



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

INTERNATIONAL RESIDENCY TRAINING PROGRAMME IN

OBSTETRICS & GYNAECOLOGY



This International Residency Training Programme in Obstetrics & Gynaecology was developed in 2024 by Dr Azriny Khalid and Dr Tasneem Ramhendar, National Specialty Directors, and the RCPI Education Department. The curriculum undergoes annual review by the National Specialty Directors and the RCPI Education Department. The curriculum is approved by the Specialty Training Committee and the Institute of Obstetrics & Gynaecology.

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1. INTRODUCTION

This section includes an overview of the training programme and how to use this curriculum document.

1.1. Purpose of training

This curriculum outlines the Institute of Obstetrics & Gynaecology's and the Royal College of Physicians of Ireland's (RCPI) approach to accreditation and certification of International Residency Training Programme (IRTP) in Obstetrics & Gynaecology.

Completion of IRTP is an essential step for a career in Obstetrics & Gynaecology and entry into Higher Specialist Training. This curriculum is aimed at International Senior House Officers (SHOs) in training and their supervising trainers. It outlines the knowledge, skills and attitudes that should be developed during the period of IRTP.

Key elements of IRTP

- Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum. Professionalism and ethical practice are learnt through mentorship by senior clinicians, integrated into the curriculum requirements and supported by RCPI's education programmes.
- The core curriculum has been updated to ensure that these key elements are completed to the satisfaction of the Institute of Obstetrics & Gynaecology. Accreditation and certification will focus on evaluation of trainees' progress and the educational validity of the posts they occupy. This will be done by formal registration of all trainees with RCPI and an ePortfolio to ensure that specific goals and outcomes are achieved and that formal supervision by trainers is undertaken during each post.
- The College recognises that not all trainees will have the same exposure to specialties and therefore their training experience will differ. As a result the topics and practical skills obtained during IRTP will reflect the individual's rotation programme.
- All IRTP trainees in Obstetrics & Gynaecology must pass the MRCPI in Obstetrics & Gynaecology examination in order to successfully complete their IRTP programme. It should be noted that this curriculum is not a syllabus for this examination but it will provide guidance for the knowledge required to take the examination.

For additional information regarding rotation requirements, annual leave, health and wellbeing etc. please refer to the BST Training Handbook available on the RCPI website ([here](#)).

1.2. Purpose of the curriculum and ePortfolio

This curriculum outlines the educational content and expected achievements of the International Residency Training Programme (IRTP) Programme. Key training policies, training goals, standards of professionalism and specific outcomes are detailed.

Trainees will be assessed in the workplace at intervals throughout the IRTP programme. These assessments must be recorded in the IRTP online ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation. The ePortfolio should be kept up to date throughout the year.

The curriculum for IRTP outlines the core knowledge, skills and achievements required by the end of the IRTP Programme to achieve an IRTP certificate. There will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content and trainees are encouraged to actively seek additional opportunities to learn.

1.3. How to use the curriculum

Both trainees and trainers require 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 trainees, particularly during goal-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 imperative that trainees keep an up-to-date ePortfolio throughout the duration of their programme.

1.4. Training Goals

Training goals are the main overarching areas of training. Each training goal is broken down into measurable and defined training outcomes.

Clinical and professional experience is recorded under these training goal headings. For each post the trainee and trainer will meet to complete an end of post assessment and evaluate progress for each goal. The trainer will determine if the trainee's progress meets expectation for that point in training.

Experience will be gained a variety of posts and clinical setting. For each post a trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

1.5. Outcomes

Specific outcomes are defined under each goal. By the end of IRTP Obstetrics & Gynaecology a trainee should demonstrate an ability to meet each outcome. Evidence of experiences (training and learning), expected case mix, feedback, assessments and evaluations are some of the methods to achieve outcomes. Please refer to the "Focus of Assessment" outlined under most outcomes for indications.

1.6. Overview of Training Goals and Outcomes

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

2. EXPECTED EXPERIENCE

This section details the regulations and the training experience that International Trainees are expected to complete over the course of IRTP Obstetrics & Gynaecology

2.1. IRTP Requirements and Policies

- IRTP consists of three years of training: two years in approved Senior House Officer posts, and one year as Junior Registrar. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years.
- IRTP in Obstetrics & Gynaecology is regulated and certified by the RCPI Institute of Obstetrics & Gynaecology.
- IRTP must be completed in posts that have been approved for training by RCPI.
- In addition to your clinical skills and general professional development activities it is expected that you will gain proficiency in core professional skills including clinical communication, organisational behaviour and leadership, wellbeing, quality assurance and improvement etc.

Important regulations and procedures relating to the IRTP programme are listed as follows.

To be eligible for IRTP Certificate of Completion in Obstetrics & Gynaecology trainees are required to:

- Register on the IRTP programme. Entry to the programme is in July on an annual basis.
- Complete 36 months of training in posts approved for IRTP.
- Achieve all outcomes as set out in this curriculum.
- IRTP Obstetrics & Gynaecology Study Days are held each year, and trainees are required to attend ten study days over the course of their IRTP
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend and satisfactorily pass annual reviews.
- Complete the MRCPI in Obstetrics & Gynaecology

Entry Requirements

To be eligible for entry to IRTP, trainees must have

- Completed their Internship satisfactorily
- Completed the [iheed Professional Diploma in Obstetrics and Gynaecology](#) (diploma will be required before starting in post, but not at the interview stage)
- Be eligible for registration on the trainee specialist division of the Medical Council
- Proof of competency in the English language in line with HSE Specifications

International Residency Training Programme Agreement

Trainees are required to sign an International Residency Training Programme Agreement prior to entering the IRTP programme, in which they must formally agree to:

- Fully cooperate in all aspects of the IRTP programme
- Uphold their commitment to all allocated posts in the structured rotation programme
- Fulfil their clinical service requirements and work cooperatively with all members of the service team
- Follow the curriculum and ePortfolio requirements, complete the mandatory courses and attend assessments as required
- Undertake additional training or assessment if required to do so by RCPI
- Fully commit to and utilise available work time for the IRTP programme

- Attend to requests/correspondence from RCPI in a timely manner
- Act professionally at all times in their dealings with RCPI.

2.2. Training Environment

All rotations must meet the criteria outlined in this curriculum and all rotations require the approval of RCPI. Regular evaluation of all rotations by RCPI is the basis for monitoring training. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

2.3. Supervising Trainers

Every IRTP post has one assigned supervising trainer, whose duties include:

- Meeting with the trainee in their first week in the post and agreeing the trainee's Personal Goals Plan.
- Appraising the trainees' progress at regular intervals during the post.
- Completing the End of Post Assessment Form in ePortfolio at the end of the post.
- Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this.
- Trainers may work in teams with general consultants however only one of these will be the designated supervising consultant for mentoring and ePortfolio purposes.

2.4. IRTP ePortfolio

Trainees are required to keep a IRTP ePortfolio as a repository of their records and progress through IRTP and to ensure that their training is valid and appropriate.

The IRTP ePortfolio should be kept up to date throughout the year. It is designed to record progress through the programme, in particular whether trainees have satisfactorily completed all requirements for training.

The IRTP ePortfolio is evidence of satisfactory completion of training and is therefore required for the issue of a IRTP Certificate of Completion.

The ePortfolio contains all relevant forms for recording information about each aspect of IRTP.

2.5. Leave from the IRTP Programme

Study leave and annual leave do not affect IRTP completion dates.

Taking time out of the IRTP programme:

Once you commence Joint Residency Training, you must complete your training in a consecutive 3-year block except in exceptional circumstances. Details on special leave and how it may affect your completion date are outlined below.

Special Leave (other than study and annual leave): Examples of special leave: Sick leave, maternity leave, compassionate leave, Force Majeure Leave. For additional information regarding leave, please consult the RCPI BST Training Handbook available on the website ([here](#)).

2.6. Clinical Activities

- Record frequency of attendance at:
 - Outpatient Clinics
 - Ward rounds
 - Post-call ward rounds
 - Attendance will be discussed at the end of each post and experience evaluated
- Record frequency of call for the post.
- Where appropriate record:
 - Additional Clinical Experience
 - Subspecialty and special interest experience

2.7. Academic and Professional Development Activities

- Record completion of the BST Obstetrics & Gynaecology Taught Programme; tutorials and online content
- Record attendance at hospital-based courses such as APLS, STABLE, etc. as agreed with the assigned Supervisor
- Record attendance at hospital-based learning including Grand Rounds, Journal Clubs and Multidisciplinary team meetings
- Record attendance at a minimum of 10 approved Study Days during your training programme.
- Record examination attempts in ePortfolio for each part of the MRCPI examination

A summary of attendance will be visible at the end of post assessment.

2.8. RCPI Taught Programme

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

Year One

July - September

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

- Personal and Professional Boundaries

October - December

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

January – March

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

April - June

- **Introduction to Leading for Patient Safety**
 - **Online Content**
 - Shared decision making
 - Teaching juniors
 - **Virtual Tutorial**
 - Leading for quality and patient safety
 - A culture of patient safety
 - Near misses, errors, human factors in context

Other courses to attend during Year 1:

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

Year Two

July – September

- **Ethics: Bias & Legality**
 - **Online Content**

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

October – December

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

January – March

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

April - June

- **Increased Responsibility: Stepping up to Reg**
 - **Online Content**
 - Physician Wellbeing: becoming a registrar
 - Equity in healthcare
 - Sustainable use of resources
 - Assess functional capacity for decision making
 - **Virtual Tutorial**
 - Managing the deteriorating patient
 - Situation awareness
 - Clinical judgement and decision making

Other course to attend during Year 2:

- Intrapartum Simulated Obstetrics Training (ISOT)

Year Three

Taught Programme Modules:

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

Other courses to attend during Year 3:

- An Approach to Caring and Coping
- OASIs – Perineal Tear and Episiotomy Repair Workshop

3. CORE PROFESSIONAL SKILLS

The Irish Medical Council outlines 3 Pillars of Professionalism: Partnership, Practice and Performance.

This RCPI training programme is designed to educate and guide doctors on the path to advanced clinical expertise in the context of the pillars of professionalism.

Trainees are expected to meet appropriate standards, as outlined in the curriculum, as they continue to gain clinical skills and expertise. It is expected that trainees learn and demonstrate the outcomes of professionalism in the performance of all clinical duties.

Outcomes for core professional skills are assessed during observation of practice, as outlined in the specialty training goals, as well as at formal examinations, end of post assessments, and end of year assessments.

The core professional skills incorporate the eight domains of good professional practice; Patient Safety and Quality in Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management), Scholarship, Professionalism, Clinical (Professional) Skills

Core Professional Skills

Medical Council Domain of Professional Practice

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

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

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

Good Professional Practice

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

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

Trainees must demonstrate the following in the workplace

- Effective Communication
- Ethics
- Honesty, openness, and transparency (mistakes and near misses)
- Raising concerns about patient safety

Infection Control

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

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

Trainees must demonstrate the following in the workplace

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

Self-Care and Maintaining Well-Being

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

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

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

Communication in Clinical and Professional Setting

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

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

Trainees must demonstrate the following in the workplace

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

Leadership

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

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

Trainees must demonstrate the following in the workplace

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

Quality Improvement

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

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

Management

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

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

Scholarship

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

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

Standards of Care

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

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

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

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

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

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

Therapeutics and Safe Prescribing

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

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

4. SPECIALTY SECTION – TRAINING GOALS & OUTCOMES

This section includes the Training Goals and Outcomes specific to specialty of Obstetrics & Gynaecology.

Each Training Goal is broken down into measurable training outcomes that Trainees should achieve by the end of the IRTP.

Goal 1 General and Clinical Skills in Obstetrics and Gynaecology

About this goal

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

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

There are 5 Outcomes underpinning this goal

1. Outcome 1 History Taking
2. Outcome 2 Physical and Clinical Examination
3. Outcome 3 Wound Care and Management
4. Outcome 4 Audit and Quality Improvement
5. Outcome 5 Communication Skills

Outcome 1 History Taking

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

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

Courses/Study Days/Other Activities

MRCPI Examination

Formal Assessments

QA/EOPA

EOYE

Outcome 2 Physical and Clinical Examination

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Courses/Study Days/Other Activities

MRCPI Examination

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Wound Care and Management

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

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

Courses/Study Days/Other Activities

MRCPI Examination

Formal Assessments

QA/EOPA

EOYE

Outcome 4 Audit and Quality Improvement

About this outcome

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

Case Experience

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

Informal Feedback

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

Formal Assessments

QA/EOPA

EOYE

Outcome 5 Communication

About this outcome

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

Case Experience

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

Informal Feedback

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

Courses/Study Days/Other Activities

MRCPI Examination

Formal Assessments

QA/EOPA

EOYE

Goal 2 Management of Early Pregnancy

About this goal

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

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

There are 3 Outcomes underpinning this goal

- Outcome 1 Early Pregnancy Problems
- Outcome 2 Care of Patients with First Trimester Miscarriage
- Outcome 3 Care of Patients with Suspected of Confirmed Ectopic Pregnancy

Outcome 1 Early Pregnancy Problems

About this outcome

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

Case Experience

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

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

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

Informal Feedback

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

Workplace Based Assessments

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

Courses/Study Days/Other Activities

Certificate in Basic Ultrasound

Formal Assessments

QA/EOPA

EOYE

Outcome 2 Care of Patients with First Trimester Miscarriage**About this outcome**

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 OSATS – Uterine Evacuation

At least 1 CBD – Management of First Trimester Miscarriage

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Care of Patients with Suspected or Confirmed Ectopic Pregnancy**About this outcome**

Trainees must be proficient in the assessment of ectopic pregnancies.

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 OSATS – Diagnostic Laparoscopy

At least 1 CBD – management of Ectopic Pregnancy

Courses/Study Days/Other Activities

Certificate in Basic Ultrasound

Formal Assessments

QA/EOPA

EOYE

Goal 3 Antenatal Care

About this goal

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

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

There are 9 Outcomes underpinning this goal

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

Outcome 1 Common Pregnancy Problems

About this outcome

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

Pregnancy induced hypertension & pre-eclampsia

Bleeding in 3rd trimester

Malpresentation

Prolonged Pregnancy

Management of multiple pregnancy

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD's on reduced fetal movements

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

Formal Assessments

QA/EOPA

EOYE

Outcome 2 [Care of a Patients with a Previous Caesarean Section](#)

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Fetal Assessment and CTG Interpretation

About this outcome

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

Case Experience

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

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

Informal Feedback

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

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

Workplace Based Assessments

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

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

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

Formal Assessments

QA/EOPA

EOYE

Outcome 4 Care of Patients with Diabetes in Pregnancy

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 5 Care of Patients with Hypertensive Disorders in Pregnancy

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

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

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 OSATS Fetal Biometry before end year 3

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

Formal Assessments

QA/EOPA

EOYE

Outcome 7 Care of Patients with Obstetric Cholestasis

About this goal

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 8 Care of Patients with Antepartum Haemorrhage (APH)

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 9 Care of Patients with previous or suspected VTE

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Goal 4 Obstetric Emergencies

About this goal

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

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

There are 6 Outcomes underpinning this goal

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

Outcome 1 Care of Patients with Threatened or Preterm Labour

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Study Days/Courses/Other Activities

MOET or ALSO or PROMPT

Formal Assessments

QA/EOPA

EOYE

Outcome 2 Care of Patients with Cord Prolapse

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD management of cord prolapse

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Management of Shoulder Dystocia

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD management of shoulder dystocia

Study Days/Courses/Other Activities

Online practical scenario module (shoulder dystocia)

Formal Assessments

QA/EOPA

EOYE

Outcome 4 Care of patients with pre-eclampsia and severe pre-eclampsia**About this outcome**

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Study Days/Courses/Other Activities

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

Formal Assessments

QA/EOPA

EOYE

Outcome 5 Management of Maternal Collapse**About this outcome**

Trainees must have a knowledge of how to manage maternal collapse

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Study Days/Courses/Other Activities

Practical Scenario Module (Maternal Collapse)

Formal Assessments

QA/EOPA

EOYE

Outcome 6 Management of Postpartum Haemorrhage

About this outcome

Trainees must be familiar with strategies to manage postpartum haemorrhage.

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Study Days/Courses/Other Activities

Online Practical Scenario Module (Major Obstetric Haemorrhage)

Formal Assessments

QA/EOPA

EOYE

Goal 5 Labour Ward Management and Postpartum Management

About this goal

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

There are 10 Outcomes underpinning this goal

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

Outcome 1 Labour and Delivery

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD on management of postpartum haemorrhage

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

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

Study Days/Courses/Other Activities

MOET or ALSO or PROMPT

Intrapartum Simulated Obstetrics Training (ISOT)

Formal Assessments

QA/EOPA

EOYE

Outcome 2 Skilled Birth Attendance for Obstetricians

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 x OSATS Normal Birth

At least 1 x OSATS Normal Newborn Care

Study Days/Courses/Other Activities

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Management of Induction of Labour

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD management of induction of labour

At least 1 Mini-CEX management of induction of labour

Formal Assessments

QA/EOPA

EOYE

Outcome 4 Caesarean Section

About this outcome

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

Case Experience

Year 1 – Record case mix of assistance at Caesarean Sections

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

Informal Feedback

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

Workplace Based Assessments

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

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

At least 1 OSATS opening and Closing the Abdomen per programme

Formal Assessments

QA/EOPA

EOYE

Outcome 5 Dystocia in Labour

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 6 Operative Vaginal Delivery

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 OSATS Operative Vaginal Delivery (Year 3)

At least 1 OSATS Rotational Instrument Delivery (Year 3)

Formal Assessments

QA/EOPA

EOYE

Outcome 7 Labour in the Presence of a Previous Caesarean Section

About this outcome

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

Case Experience

Record a case mix per programme

Informal Feedback

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

Workplace Based Assessments

At least 1 Mini-CEX per programme

At least 1 CBD per programme

Formal Assessments

QA/EOPA

EOYE

Outcome 8 Care of Patients with Perineal Tears

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 OSATS Perineal Repair (Year 3)

Study Days/Courses/Other Activities

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

Formal Assessments

QA/EOPA

EOYE

Outcome 9 Pre-operative Management

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 Mini-CEX per programme

At least one CBD per programme

Study Days/Courses/Other Activities

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

Formal Assessments

QA/EOPA

EOYE

Outcome 10 Care of Patients with Complications During the Puerperium

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD per programme

Formal Assessments

QA/EOPA

EOYE

Goal 6 General Gynaecology

About this goal

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

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

There are 7 Outcomes associated with this goal

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

Outcome 1 Pre-operative Care

About this goal

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Courses/Study Days

RCPI O&G Basic Practical Skills (year 1)

Formal Assessments

QA/EOPA

EOYE

Outcome 2 Menstrual Problems and Abnormal Bleeding

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

OSATS – Diagnostic Hysteroscopy

OSATS – Assisting in Hysterectomy

Formal Assessments

QA/EOPA

EOYE

Outcome 3 Care of Patients with Acute Pelvic Pain and Dysmenorrhoea

About this outcome

Trainees must be able to evaluate, investigate, and plan appropriate treatment of a woman with acute pelvic pain. Trainees must demonstrate knowledge of the differential diagnosis of acute pelvic pain,

exercise good judgement in triaging a patient, respecting her need for privacy during history taking, pelvic examination in an A&E setting.

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

OSATS Diagnostic Laparoscopy (year 3)

Formal Assessments

QA/EOPA

EOYE

Outcome 4 Problems of the Vulva and Vagina

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 5 Menopausal Problems

About this outcome

Trainees must be able to diagnose women with menopausal symptoms and demonstrate knowledge of the physiology of menopause, appropriate vasomotor symptoms and management. Trainees must also demonstrate understanding of HRT types, uses, benefits, risks, and limitations and appreciate the long term consequences of menopause e.g., CVD, CVS, Osteoporosis

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Outcome 6 Care of Patients with Post-menopausal Bleeding

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD and 1 Mini-CEX per programme

OSATS - Hysteroscopy

Formal Assessments

QA/EOPA

EOYE

Outcome 7 Manage Family Planning/Contraception

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Courses/Study Days

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

RCPI Course Family Planning

Formal Assessments

QA/EOPA

EOYE

Goal 7 Gynaecology Subspecialties

About this goal

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

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

There are 5 Outcomes underpinning this goal

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

Outcome 1 Operative Gynaecology

About this outcome

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

Case Experience

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

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Courses/Study Days

Basic Gynaecology Study Day (year 1)

Outcome 2 Urogynaecology

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

OSATS – Diagnostic Cystourethroscopy

Formal Assessments

QA/EOPA

EOYE

Courses/Study Days

Basic Gynaecology Study Day (year 1)

Outcome 3 Gynaecological Oncology

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

At least 1 CBD on gynaecological oncology before end year 3

Formal Assessments

QA/EOPA

EOYE

Courses/Study Days

Basic Gynaecology Study Day (year 1)

Outcome 4 Infertility

About this outcome

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

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Formal Assessments

QA/EOPA

EOYE

Courses/Study Days

Basic Gynaecology Study Day (year 1)

Outcome 5 Contraception

About this outcome

Trainees must be familiar with all contraception methods

Case Experience

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

Informal Feedback

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

Workplace Based Assessments

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

Courses/Study Days

RCPI Family Planning course

Formal Assessments

QA/EOPA

EOYE

Courses/Study Days

Basic Gynaecology Study Day (year 1)

6. ePORTFOLIO RECORDING REQUIREMENTS

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

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

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

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

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

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