towards training
OSATS	Objective Structured Assessment of Technical Skills
SANDS	Stillbirth and Neonatal Death Society
SEAC	Special Education Advisory Committee: the RCOG Committee responsible for all aspects of the specialty training programme and responsible for recommendations to the GMC for the award of the CCT
SIGN	Scottish Intercollegiate Guidelines Network
SpR	Specialist Registrar
StR	Specialty Registrar
TO	Team observation



TPD	Training Programme Director: this is an executive post appointed by the Deanery/LETB to organize and manage the delivery of training within that Deanery
USS	Ultrasound scanning
WPBA	Workplace-based assessment