

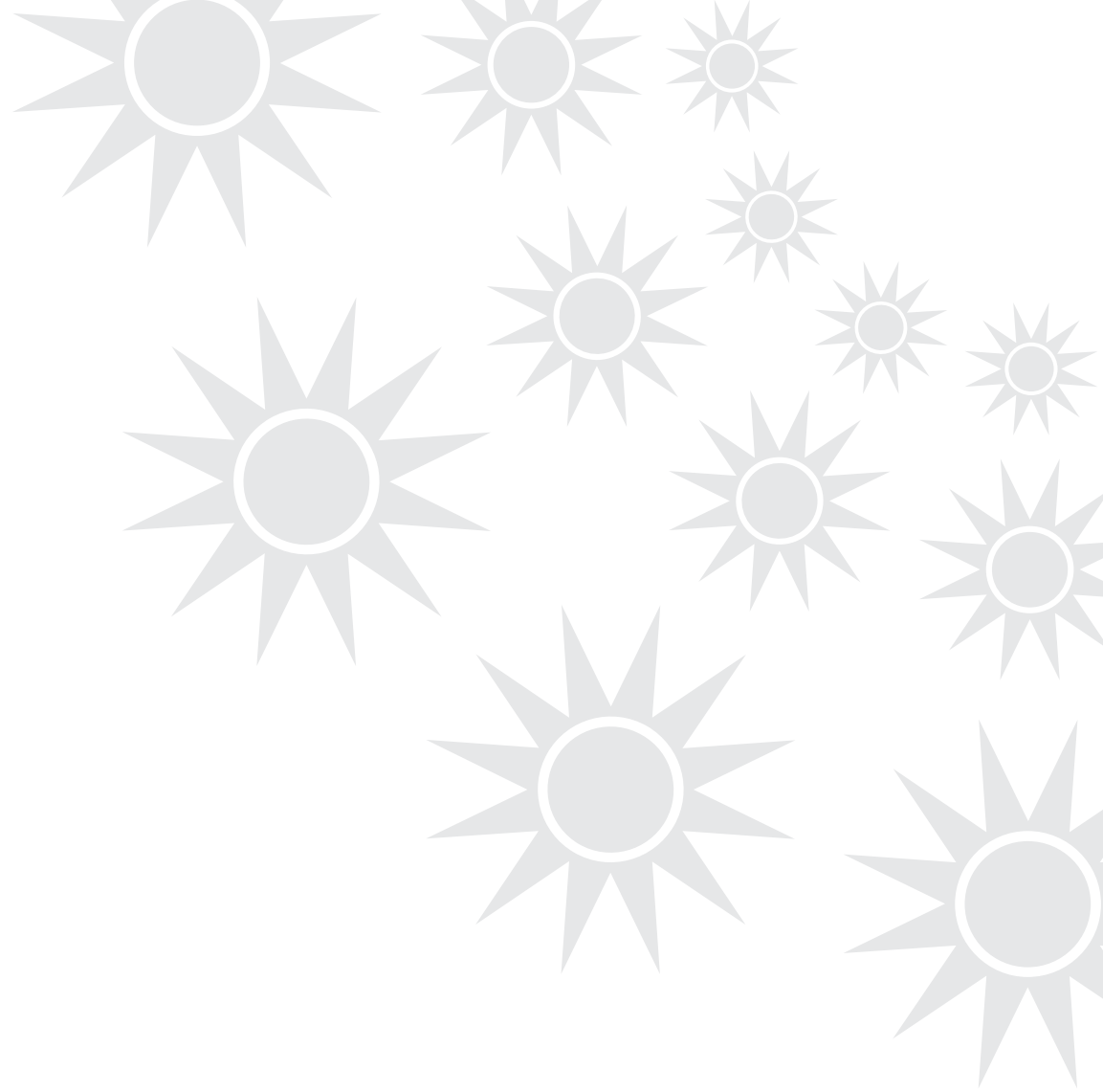


**The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists**  
*Excellence in Women's Health*

# RANZCOG Curriculum

A framework to guide the training and practice of Specialist  
Obstetricians and Gynaecologists

Last updated: November 2017



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# Content

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<b>1. Introduction</b>	<b>1</b>
i. Context	1
ii. Specialist practice	1
iii. The FRANZCOG Curriculum	2
iv. The FRANZCOG Curriculum: the broader context	2
<b>2. The FRANZCOG Training Program</b>	<b>4</b>
2.1 The Training Program – a Year-by-Year Guide for Trainees	4
2.2 The Learning Model	6
<b>3. Profile of a Specialist Obstetrician and Gynaecologist</b>	<b>7</b>
3.1 Essential Characteristics and Key Competencies	7
3.2 Domain Clinical Expertise	8
3.3 Domain: Academic Abilities	10
3.4 Domain: Professional Qualities	12
<b>4. Knowledge and Application in Obstetrics and Gynaecology</b>	<b>15</b>
A Core Scientific and Medical Knowledge	17
A.1 Epidemiology and Research Methods	17
A.2 Anatomy	21
A.3 Placental Fetal and Early Neonatal Physiology	23
A.4 Reproductive Physiology and Endocrinology	24
A.5 Genetics	26
A.6 Pharmacology and Therapeutics	28
A.7 Clinical Imaging	30
A.8 Pathology and Haematology	32
A.9 Microbiology	34
A.10 Immunology	35
A.11 Medical and Surgical Conditions in Pregnancy	36

B.	Clinical Knowledge and Management Skills.....	40
B.1	Obstetrics .....	40
B.2	Gynaecology.....	50
B.3	General Surgical Principles .....	58
	Procedural and Surgical Skills -for Trainees commencing between 1 December 2003 and 30 November 2013 .....	61
	Summary of revisions for trainees commencing between 1 December 2003 and 30 November 2013 .....	62
	Procedural and Surgical Skills - for Trainees commencing training on or after 1 December 2013 .....	63
C.	Contextual Knowledge.....	66
C.1	Women’s Health and Cultural Issue .....	66
C.2	Ethics .....	68
C.3	Law .....	69
C.4	Management and Professional Skills .....	71
<b>5.</b>	<b>Assessment of Competence .....</b>	<b>75</b>
	Expectations of assessment within the training program .....	75
5.1	Assessment Overview: Methodologies and Components.....	76
5.2	Details of Assessment Methodologies and Components .....	77
5.2.1	In-training assessments.....	77
5.2.2	Workshop participation/assessment .....	78
5.2.3	Examinations.....	79
5.2.4	Research.....	80
5.3	Key Competencies/Assessment Matrix.....	81
5.4	Knowledge & Assessment Matrix.....	82

# 1. Introduction

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## i. Context

This curriculum was originally developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) in 2003. During 2009 a comprehensive review of the content, outcomes, skills, knowledge and professional qualities required under the Curriculum was undertaken to inform the 2nd Edition of the document. These changes have been retained to ensure that the document meets the needs of trainees undertaking training towards FRANZCOG qualifications under the training program governed by regulations operating prior to 1 December 2013 (the ITP/Elective program), as well as the needs of trainees undertaking training under the training program governed by the regulations operating from 1 December 2013 (the Core/Advanced program).

The objective of the Curriculum is to equip future specialists with the knowledge, skills and professional qualities appropriate to the healthcare needs of women in two countries that comprise culturally diverse populations. The FRANZCOG Curriculum, and the training program that it underpins, is responsive to a constantly changing healthcare system that is in a constant state of flux and facing increasing financial constraints. Women's healthcare is undergoing change through advances in technology, an increased emphasis on medical management rather than surgical options, and the demand for healthcare that involves an informed partnership between specialists and the woman in their care and their families.

The Curriculum is presented as a framework of characteristics and competencies, designed to guide and support the training of specialists in obstetrics and gynaecology in Australia and New Zealand. This 3rd Edition clearly links the outcomes associated with the program to elements of the Framework. The Framework is now also utilised as the basis for the requirements of the FRANZCOG Continuing Professional Development Program implemented for Fellows of the College from 2013, resulting in a coordinated approach through all stages of specialist training and practice to the educational rationale for professional practice in the specialist discipline. The College document Attributes of a RANZCOG Fellow is inextricably linked to this document and the two should be read in conjunction with each other.

## ii. Specialist practice

The Curriculum seeks to describe the essential characteristics of a specialist obstetrician and gynaecologist who is equipped to practise effectively in a changing healthcare environment. These characteristics are:

- ) **Clinical Expertise**, combining medical expertise and effective communication (CE);
- ) **Academic Abilities**, comprising self-learning and research abilities and the capacity to teach (AA);
- ) **Professional Qualities**, encapsulating management responsibilities, practice review and development team work, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy (PQ).

The deliberate amalgamation of medical and communication abilities reflects the strongly held position of the College that clinical expertise is dependent on well-developed abilities in both medicine and communication. Similarly, academic abilities and professional qualities are considered to be essential factors in the acquisition of clinical competency in the specialty.

### iii. The FRANZCOG Curriculum

The FRANZCOG Curriculum encompasses an educational plan designed to bring about change. Educational objectives are specified to provide clear information of the knowledge and aspects of practice where competency is expected and assessed. Assessment of competencies is structured to reflect the pathway of learning required throughout training.

Competency is achieved through an incremental process of learning and development, so the Curriculum indicates ways in which learning might be promoted in the key areas of Clinical Expertise, Academic Abilities and Professional Qualities. Consultants who supervise the training of future medical specialists are crucial to this process, in guiding day-to-day learning and ensuring robust growth of the profession.

The Curriculum also specifies assessment formats appropriate to articulated objectives. Importantly, the Curriculum is a dynamic document requiring ongoing review and evaluation of both the educational plan and its implementation.

As previously noted, this 3rd Edition of the FRANZCOG Curriculum serves the needs of trainees operating under either the current (pre-) or post-December 2013 training programs. In a review of the FRANZCOG Training Program conducted through 2011 and 2012, revisions were made that reflect not so much the requirements of competent specialists in the discipline of obstetrics and gynaecology, but the way in which they are obtained and the needs of the communities that are served by their holders. As such, the outcomes listed in Section 4 of the document are applicable to all current FRANZCOG trainees, the two different training program requirements and associated regulations reflecting the manner in which the context of specialist training has changed. A common sense approach to implementing those changes ensures minimal disruption to trainees who are part of the way through their training, and maximum certainty and educational effectiveness for all trainees.

### iv. The FRANZCOG Curriculum: the broader context

The original FRANZCOG Curriculum acknowledged that it drew liberally on Skills for the New Millennium, a competency framework outlined in the CanMEDS 2000 Project Societal Needs Working Group Report, and accepted by The Royal College of Physicians and Surgeons of Canada as the desired future direction of postgraduate medical education in Canada at that time. CanMEDS has, of course, gained wide acceptance since that time, undergoing review and evolution itself so that it remains to this day an influential and relevant piece of work that is of value to this 3rd Edition of the FRANZCOG Curriculum.

Other sources that influenced the original Curriculum document included the six areas of competence defined by the Accreditation Council for Graduate Medical Education (USA), and the International Guidelines developed by the World Federation of Medical Education.

Since that time, other documents in relevant jurisdictions have emerged, including, Good Medical Practice, developed by the General Medical Council in the United Kingdom, with local variants being developed for use in both countries to which this document directly relates. The Australian Medical Council's Competence-based Medical Education (2010) has also informed this 3rd Edition, as have the revisions to the FRANZCOG Training Program that will come into effect from December 2013.

Developments in defining and assessing the professional competence of specialist doctors has seen significant development in recent times as the applicability of performance-based (or workplace-based) assessments has been acknowledged, and the manner in which the medical education community has come to see the assessment needs of doctors undertaking postgraduate vocational training has evolved. Changes in technology and the manner in which postgraduate trainees use a range of media to access learning opportunities has also informed the document's 3rd

Edition. Changing workforce profiles, demographics and legislative and regulatory contexts have also needed to be acknowledged and appropriately incorporated.

The intention of the FRANZCOG Curriculum still remains to enable the training of obstetricians and gynaecologists to be professionally responsive to the evolving healthcare needs of women and infants in the two countries in which RANZCOG is primarily focused. The document will continue to evolve; as such a document should, serving to meet the needs of the communities for which it is intended.

## 2. The FRANZCOG Training Program

### 2.1 The Training Program – a Year-by-Year Guide for Trainees

The diagrams presented below are designed to provide a broad overview of the structure and major requirements of the six year FRANZCOG Training Program as it operates for trainees. For both training programs described below, the attention of readers is drawn to the relevant RANZCOG regulations, the FRANZCOG Training Program Handbook and policies pertaining to the programs for details relating to the overall program and individual requirements, as well as any other relevant documents and notices that the College may issue from time to time.

#### Trainees commencing Training between 1 December 2003 and 30 November 2013

Stage in the Program	Year Level	Workshops & Learning Resources				Assessment Requirements							
Core Training	Year 1	Climate eLearning modules (eLM)	Basic Surgical Skills Workshop	Neonatal Resuscitation	Fetal Surveillance Workshop/Program	Communication Skills Workshop	At 3 and 9 months: Satisfactory three-monthly formative appraisal with Training Supervisor. Logbook reviewed and signed by Training Supervisor	At 6 and 12 months: Submit six-monthly summative assessment and TAR. Submit Trainee Feedback Evaluation	Written Examination*#	Oral Examination*#	Research Study	Assessment of Procedural and Surgical Skills (APSS)	In-Hospital Clinical Assessments (IHCA)
	Year 2												
	Year 3												
	Year 4												
Advanced Training	Year 5		General obstetrics and gynaecology	May be first year of subspecialty training									
	Year 6												

\* Although normally attempted for the first time during Core Training, it is not necessary for the FRANZCOG written and oral examinations to be completed by trainees governed by the requirements of this program before they may undertake Advanced Training. They must, of course, be completed in order for trainees to be regarded as having completed the Core stage of the training program and, consequently, the overall requirements of the program necessary to qualify for FRANZCOG.

# Once eligible to apply for the examinations, both the FRANZCOG Written Examination and the FRANZCOG Oral Examination may be attempted a maximum of four (4) times.



## Trainees commencing Training on or after 1 December 2013

Stage in the Program	Year Level	Workshops & Learning Resources				Assessment Requirements							
<b>Core Training</b>	1 Year core time in training	Climate eLearning modules (eLM)	Foundations of Surgery Workshop	Neonatal Resuscitation Training	Fetal Surveillance Workshop/Program	Communication Skills Workshop	Ultrasound Workshop (post 2016 Trainees)	At 3 and 9 months: Satisfactory three-monthly formative appraisal with Training Supervisor. Logbook reviewed and signed by Training Supervisor	At 6 and 12 months: Submit six-monthly summative assessment and TAR. Submit compulsory Trainee Feedback Evaluation	Written Examination**	Research Proposal	Assessment of Procedural and Surgical Skills (APSS) – by the end of 4 years core time in training	In-Hospital Clinical Assessments (IHCA)– Colposcopy and Ultrasound
	2 Years core time in training												
	3 Years core time in training												
	4 Years core training												

<b>Advanced Training</b> <b>(Generalist or Non-Generalist Pathway )</b>	1 Year Advanced time in training	Climate modules (eLM)	Workshops/courses as required per Advanced Training Modules and Subspecialty programs	ASMs	At 3 and 9 months: as for core training	At 6 and 12 months: as for core training	Training and assessment requirements as per the Generalist ATMs or the Essential O & G Skills ATM (Academic Stream, Subspecialty trainees)	Research Study <sup>+</sup>	Assessment of Procedural and Surgical Skills (APSS)	Clinical Educator Training (CET) Modules
	2 Years Advanced Training (Year 6)									

\* Satisfactory completion of the FRANZCOG written and oral examinations are a prerequisite for certification as FRANZCOG, which it is necessary for trainees governed by the requirements of this program to attain before they may proceed to and undertake any aspect of Advanced Training.

# Once eligible to apply for the examinations, both the FRANZCOG Written Examination and the FRANZCOG Oral Examination may be attempted a maximum of three (3) times by trainees. The written examination must be attempted by the completion of 138 weeks FTE of core training.

+ Must be completed before commencement of Subspecialty Training.

□ Generalist pathway includes areas of special interest. Non-Generalist Pathway includes Subspecialty and Academic Pathways.

## 2.2 The Learning Model

RANZCOG acknowledges that the education of medical specialists can no longer be managed totally within the day-to-day experiences of hospital activity. An interpretation that relies solely on the expectation that the public hospital system is able to provide the scope of experience necessary to attain proficiency across the range of domains now associated with competence in specialty practice is limited. Traditional hospital-based training needs to be enhanced by the inclusion of well-designed supportive programs, as well experience in alternative training settings.

Nevertheless, enhanced apprenticeship continues to be viewed by the College as an appropriate description of a model that integrates the learning available in a teaching hospital with other structured educational opportunities involving, for example, workshops, short courses and databases of learning resources.

The following learning resources and personnel are considered to be essential for up-to-date models of enhanced apprenticeship learning.

<p><b>Hospital-Based</b> Apprenticeship learning</p>	<p>Specialist obstetricians and gynaecologists Specialists in other disciplines (paediatricians, general surgeons etc.) Academic departments within the ITP In-hospital meetings (audit, perinatal education etc.) Other RANZCOG trainees Nursing staff Midwifery staff Ancillary professionals Local training supervisors</p>
<p><b>College-Based</b> Enhanced apprenticeship learning</p>	<p>ITP coordinators RANZCOG website and links, websites of other specialist colleges On-line learning resources, including CLIMATE and other RANZCOG resources Electronic resources, such as ‘apps’ and opportunities associated with social media Pre-examination courses Surgical Skills Workshops Fetal Surveillance Workshops Neonatal Resuscitation Workshop Communication Skill Workshop RANZCOG Annual Scientific Meetings Regional committee scientific meetings RANZCOG publications</p>
<p><b>Community-Based</b> Learning within social and professional settings of practice</p>	<p>General practitioners Scientific institutions Medical and other learned societies, including their conferences and meetings Consumer organisations</p>
<p><b>The Literature</b> (traditionally and electronically sourced) Accessing knowledge for application in a complex professional setting</p>	<p>Textbooks Journals Scientific databases</p>

## 3. Profile of a Specialist Obstetrician and Gynaecologist

### 3.1 Essential Characteristics and Key Competencies

This section outlines the framework for the educational objectives of the FRANZCOG Curriculum. It describes the skills, attributes and key competencies considered necessary for effective specialist practice within three domains:

- ) Clinical expertise (CE)
- ) Academic abilities and (AA)
- ) Professional qualities (PQ)s

The objectives identify the knowledge, abilities, attitudes and professional qualities that the College considers, by consensus, to be essential for practising as a specialist obstetrician and gynaecologist. Assessment in the Training Program is based on these objectives, which, in turn, determine the accessible knowledge, experiences and learning environments needed to complete the training program successfully.

This curriculum emphasises clinical practice as an informed partnership of professionals interacting with women in their care and their support groups, and within the systems and context of healthcare delivery. Furthermore, it articulates the areas in which trainees need to develop professionally, forming the basis of a lifelong continuum of achieving and maintaining up-to-date expertise.

Particularly, this curriculum clarifies for trainees exactly what it means to be, and practise as, a consultant obstetrician and gynaecologist. It specifies the knowledge consultants need to acquire and apply, and the skills, abilities and professional qualities they need to internalise and demonstrate in their work.

In summary, the Curriculum presents a professional profile comprised of three overlapping domains, to guide the practice of obstetricians and gynaecologists throughout their careers. Specialist practitioners know that clinical expertise is central to the practice of their profession and draw on academic abilities and professional qualities to underpin it.

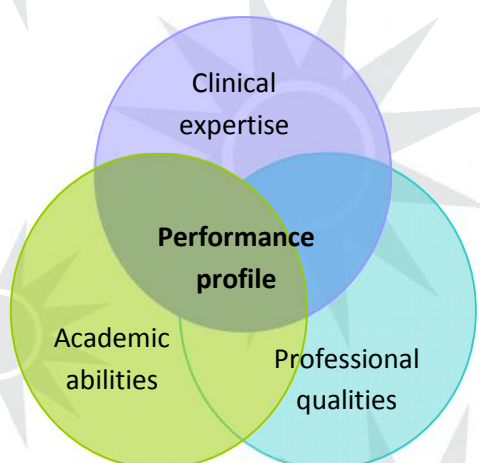


Figure 1: Professional profile of medical practitioner providing women's healthcare

## 3.2 Domain Clinical Expertise

Specialist obstetricians and gynaecologists possess a defined body of knowledge and procedural skills that are used to select and interpret information, make appropriate clinical decisions regarding management of a patient and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise.

Their care is characterised by up-to-date, ethical, cost-effective practice and effective partnerships with a patient and her support group, specialist colleagues and other healthcare professionals.

Specialist obstetricians and gynaecologists know that excellent communication skills are fundamental to their day-to-day functioning, in eliciting and conveying information and establishing a therapeutic partnership with women in their care.

Particularly, obstetricians and gynaecologists recognise that effective communication with a patient and her support group can enhance the therapeutic relationship as well as influence the manifestations and outcome of her healthcare situation.

**The specialist Obstetrician and Gynaecologist must be able to:**

Competency	Elements of competency	Related learning outcomes
3.1.1 Demonstrate medical expertise in core areas of obstetric and gynaecological care	<ol style="list-style-type: none"> <li><b>1. Demonstrate clinical expertise in the management of pre-pregnancy, antenatal, intrapartum and postnatal care of the obstetric patients with low or moderate levels of complexity</b></li> <li><b>2. Demonstrate clinical expertise in the management of areas of clinical practice pertaining to common and critically important gynaecological conditions</b></li> <li><b>3. Practise a multi-dimensional approach to patient management, by being able to:</b> <ul style="list-style-type: none"> <li>) demonstrate advanced abilities in clinical reasoning and judgement and an ability to manage clinical situations</li> <li>) recognise current limits of medical expertise</li> <li>) customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background</li> </ul> </li> <li><b>4. Demonstrate diagnostic, therapeutic and surgical skills for the delivery of ethical and effective healthcare services by being able to:</b> <ul style="list-style-type: none"> <li>) access, interpret and apply knowledge relevant to clinical practice in obstetrics and gynaecology</li> <li>) identify an appropriate awareness of the impact on health and well-being of emotional and social needs</li> <li>) identify and access effective services in consultation, management, clinical education and legal opinion in regard to the well-being and care of women</li> </ul> </li> </ol>	B.1 Obstetrics  B.2 Gynaecology  B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles  C.1 Women's Health and Cultural Issues  B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles  A.1.10 Research Skills

Competency	Elements of competency	Related learning outcomes
3.1.2 Demonstrate medical expertise in core areas of surgical procedure and care	<p><b>1. Demonstrate knowledge and clinical expertise in surgical procedures associated with obstetrics and gynaecology, including:</b></p> <ul style="list-style-type: none"> <li>)] management of equipment used in operative O &amp; G</li> <li>)] knowledge and application of specific procedures, including risk reduction strategies</li> <li>)] management of operative complications</li> </ul> <p><b>2. Work collaboratively with operating theatre and allied health staff.</b></p>	<p>B.3 General Surgical Principles</p> <p>B.3 General Surgical Principles</p>
3.1.3 Demonstrate medical expertise in one or more advanced areas of obstetric and gynaecological care	<p>Advanced areas of O &amp; G care include:</p> <ul style="list-style-type: none"> <li>a. Advanced general O &amp; G</li> <li>b. Subspecialisation <ul style="list-style-type: none"> <li>- Gynaecological oncology</li> <li>- Maternal fetal medicine</li> <li>- Obstetric and gynaecological ultrasound</li> <li>- Reproductive endocrinology and infertility</li> <li>- Urogynaecology</li> </ul> </li> <li>c. Sexual and Reproductive Health</li> <li>d. Academic practice in O &amp; G</li> </ul>	<p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>As specified in ATMs and subspecialty programs</p>
3.1.4 Demonstrate effective communication	<p><b>1. Establish therapeutic relationships with women in their care, their partners and families, using effective and sensitive listening, in order to:</b></p> <ul style="list-style-type: none"> <li>)] obtain and synthesise relevant history</li> <li>)] discuss appropriate information to prepare patients for unfamiliar situations</li> <li>)] plan and evaluated patient care and facilitate decision making</li> </ul> <p><b>2. Establish effective professional relationships with medical, midwifery, nursing and other healthcare colleagues in order to:</b></p> <ul style="list-style-type: none"> <li>)] discuss appropriate information regarding patients</li> <li>)] evaluate management approaches and provide options for ongoing collaborative care of the patient</li> </ul> <p><b>3. Demonstrate understanding of relevant social and cultural issues that impact on the provision of healthcare to women by:</b></p> <ul style="list-style-type: none"> <li>)] using a vocabulary that dignifies women and their healthcare in a courteous and helpful manner</li> <li>)] discussing history and management issues in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background</li> </ul>	<p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>A.1.10 Research Skills</p> <p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>C.1 Women's Health and Cultural Issues</p> <p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>A.1.10 Research Skills</p>

### 3.3 Domain: Academic Abilities

Specialist obstetricians and gynaecologists engage in professional learning and development throughout the entire span of their career.

They function within their profession as learners and researchers, seeking to further understanding in their discipline and its practice through the systematic collection, interpretation and reporting of data. They recognise that ongoing learning is central to optimal professional practice and that advances in technology and clinical management require changing attitudes and organisational flexibility.

Specialist obstetricians and gynaecologists recognise that their discipline is continuously evolving and that productive and ethical research is necessary to benefit the healthcare of women and infants. Consequently, they appreciate the importance of scientific research and participation in clinical research.

Specialist practitioners recognise that the ability to teach well is fundamental to the practice of obstetrics and gynaecology. They recognise that effective teaching is central to ensuring the strength of the future profession and equipping patients, specialist colleagues and other healthcare professionals with knowledge and skills.

They understand that the essential characteristic of an effective teacher is an ongoing enthusiasm for learning, that an effective teacher creates an environment conducive to learning, provides supervision and assistance that is safe and stimulating, and discusses learning progress constructively and through specific examples.

**The specialist Obstetrician and Gynaecologist must be able to:**

Competency	Elements of competency	Related learning outcomes
3.2.1 Learn independently	<ol style="list-style-type: none"> <li><b>1. Demonstrate self-learning in obstetrics and gynaecology and other relevant areas of medical practice, including:</b> <ul style="list-style-type: none"> <li>) an awareness of the limits of their own knowledge and abilities</li> <li>) critical appraisal of sources and reliability of medical information.</li> </ul> </li> <li><b>2. Actively seek relevant information to enhance their knowledge and practices and to ensure that they maintain a contemporary service to women in their care.</b></li> <li><b>3. Understand the underlying physiology and pathology, and the available assessment and management options in order to provide safe and effective care.</b></li> </ol>	A.1 Epidemiology & Research Methods A.1.10 Research Skills  A.2 Anatomy A.3 Placental, Fetal & Neonatal Physiology A.4 Reproductive Physiology & Endocrinology A.5 Genetics A.6 Pharmacology & Therapeutics A.7 Clinical Imaging A.8 Pathology & Haematology A.9 Microbiology A.10 Immunology A.11 Medical & Surgical Conditions in Pregnancy B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles

Competency	Elements of competency	Related learning outcomes
	<p><b>4. Demonstrate cognitive skills, particularly in the area of clinical problem solving.</b></p>	<p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>B.4 Research Skills</p>
	<p><b>5. Understand the principles and practice of evidence based medicine and research in a clinical setting, including:</b></p> <ul style="list-style-type: none"> <li>) an understanding of relevant local, national and international guidelines that are based on contemporary and historical evidence</li> <li>) the application of appropriate qualitative and quantitative research tools and methods</li> <li>) the contributions that evidence has to the development of new knowledge, understanding and practices</li> </ul>	<p>A.1 Epidemiology and Research Methods</p> <p>A.1.10 Research Skills</p>
	<p><b>6. Develop, implement and monitor a personal, ongoing professional development/continuing education strategy in order to:</b></p> <ul style="list-style-type: none"> <li>) maintain up-to-date knowledge and practices</li> <li>) be flexible in terms of changes in career paths</li> </ul>	
<p>3.2.2 Teach and communicate effectively</p>	<p><b>1. Facilitate learning of patients to enhance their patient autonomy, decision making and compliance, including:</b></p> <ul style="list-style-type: none"> <li>) the use of vocabulary that encourages their learning and acknowledges their understanding</li> </ul> <p><b>2. Understand and applies principles of apprenticeship learning for trainees, students and other health professionals, including:</b></p> <ul style="list-style-type: none"> <li>) the provision of guidance and advice in a considerate and consultative manner</li> <li>) giving constructive feedback</li> <li>) assessment of performance and learner achievements according to set performance criteria</li> </ul>	<p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>A.1.10 Research Skills</p>

### 3.4 Domain: Professional Qualities

Specialist obstetricians and gynaecologists function as managers, team workers and health advocates, with high standards of ethical conduct and a commitment to the best interests of the patient. Their practice is in the settings of individual patient care, practice organisations and healthcare systems.

Specialist practitioners require effective management skills in making decisions, allocating resources and recognising risks. They acknowledge the worth of each member of the health service team, recognising that effective healthcare is the result of professionals working together with the knowledge and resources available to them.

The societal expectation is that specialists dedicate their distinct body of knowledge, skills and professional qualities towards improving the health and well-being of others and commit themselves and their collegiate bodies to the highest possible standards of clinical care and ethical conduct. This involves an ongoing commitment to reviewing and updating practices. It also includes showing respect for differing cultural perspectives regarding healthcare and understanding the ways in which these might interact with traditional practices.

Through their close involvement with the healthcare needs of women, specialist obstetricians and gynaecologists participate in all areas of patient care, including patient safety and quality programs.

Specialist practitioners appreciate the importance of their role in the promotion of disease prevention in women's health, and they accept the health advocacy and policy roles that they are able to play, individually and collectively, through their College, medical societies and institutions.

**The specialist Obstetrician and Gynaecologist must be able to:**

Competency	Elements of competency	Related learning outcomes
3.3.1 Provide effective team management and leadership in the workplace	<ol style="list-style-type: none"> <li>1. <b>Understand and implement basic human resources principles and staff management, and business and financial management.</b></li> <li>2. <b>Practise efficient and effective administrative skills, including time management.</b></li> <li>3. <b>Exhibits expected personal and interpersonal professional behaviours.</b></li> <li>4. <b>Work collaboratively with other health care providers by being able to:</b> <ul style="list-style-type: none"> <li>) establish professional relationships with healthcare team members, contribute to interdisciplinary team activities and show respect for the contribution of other health professionals in day-to-day interactions</li> </ul> </li> </ol>	<p>C.4 Management &amp; Professional Skills</p> <p>C.4 Management &amp; Professional Skills</p> <p>C.4 Management &amp; Professional Skills</p>
3.3.2 Conduct effective reviews of professional practice	<ol style="list-style-type: none"> <li>1. <b>Understand the principles and participates in the practice of clinical governance.</b></li> <li>2. <b>Actively engage in the practice of risk management/minimisation by addressing and advocating safety and quality in healthcare practices, including:</b> <ul style="list-style-type: none"> <li>) identification of potential risks, and reporting and responding to adverse events</li> <li>) establishment of goals to improve safety and quality of practice</li> <li>) carrying out clinical audit and implementation of change as a result of clinical audit</li> <li>) initiating change to reduce risk</li> </ul> </li> </ol>	<p>C.4 Management &amp; Professional Skills</p> <p>C.4 Management &amp; Professional Skills</p> <p>C.3 Law</p>



Competency	Elements of competency	Related learning outcomes
3.3.3 Solicit and accept constructive feedback on practice	<ol style="list-style-type: none"> <li><b>Demonstrate an ability to accept feedback from colleagues, allied health staff, patients and their families.</b></li> <li><b>Recognise limits of own knowledge and experience, and seeks advice and assistance when appropriate.</b></li> </ol>	C.4 Management & Professional Skills
3.3.4 Exhibit ethical attitudes and conduct	<ol style="list-style-type: none"> <li><b>Deliver the highest quality healthcare with integrity, honesty and compassion.</b></li> </ol>	A.1.10 Research Skills B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles C.2 Ethics
	<ol style="list-style-type: none"> <li><b>Practise medicine that is ethically responsible and consistent with the obligations of a self-regulating profession.</b></li> </ol>	A.1.10 Research Skills B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles C.2 Ethics
	<ol style="list-style-type: none"> <li><b>Recognise a duty to assist in an emergency situation.</b></li> </ol>	A.1.10 Research Skills B.1 Obstetrics B.2 Gynaecology B.3 General Surgical Principles C.2 Ethics

Competency	Elements of competency	Related learning outcomes
	<p><b>4. Recognise patient autonomy, confidentiality and the legal and moral duties to women in their care.</b></p> <p><b>5. Recognise duties in regard to courts, legislative and regulatory bodies, and notification obligations.</b></p>	<p>A.1.10 Research Skills</p> <p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>C.2 Ethics</p> <p>A.1.10 Research Skills</p> <p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>C.2 Ethics</p>
<p>3.3.5 Show commitment to the best interests of the patient and the profession</p>	<p><b>1. Act as health advocate for the patient, by:</b></p> <ul style="list-style-type: none"> <li>) acknowledging patient and family rights</li> <li>) advocating on behalf of patients with special needs</li> <li>) allocating finite health resources prudently</li> <li>) recognising and respecting cultural diversity and promoting cross cultural understanding</li> <li>) identifying the important determinants of health and well-being of women and their babies</li> <li>) using time and resources to balance patient care, learning needs and lifestyle</li> </ul> <p><b>2. Contribute to the health of women and their babies and the development of the profession of Obstetrics and Gynaecology by being:</b></p> <ul style="list-style-type: none"> <li>) an effective College member and contributor and recognises the need to 'give back' to the profession</li> <li>) an advocate for appropriate resourcing of healthcare for women</li> <li>) able to influence development of public policy that affects women's health</li> </ul>	<p>C.1 Women's Health &amp; Cultural Issues</p> <p>C.4 Management &amp; Professional Skills</p> <p>B.1 Obstetrics</p> <p>B.2 Gynaecology</p> <p>B.3 General Surgical Principles</p> <p>A.1.10 Research Skills</p> <p>C.4 Management &amp; Professional Skills</p>

## 4. Knowledge and Application in Obstetrics and Gynaecology

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This section details areas of knowledge and underlying principles that underpin the practice of obstetrics and gynaecology. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The areas of knowledge presented in sections 4 are categorised as follows:

**Section A** - Scientific and medical knowledge that forms the building blocks underpinning clinical practice and research.

**Section B** - Clinical knowledge and management skills required in obstetric and gynaecological care.

**Section C** - Contextual knowledge of ethics, cultural attitudes and the law that acknowledges the service obligations implicit in the practice of obstetrics and gynaecology.

Relevant knowledge may be accessed in a variety of ways, through text books, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication. Many of these are detailed in the on-line CLIMATE modules, accessed through the RANZCOG web site.

It is through these publications and interactions that a consensus on standards is established for the discipline. Through these means obstetricians and gynaecologists learn accepted terminologies, appropriate vocabulary, levels of understanding expected of them and key applications for their clinical work. As clinical professionals, they are expected to select, organise and test this knowledge through their own experience and in academic conversation with colleagues.

Newly accredited specialists must possess a strong knowledge base to inform and amplify their experience, and as a foundation for growth towards expertise in the profession.

Teaching and Learning Strategies, and Assessment key:

eLM = eLearning module

ST = Supervised Training

HEP = Hospital Education Program (includes, but not limited to: journal club, morbidity and mortality meetings, CTG meetings, case review meetings, ward rounds)

FSEP = Fetal Surveillance Education Program

WS (U) = Workshop (Ultrasound)

WS (R) = Workshop (Research)

WS (CS) = Workshop (Communication Skills)

WS (BSS) = Workshop (Foundations of Surgery)

WS (BOS) = Workshop (Basic Obstetric Skills)

WS (NNR) = Workshop (Neonatal Resuscitation)

WS (PP) = Workshop (Private Practice)

WS (AC) = Workshop (Anatomy of Complications)

WS (ALSO) = Workshop (Advanced Life Support in Obstetrics)

WS (MOET) = Workshop (Management of Obstetric Emergencies and Trauma)

WS (PROMPT) = Workshop (Practical Obstetric Multi-professional Training)

LB = logbook

WE = Written Examination

OE = Oral Examination

TSR = Training Supervisor Reports

APSS = Assessment of Procedural and Surgical Skills

IHCA (U) = In-hospital Clinical Assessment (Ultrasound): Formative & Summative

IHCA (C) = In-hospital Clinical Assessment (Colposcopy): Formative & Summative

RP = Research Project

## A Core Scientific and Medical Knowledge

The learning outcomes for each knowledge area can be mapped back to the competencies outlined in Chapter 3:

- ) Clinical Expertise (CE)
- ) Academic Abilities (AA)
- ) Professional Qualities (PQ)

### A.1 Epidemiology and Research Methods

Learning outcomes:

Demonstrate self-learning in O & G – critical appraisal of sources and reliability of medical information (AA 3.2.1.1).

Understand the principles and practice of evidence-based medicine and research in a clinical setting (AA 3.2.1.5), including:

- ) application of appropriate qualitative and quantitative research tools and methods.
- ) contributions to the development of new knowledge, understanding and practices.

Actively seek relevant information to enhance their knowledge and practices to ensure that they maintain a contemporary service to women in their care (AA 3.2.1.6).

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
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Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. Epidemiological terms in obstetrics, gynaecology and neonatal paediatrics</b></p> <p><i>Understand the following epidemiological terms:</i></p> <ul style="list-style-type: none"> <li>)] live birth, miscarriage, stillbirth, preterm birth, neonatal mortality, perinatal mortality, infant mortality, maternal morbidity, maternal mortality, low birth weight</li> </ul> <p><i>Possess a national and global perspective of maternal and perinatal death rates and the major causes of maternal and perinatal morbidity and mortality.</i></p> <p><i>Identify the variance in outcomes for high-risk subgroups within national or international epidemiological reports.</i></p>	<p>eLM WS (R)</p>	<p>RP WE</p>
<p><b>2. Biostatistics</b></p> <p><i>Understand statistical terms including:</i></p> <ul style="list-style-type: none"> <li>)] Quantitative variables (discrete and continuous)</li> <li>)] Qualitative variables (categorical)</li> </ul> <p><i>Understand summary statistics including:</i></p> <ul style="list-style-type: none"> <li>)] Measurements of central tendency: mean, median and mode</li> <li>)] Symmetric (parametric) and asymmetric (non-parametric) frequency distributions</li> <li>)] Measures of dispersion or variability: range and standard deviation</li> <li>)] Standard error and confidence intervals</li> <li>)] Hypothesis testing and level of significance</li> </ul> <p><i>Know the different statistical tests used for data analysis</i></p> <ul style="list-style-type: none"> <li>)] Continuous data: parametric unpaired (T-test) and paired (paired T-test) and non-parametric unpaired (Mann-Whitney) and paired (Wilcoxon)</li> <li>)] Categorical data: unpaired (Chi-square) and paired (McNemar's)</li> </ul> <p><i>Understand sample size calculation</i></p>	<p>eLM WS(R)</p>	<p>RP WE</p>
<p><b>3. Measurement of disease frequency</b></p> <p><i>Understand and apply the following:</i></p> <ul style="list-style-type: none"> <li>)] Occurrence: prevalence, incidence, cumulative incidence (attack rate)</li> <li>)] Comparison in different populations: incidence rates, age-specific rates</li> </ul>	<p>eLM WS(R)</p>	<p>RP WE</p>
<p><b>4. Measurement of disease association</b></p> <p><i>Understand and apply the following:</i></p> <ul style="list-style-type: none"> <li>)] Relative risk, odds ratio</li> <li>)] Attributable risk (risk difference)</li> <li>)] Numbers needed to treat</li> </ul>	<p>eLM WS(R)</p>	<p>RP WE</p>
<p><b>5. Critically appraise the literature and quality of evidence</b></p> <p><i>Search literature and data bases purposefully including:</i></p> <ul style="list-style-type: none"> <li>)] Medline, Embase, Cochrane Database of Systematic Reviews</li> <li>)] RANZCOG Landmark Trials</li> </ul> <p><i>Understand "study types" in relation to study objectives including:</i></p> <ul style="list-style-type: none"> <li>)] Experimental: RCT</li> <li>)] Observational: cohort, case-control, cross-sectional analytical</li> <li>)] Meta-analysis</li> <li>)] Know different levels of evidence</li> </ul> <p><i>Recognise and understand sources of bias affecting study outcomes re:</i></p> <ul style="list-style-type: none"> <li>)] Selection</li> </ul>	<p>eLM WS(R)</p>	<p>RP WE</p>



Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>7. Research Skills</b></p> <p><i>Be able to:</i></p> <ul style="list-style-type: none"> <li>) Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information.</li> <li>) Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers.</li> <li>) Conduct a literature review.</li> <li>) Develop an hypothesis to be tested.</li> <li>) Choose an appropriate research methodology and design a research study.</li> <li>) Apply for ethics committee approval for a clinical or laboratory based study.</li> <li>) Collect, collate and interpret data.</li> <li>) Apply basic statistical analysis to clinical data.</li> <li>) Develop an outline structure for a research paper.</li> </ul> <p><b>8.</b> Apply the developed outline to write a research paper.</p>		



## A.2 Anatomy

Learning Outcomes:

Demonstrate knowledge and understanding of anatomy relevant to:

- ) the reproductive physiology and pathology relevant to women's health (AA 3.2.1.3)

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>Descriptive anatomy</b>  <i>Be able to describe the anatomy of:</i></p> <ul style="list-style-type: none"> <li>) Female bony pelvis</li> <li>) Musculature of the pelvic floor</li> <li>) Supports of the uterus and vagina</li> <li>) Musculature of the anterior and lateral abdominal wall</li> <li>) Viscera of the pelvis</li> <li>) Vascularisation and innervation of the pelvis, the pelvic floor and associated organs</li> <li>) Vascularisation and innervation of the anterior and lateral abdominal wall</li> <li>) The lymphatic drainage of the genital tract</li> <li>) External genitalia and perineum</li> <li>) Functional anatomy of the larynx and trachea pertaining to intubation</li> <li>) Breast (including anatomical changes during puberty and pregnancy)</li> <li>) Pituitary, thyroid and adrenal glands</li> <li>) Bladder, ureter and kidneys</li> <li>) Hypothalamus</li> </ul>	<p>WS(BSS)            eLM            ST            HEP            IHCA(C)</p>	<p>IHCA(C)            WE            OE            TSR</p>
<p><b>Applied anatomy – pregnancy</b>  <i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) Anatomic changes in the woman caused by normal physiologic adaptation (all organs), including those as visualised by ultrasonography</li> <li>) Anatomy of pregnant uterus of the first, second and third trimester and its relation to surrounding organs</li> <li>) Presenting fetal part and its relation with the birth canal</li> <li>) Anatomic changes during parturition</li> <li>) Anatomic changes during puerperium (including breast)</li> </ul>	<p>eLM            ST            HEP            IHCA(C)</p>	<p>IHCA(C)            WE            OE            TSR</p>
<p><b>Applied anatomy – surgery</b>  <i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) Anatomic relationship between reproductive organs and other viscera of the pelvis, including the impact of such relationships on surgical planes</li> <li>) Gross anatomic appearance of:               <ul style="list-style-type: none"> <li>- common Mullerian abnormalities</li> <li>- disorders of sexual differentiation</li> </ul> </li> <li>) Findings (gross anatomy, histology, medical imaging) of:               <ul style="list-style-type: none"> <li>) common gynaecological malignant conditions such as cervical carcinoma,</li> </ul> </li> </ul>	<p>eLM            ST            HEP WS(AC)            IHCA(C)</p>	<p>IHCA(C)            WE            OE            TSR</p>

Knowledge content	Teaching & Learning Strategies	Assessment
<ul style="list-style-type: none"> <li>endometrial adenocarcinoma and ovarian carcinoma</li> <li>) infectious diseases involving the genital tract, including sexually transmitted diseases</li> <li>) common benign gynaecological conditions, such as myoma, ovarian cyst, ectopic pregnancy and endometriosis</li> <li>) common conditions of the vaginal walls, such as in genital prolapse</li> <li>) pathological conditions and dermatoses of the vulva and perineum</li> </ul>		

## A.3 Placental Fetal and Early Neonatal Physiology

Learning Outcomes:

Demonstrate knowledge and understanding of:

- ) physiology associated with normal growth and development of the placenta, fetus and neonate and deviations from this (AA 3.2.1.3)

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. Fetal physiology</b></p> <p><i>Be aware</i> of barriers to the study of fetal physiology</p> <p><i>Describe</i> normal fetal weights and measures, including the change in fetal indices with advancing gestation.</p> <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) The process of fertilisation</li> <li>) Factors thought to interrupt fertilisation such as failure of blastocyst to 'hatch'</li> <li>) Embryologic development of a singleton pregnancy and how this is visualised on ultrasound</li> <li>) Formation of the neural tube including neural tube defects</li> <li>) Organogenesis, in particular fetal circulation and pulmonary maturation</li> <li>) Development of genital organs</li> <li>) Defects of gender differentiation</li> <li>) Normal process of embryologic development of multiple pregnancy and how this is visualised on ultrasound</li> <li>) Factors influencing normal fetal growth</li> <li>) Endocrine regulation of fetal growth</li> <li>) Normal patterns of fetal activity, including fetal movements and fetal breathing movements</li> <li>) Fetal acid-base physiology, and oxygen and carbon dioxide transport</li> <li>) Fetal response to stress</li> <li>) Fetal hypoxia</li> </ul>	<p>eLM ST HEP WS(FSEP)</p>	<p>WE OE TSR</p>
<p><b>2. Placental physiology</b></p> <p><i>Understand:</i></p> <ul style="list-style-type: none"> <li>) The development of the placenta</li> <li>) Placental control of fetal metabolism</li> <li>) Nutrient transfer</li> <li>) Maternal nutrient consumption</li> </ul> <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) The formation of amniotic fluid, its composition and regulation</li> <li>) Placental transfer including rates and types of exchange</li> </ul>	<p>eLM ST HEP WS(FSEP)</p>	<p>WE OE TSR</p>
<p><b>3. Neonatal physiology</b></p> <p><i>Understand physiological responses and changes to birth including:</i></p> <ul style="list-style-type: none"> <li>) Initiation of respiration</li> <li>) Heart rate and circulation</li> <li>) Thermoregulation</li> <li>) Barometric homeostasis</li> </ul>	<p>eLM ST HEP WS(FSEP)</p>	<p>WE OE TSR</p>

## A.4 Reproductive Physiology and Endocrinology

Learning Outcomes:

Demonstrate knowledge and understanding of:

- )] the reproductive physiology and endocrinology relevant to women’s health (AA 3.2.1.3)

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. Pre-pubertal physiology</b>  <i>Be able to understand and describe</i> the pre-pubertal reproductive endocrine and physiological status</p> <p><b>2. Peri-pubertal physiology</b>  <i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> <li>)] Hormonal changes leading to onset of menarche</li> <li>)] Gonadostat hypothesis</li> <li>)] Central maturational role of the CNS hypothesis</li> <li>)] Hormone feedback loops</li> <li>)] Physiological and anatomical changes during puberty</li> <li>)] Breast development</li> <li>)] Age at onset of menarche</li> </ul> <p><b>3. Physiology of the reproductive years</b>  <i>Be able to understand and describe:</i></p> <ul style="list-style-type: none"> <li>)] Oogenesis and spermatogenesis</li> <li>)] Physiological changes that occur in men and women during intercourse</li> <li>)] Physiological and hormonal changes and their interaction during phases of the menstrual cycle</li> <li>)] Cervical mucus changes during the menstrual cycle</li> <li>)] Normal follicular atresia</li> <li>)] Fimbrial capture and tubal function</li> <li>)] Testicular function, ejaculation and sperm function</li> <li>)] The role of pH in conception</li> <li>)] Endocrine function of the placenta</li> <li>)] The steroidogenesis, structure, transport, modulation, mode of action and metabolic effects of:               <ul style="list-style-type: none"> <li>- Oestrogens</li> <li>- Progestogens</li> <li>- Androgens</li> <li>- Corticosteroids</li> </ul> </li> <li>)] The thyroid gland including:               <ul style="list-style-type: none"> <li>- Basic physiology of the thyroid gland</li> <li>- Secretion of thyroid hormones</li> <li>- Action of thyroid hormones</li> <li>- Modification of thyroid function during pregnancy</li> </ul> </li> </ul>	<p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p>	<p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p>





Knowledge content	Teaching & Learning Strategies	Assessment
<p>) Fluorescent in-situ hybridisation (FISH), standard karyotyping by g-banding, microarray analysis</p> <p><i>Understand the principles and indications for pre-implantation genetic diagnosis, including:</i></p> <p>) PGD for chromosomal or single gene disorders</p> <p><i>Understand the principles and methodology for newborn screening for genetic conditions including:</i></p> <p>) Common conditions tested in Australia and New Zealand</p> <p><b>4. Cancer genetics</b></p> <p><i>Have a basic understanding of</i></p> <p>) Inherited breast and ovarian cancer syndromes</p>	<p>eLM ST HEP</p>	<p>WE OE TSR</p>





Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>4. Electrosurgery</b></p> <p><i>Know:</i></p> <ul style="list-style-type: none"> <li>• Principles of electro surgery and its practical implementation in gynaecological surgery</li> <li>• Potential dangers associated with the use of laparoscopic electrosurgery</li> <li>• Potential adverse effects and safety issues relating to the use of diathermy</li> </ul> <p><b>5. Laser therapy</b></p> <p><i>Understand the basic concepts of:</i></p> <ul style="list-style-type: none"> <li>• Medical applications of lasers</li> <li>• Light emission and the properties of laser light: coherence, collimation, monochromaticity</li> <li>• The effects of lasers on tissue and the relationship of temperature to effects</li> <li>• Clinical application and principles of CO2 lasers, Nd-YAG lasers, Green Light Lasers</li> <li>• The adverse effects and safety issues relating to lasers</li> </ul>	<p>eLM ST HEP</p>	<p>APSS WE OE TSR</p>

## A.7 Clinical Imaging

Learning Outcomes:

Demonstrate knowledge and understanding of clinical imaging relevant to (AA 3.2.1.3):

- ) the reproductive physiology and pathology relevant to women's health
- ) normal growth and development of the fetus and neonate and deviations from this

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<i>Demonstrate knowledge and understanding of:</i>		
<p><b>1. Ultrasound</b></p> <ul style="list-style-type: none"> <li>) Clinically relevant aspects of the physics of diagnostic ultrasound</li> <li>) The clinical applications (indications, limitations) of ultrasound</li> <li>) The criteria for diagnosing early pregnancy loss and uncertain viability</li> <li>) The distinguishing features of early intrauterine pregnancy, miscarriage and ectopic pregnancy</li> <li>) The common appearances of a corpus luteum in the context of early pregnancy assessment</li> <li>) Dating the pregnancy - crown rump length (CRL), biparietal diameter (BDP)</li> <li>) Fetal biometry – Estimated Fetal Weight (EFW), biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC) and femur length (FL).</li> <li>) Principles of determining chorionicity in multiple pregnancies</li> <li>) Deepest pool of amniotic fluid</li> <li>) Assessment of placental position</li> <li>) Assessment of fetal growth and wellbeing</li> <li>) The principles and use of Doppler ultrasound</li> <li>) The application of umbilical and middle cerebral artery Doppler ultrasound</li> <li>) Screening for aneuploidy and the current processes used</li> <li>) The efficacy of ultrasound scan detection of fetal abnormality including by organ system</li> <li>) Basic principles of gynaecological scanning</li> <li>) Ultrasound reporting - demonstrate adequate report writing with all relevant information</li> </ul> <p><b>2. Radiological and nuclear medicine investigations including, but not limited to:</b></p> <ul style="list-style-type: none"> <li>Ñ Plain X-ray</li> <li>Ñ CT scan</li> <li>Ñ MRI</li> <li>Ñ VQ scan</li> </ul>	<p>eLM WS(U) ST HEP IHCA (U)</p> <p>eLM IHCA(U) WS(U) ST HEP</p>	<p>IHCA(U) LB WE OE TS</p> <p>IHCA(U) LB WE OE TS</p>

Knowledge content	Teaching & Learning Strategies	Assessment
<ul style="list-style-type: none"> <li>J Indications for these studies in both an obstetric and a gynaecological patient population</li> <li>J Why and when these studies would be used as an adjunct to or in preference to ultrasound, in both an obstetric and gynaecological patient</li> <li>J Why and when these studies would be used as an adjunct to ultrasound, to provide further information, in both an obstetric and gynaecological patient</li> <li>J What further information may be provided by these investigations and how this will change management for both obstetrical and gynaecological patients</li> <li>J The limitations of each of these modalities in terms of suitability for imaging the reproductive tract in both obstetric and gynaecological patients</li> <li>J The safety aspects of all these imaging modalities, for both gynaecological and obstetric patients</li> <li>J Risks to the individual – short and long term</li> <li>J Risks to the fetus – short and long term</li> </ul>		



Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>3. Haematology</b></p> <p><i>Be able to describe the haematological changes in normal pregnancy and in pregnancy complications, including but not limited to:</i></p> <ul style="list-style-type: none"> <li>)] Blood volume changes and their effect on normal values</li> <li>)] Changes in iron and other haematinics associated with erythropoiesis</li> <li>)] Coagulation alterations in normal pregnancy and coagulation disorders</li> </ul> <p><i>Understand the haematological implications of pre-eclampsia, placental abruption and massive blood loss</i></p> <p><b>4. Biochemistry</b></p> <p><i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>)] biochemical changes in normal pregnancy including changes in glucose and lipid metabolism biochemical changes in common disorders of pregnancy</li> </ul>	<p>eLM ST HEP</p>	<p>WE OE TSR</p>

## A.9 Microbiology

Learning Outcomes:

Demonstrate knowledge and understanding of microbiology relevant to (AA 3.2.1.3):

- ) the reproductive physiology and pathology relevant to women's health
- ) normal growth and development of the fetus and neonate and deviations from this

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. General</b>  <i>Be able to:</i></p> <ul style="list-style-type: none"> <li>) Describe the normal microbial flora of the urogenital tract, including acquisition at birth, impact of growth and development, sexual activity and contraceptive practice</li> <li>) Understand the principles and methods of collection, storage and transport of specimens for the diagnosis of infections</li> <li>) Select tests for the diagnosis of specific infections (i.e. culture, microscopy, PCR, IgG and IgM, serological tests) and understand the methodology of the test and the principles on which the tests are based</li> <li>) Interpret the results of microbiology investigations, including microscopy, culture and antibiotic sensitivity tests</li> </ul> <p><b>2. Infection prophylaxis</b>  <i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) Predisposing factors to microbial infection</li> <li>) Pathogenesis of sexually transmitted infections in both male and female</li> </ul> <p><i>Understand and apply:</i></p> <ul style="list-style-type: none"> <li>) Principles of prevention of wound infection and nosocomial infections</li> <li>) Principles and practice of sterilisation and disinfection, antiseptic technique, antimicrobial prophylaxis</li> </ul> <p><b>3. Antimicrobial chemotherapy</b>  <i>Understand:</i></p> <ul style="list-style-type: none"> <li>) Principles of antimicrobial chemotherapy of infections including mechanisms of action</li> <li>) Antibiotic resistance</li> <li>) The role of antibiotic stewardship in the appropriate management and prevention of infection</li> </ul>	<p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p>	<p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p>

## A.10 Immunology

Learning Outcomes:

Demonstrate knowledge and understanding of immunology relevant (AA 3.2.1.3):

- ) the reproductive physiology and pathology relevant to women's health
- ) normal development of the fetus and neonate and deviations from this

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. Basic immunology</b>  <i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) the normal immune response to antigens, including the production of antibodies and subsequent immunity, hormone-mediated immunity, cell-mediated immunity and phagocytosis</li> <li>) auto- and iso-immunisation</li> </ul> <p><i>Understand natural and acquired resistance to infection</i></p>	eLM TS HEP	WE OE TSR
<p><b>2. Immunology and cancer</b>  <i>Understand</i> the principles of the immune response to malignancy  <i>Be able to explain</i> the body's response to malignancy treatments</p>	IHCA(C)	IHCA(C)
<p><b>3. Immunological tolerance in pregnancy</b>  <i>Be able to describe:</i></p> <ul style="list-style-type: none"> <li>) Immunological effects of hormones in pregnancy</li> <li>) Maternal immune response during pregnancy</li> <li>) Immunological mechanisms in implantation and pregnancy</li> <li>) Immunological tolerance: preeclampsia and recurrent miscarriage</li> </ul>	eLM TS HEP	WE OE TSR
<p><b>4. Fetal immunology</b>  <i>Be able to describe</i> the development of fetal immunological response</p>	eLM TS HEP	WE OE TSR

## A.11 Medical and Surgical Conditions in Pregnancy

Learning Outcomes:

Demonstrate knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following medical and surgical conditions, including (AA 3.2.1.3):

- ) the condition, its effects and any necessary therapy during pregnancy
- ) the effect the condition and any necessary therapy has on the physical and emotional wellbeing of the woman and her family
- ) the effects the pregnancy has on the condition
- ) the implications of the conditions for anaesthesia

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>1. Haematology (see also A.8)</b></p> <ul style="list-style-type: none"> <li>• Anaemia (iron deficiency, megaloblastic, refractory, haemoglobinopathy)</li> <li>• Haemophilia</li> <li>• Disseminated intravascular coagulation</li> <li>• Thrombocytopenia</li> <li>• Thrombophilias, including von Willebrand disease, venous thrombosis, embolus, thrombophlebitis and anticoagulation therapies, antiphospholipid syndrome</li> <li>• Transfusion and transfusion reactions</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>2. Cardiovascular</b></p> <ul style="list-style-type: none"> <li>• Maternal congenital heart disease, valvular heart disease (rheumatic, congenital), endocarditis, cardiomyopathy, artificial heart valves, arrhythmias</li> <li>• Hypertension, atherosclerosis</li> <li>• Cerebrovascular disease, aortic disease, ischaemic heart disease, cardiac arrest</li> <li>• Varicose veins</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>3. Endocrine</b></p> <ul style="list-style-type: none"> <li>• Diabetes, including diabetes insipidus</li> <li>• Thyroid and parathyroid disease</li> <li>• Adrenal disease, including congenital adrenal hyperplasia, Addison's disease</li> <li>• Pituitary disease, including Cushing's disease, pituitary tumours, hyperprolactinaemia</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>4. Renal</b></p> <ul style="list-style-type: none"> <li>• Acute and chronic glomerulonephritis, chronic renal disease, dialysis, acute and chronic renal failure, pregnancy after renal transplant</li> <li>• Lupus nephropathy</li> <li>• Pyelonephritis (acute and chronic), urinary tract infections</li> <li>• Haematuria</li> <li>• Renal and ureteric calculi, hydronephrosis and hydroureter</li> </ul>	eLM ST HEP	WE OE TSR



Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>5. Gastrointestinal</b></p> <ul style="list-style-type: none"> <li>• Oral cavity disease</li> <li>• Appendicitis, the acute abdomen, reflux oesophagitis, peptic and duodenal ulcer, biliary tract disease, pancreatitis</li> <li>• Gastrointestinal bleeding, splenic rupture and aneurism, haemorrhoids</li> <li>• Inflammatory bowel disease, irritable bowel disease, mal-absorption, constipation</li> <li>• Infective gastroenteritis</li> <li>• Hyperemesis</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>6. Dietary</b></p> <ul style="list-style-type: none"> <li>• Appropriate diet and weight gain in pregnancy</li> <li>• Obesity, including obesity surgery, eating disorders</li> <li>• Malnourishment, vitamin and mineral deficiencies</li> <li>• Food-borne infection</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>7. Hepatic</b></p> <ul style="list-style-type: none"> <li>• Pre-eclamptic liver disease, including HELLP</li> <li>• Liver capsule haematoma and rupture</li> <li>• Acute fatty liver</li> <li>• Viral hepatitis</li> <li>• Chronic liver disease, portal hypertension and varices, liver transplant</li> <li>• Drug reactions</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>8. Infection (see also A.8)</b></p> <ul style="list-style-type: none"> <li>) Sexually transmitted infections</li> <li>) Bacterial infections – listeria, groups A and B streptococcus, drug resistant staphylococcus aureus, bacterial vaginosis, tuberculosis, ureaplasma, mycoplasma</li> <li>) Fungal infections – Candida</li> <li>) Viral infections – HIV, HPV, CMV, parvovirus, herpes simplex and zoster, rubella, varicella, influenza, mumps, hepatitis</li> <li>) Parasitic infections – toxoplasmosis, protozoal infection, trichomonas, malaria</li> <li>) Antimicrobial agents</li> <li>) Vaccination</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>9. Pulmonary</b></p> <ul style="list-style-type: none"> <li>) Asthma, chronic lung disease, including cystic fibrosis</li> <li>) Pneumonia, tuberculosis</li> <li>) Smoking</li> <li>) Aspiration of gastric contents</li> </ul>	eLM ST HEP	WE OE TSR
<p><b>10. Dermatology</b></p> <ul style="list-style-type: none"> <li>) Hyperpigmentation</li> <li>) Pruritis, prurigo, folliculitis, eczema, psoriasis</li> </ul>	eLM ST HEP	WE OE TSR

Knowledge content	Teaching & Learning Strategies	Assessment
<ul style="list-style-type: none"> <li>) Pregnancy specific skin disorders</li> <li>) Nevi and melanomas</li> </ul> <p><b>11. Neoplastic Disease</b></p> <ul style="list-style-type: none"> <li>) Benign and malignant tumours of the genital tract</li> <li>) Breast cancer</li> <li>) Choriocarcinoma</li> <li>) Treatment of neoplastic disease</li> </ul> <p><b>12. Neurological</b></p> <ul style="list-style-type: none"> <li>) Epilepsy, headache and migraine, Bell's palsy</li> <li>) Postpartum neurological disorders</li> <li>) Cerebrovascular disease, benign intracranial hypertension</li> <li>) Hydrocephalus</li> <li>) Demyelinating disease, myasthenia gravis</li> <li>) Spinal injury, brain death</li> </ul> <p><b>13. Psychological</b></p> <ul style="list-style-type: none"> <li>) Psychosis, postpartum psychosis, bipolar disorder, personality disorders</li> <li>) Anxiety disorders, depression (including postnatal blues and depression)</li> <li>) Post-traumatic stress disorder (PTSD)</li> </ul> <p><b>14. Musculoskeletal</b></p> <ul style="list-style-type: none"> <li>) Disorders affecting mobility, osteoporosis, congenital or acquired anomalies affecting the pelvis, backache</li> <li>) Carpal tunnel syndrome</li> <li>) Diastasis of the pubic symphysis, pelvic instability</li> </ul> <p><b>15. Rheumatic</b></p> <ul style="list-style-type: none"> <li>) Rheumatoid arthritis</li> <li>) Systemic lupus erythematosus</li> <li>) Antiphospholipid syndrome</li> <li>) Vasculitis</li> <li>) Connective tissue disorders</li> </ul> <p><b>16. Substance abuse</b></p> <ul style="list-style-type: none"> <li>) Alcohol, tobacco</li> <li>) Tranquilisers</li> <li>) Opiates, amphetamines, cocaine and their derivatives, cannabis</li> </ul> <p><b>17. Operative</b></p> <ul style="list-style-type: none"> <li>) Surgical stress, shock</li> <li>) Wound infection and prophylaxis, wound care</li> <li>) Thromboembolism prophylaxis</li> <li>) Analgesic options</li> <li>) General fluid management</li> </ul>	<p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP WS(AC)</p> <p>eLM ST HEP</p>	<p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p> <p>WE OE TSR</p>

Knowledge content	Teaching & Learning Strategies	Assessment
<p><b>18. Trauma</b></p> <ul style="list-style-type: none"> <li>• Management after motor vehicle accident</li> <li>• Assault</li> <li>• Major trauma</li> </ul>		

## B. Clinical Knowledge and Management Skills

### B.1 Obstetrics

Learning Outcomes:

Demonstrate clinical expertise in the management of pre-pregnancy, antenatal, intrapartum and postnatal care of the obstetric patient with low or moderate levels of complexity (CE 3.1.1.1).

Practise a multi-dimensional approach to patient management, by being able to (CE 3.1.1.3):

- ) demonstrate advanced abilities in clinical reasoning and judgement and an ability to manage clinical situations
- ) work with other clinical specialties and services, and recognise current limits of medical expertise
- ) customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background
- ) demonstrate diagnostic, therapeutic and surgical skills for the delivery of ethical and effective healthcare services (CE 3.1.1.4)

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

<b>B.1.1. Pre-pregnancy:</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>Medically assess and counsel a woman (and her partner) pre-pregnancy for:</p> <ul style="list-style-type: none"> <li>) appropriate lifestyle modifications conducive to favourable pregnancy outcomes, including advice regarding weight optimisation, diet, supplements, exercise, smoking and drug use</li> <li>) pre-pregnancy screening and immunisation</li> <li>) risk of genetic conditions and referral for genetic counselling/carrier testing as appropriate</li> <li>) the impact and risk of pregnancy on medical conditions and vice versa</li> <li>) perinatal anxiety and depression and pre-existing mental health conditions and counsel regarding medication</li> <li>) the optimisation of medical conditions prior to conception</li> </ul>	<p>A.5.3-5 Genetics</p> <p>A.6.1 Drugs in pregnancy</p> <p>A.8.3 Haematology</p> <p>A.11 Medical and surgical conditions in pregnancy</p>	<p>eLM</p> <p>ST</p> <p>HEP</p>	<p>WE</p> <p>OE</p> <p>LB</p> <p>TSR</p>



<b>B.1.2. Antenatal Care:</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p> <input type="checkbox"/> Machine settings required to optimise image  <input type="checkbox"/> Probe orientation and manipulation  <input type="checkbox"/> Systematic scanning approach to the examination  <input type="checkbox"/> Probe sterilisation and care of the machine </p> <p>Obstetrics</p> <p> <input type="checkbox"/> Identify uterus, endometrium and cervix  <input type="checkbox"/> Identify an intrauterine pregnancy in the first trimester &gt;6 weeks  <input type="checkbox"/> Recognise number of fetuses  <input type="checkbox"/> Measure gestation sac to obtain a MSD  <input type="checkbox"/> Measure CRL  <input type="checkbox"/> Recognize the presence/absence fetal heart motion using M-mode  <input type="checkbox"/> Determine presentation of pregnancy  <input type="checkbox"/> Measure deepest vertical pool  <input type="checkbox"/> Locate the placenta </p> <p>Report writing</p> <p> <input type="checkbox"/> Demonstrate adequate report writing with all relevant/necessary information </p> <p>By the end of Year 2 of Core Training, all trainees are required to undertake assessment of competency in the following areas of transabdominal and transvaginal ultrasound:</p> <p> <input type="checkbox"/> Identify uterus, endometrium and cervix  <input type="checkbox"/> Identify an intrauterine pregnancy in the first trimester &gt;6 weeks  <input type="checkbox"/> Recognise number of fetuses  <input type="checkbox"/> Measure gestation sac to obtain a MSD  <input type="checkbox"/> Measure CRL  <input type="checkbox"/> Recognize the presence/absence fetal heart motion using M-mode  <input type="checkbox"/> Determine presentation of pregnancy  <input type="checkbox"/> Measure deepest vertical pool (DVP)  <input type="checkbox"/> Locate the placenta  <input type="checkbox"/> Report writing </p> <p><i>A further skills section for competencies required by end of Year 4 is under development.</i></p>		<p>eLM ST HEP WS(U)</p>	<p>WE OE LB TSR APSS</p>

<b>B.1.2. Antenatal Care:</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><b>Obstetric management</b></p> <p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ul style="list-style-type: none"> <li>)] Identify, evaluate and manage a normal pregnancy</li> <li>)] Provide routine antenatal and intrapartum care in collaboration with other healthcare practitioners including midwives, GPs and allied health workers, if patient suitable for shared care</li> <li>)] Counsel a patient regarding warning signs of adverse pregnancy events</li> <li>)] Perform and interpret antepartum diagnostic tests accurately and integrate results of such tests into clinical management of a patient</li> <li>)] Counsel a patient with an abnormal fetus regarding management options; be able to refer to and access appropriate services</li> <li>)] Counsel a patient regarding options for antenatal genetic testing; be able to refer to access appropriate counselling services if necessary</li> <li>)] Understand and apply appropriately the principles of pharmacology in pregnancy</li> <li>)] Assess, recognise and manage pre-existing or current medical and surgical disorders in pregnancy</li> <li>)] Assess, recognise and manage early obstetric complications</li> <li>)] Identify the need for intervention that is additional to routine care only when it is clinically indicated</li> <li>)] Interpret tests of fetal well-being including cardiotocography, ultrasound, Doppler studies and biophysical assessment</li> </ul> <p><i>Assess and manage common clinical problems that arise in pregnancy by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ul style="list-style-type: none"> <li>)] Antenatal nausea, vomiting, abdominal and pelvic pain, abdominal mass, bleeding, discharge, fever, itch, rash, jaundice, genital lesions, diarrhoea, constipation, PR bleeding</li> <li>)] Chest pain, cough, breathlessness, palpitations, fainting, collapse</li> <li>)] Urinary retention, loin pain, dysuria, haematuria, oedema, headache, hypertension, proteinuria, seizures</li> <li>)] Breast pain, breast lump, galactorrhoea, mood and behavioural</li> </ul>	<p>A.2.2 Anatomy-pregnancy</p> <p>A.3.1-2 Fetal &amp; placental physiology</p> <p>A.4.3 -4 Physiology of the reproductive years &amp; during pregnancy</p> <p>A.7 Clinical imaging</p> <p>A.5.3-5 Genetics</p> <p>A.6.1 Drugs in pregnancy</p> <p>A.8.3 -4 Haematology &amp; biochemistry</p> <p>A.9 Microbiology</p> <p>A.11 Medical &amp; surgical conditions in pregnancy</p> <p>A.7.1&amp;3 Clinical imaging</p> <p>C.1 Culture</p> <p>A.2.2 Anatomy-pregnancy</p> <p>A.3.1 Fetal</p>	<p>WS(U) IHCA(U) WS(CS)</p> <p>WS(ALSO) WS(MOET) WS(PROMPT)</p> <p>eLM ST HEP</p>	<p>IHCA(U)</p> <p>WE OE TSR LB</p>

<b>B.1.2. Antenatal Care:</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>changes</p> <ul style="list-style-type: none"> <li>) Mobility problems, weight gain, weight loss</li> <li>) Large and small for dates, reduced fetal movements</li> </ul> <p><i>Assess and manage clinical conditions specific to pregnancy by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</i></p> <ul style="list-style-type: none"> <li>) Hyperemesis gravidarum</li> <li>) Incarcerated uterus, congenital or other genital tract anomalies affecting pregnancy, female genital mutilation</li> <li>) Congenital fetal malformations, fetal genetic disorders, disorders of fetal growth</li> <li>) Pre-eclampsia, abruption, placenta praevia, abnormal cord insertion, abnormal placental attachment, abnormal liquor volume</li> <li>) Multiple pregnancy</li> <li>) Isoimmunisation</li> <li>) Preterm labour, preterm rupture of the membranes, malpresentation and prolonged pregnancy</li> <li>) Malpresentation and abnormal lie</li> <li>) Midtrimester fetal loss or perinatal death including grief counselling and consent for pathology or autopsy where appropriate</li> <li>) Prolonged pregnancy</li> </ul> <p><i>Demonstrate an understanding of the underlying principles (including basic sciences, evidence base and clinical principles) of the following conditions or circumstances:</i></p> <ul style="list-style-type: none"> <li>) Prenatal diagnostic techniques, amniocentesis and CVS</li> <li>) Fetal therapy including fetal surgery and associated interventional techniques</li> <li>) Twin-twin transfusion</li> <li>) High order multiple pregnancy</li> <li>) General and regional obstetric anaesthesia</li> <li>) Non gynaecological surgery in the pregnant patient (e.g. appendix,</li> </ul>	<p>physiology</p> <p>A.5.3-4 Genetics</p> <p>A.8.3-4 Haematology &amp; biochemistry</p> <p>A.10.3-4 Immunology</p> <p>A7.1 Clinical imaging</p> <p>A.5.4 Genetic screening &amp; diagnosis</p> <p>A.11 Med &amp; surg conditions in pregnancy</p> <p>A.3.1 Fetal physiology</p>	<p>eLM ST HEP</p> <p>eLM ST HEP</p>	<p>WE OE TSR LB</p> <p>WE OE TSR LB</p>



<b>B.1.2. Antenatal Care:</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>gall bladder)</p> <ul style="list-style-type: none"> <li>) Trauma in the pregnant patient</li> <li>) The pregnant patient in intensive care</li> </ul> <p><i>Safely conduct or refer for all obstetric procedures involved in antenatal care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ul style="list-style-type: none"> <li>) cervical cerclage (evidence base, indications, application and complications)</li> <li>) invasive fetal procedures</li> <li>) amnioreduction</li> <li>) adnexal surgery in a pregnant patient</li> </ul>			

<b>B.1.3. Intrapartum Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ul style="list-style-type: none"> <li>) Perform and interpret fetal monitoring during labour: implement appropriate clinical interventions for fetal heart rate abnormalities.</li> <li>) Use and interpret tests of fetal well-being, underpinned by an understanding of test reliability</li> <li>) Assess and manage a normal labour and birth</li> <li>) Provide subsequent routine intrapartum care in collaboration with other healthcare practitioners including midwives, GPs and allied health workers</li> <li>) Assess and manage abnormal labour and birth</li> <li>) Use evidence-based medicine to inform discussion of mode of delivery</li> <li>) Assess and manage labour following a previous Caesarean section</li> <li>) Assess and manage labour complicated by maternal medical conditions</li> <li>) Recognise and manage maternal and fetal complications, which may develop during labour, including pre-eclampsia and fetal distress.</li> </ul> <p><i>Be able to assess and manage common clinical problems that arise in the intrapartum period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ul style="list-style-type: none"> <li>) Intrapartum pain, labour after previous caesarean, uterine tenderness, non-reassuring fetal status, meconium liquor,</li> </ul>	<p>A.7.1 Clinical imaging – ultrasound</p> <p>A.6.1 Drugs in pregnancy</p> <p>A.2.2 Anatomy – pregnancy</p> <p>A.3.1 Fetal physiology</p> <p>A.3.5 Physiology – labour</p> <p>A.1.4 Epidemiological methods</p> <p>A.11 Med &amp; surg conditions in</p>	<p>eLM ST HEP FSEP</p> <p>WS(ALSO) WS(MOET) WS(PROMPT )</p> <p>eLM</p>	<p>WE OE TSR LB</p> <p>APSS</p> <p>APSS</p> <p>APSS</p> <p>APSS</p> <p>APSS</p> <p>WE OE</p>

<b>B.1.3. Intrapartum Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>abnormal CTG, abnormal progress haemorrhage, pyrexia, tachycardia, breathlessness, collapse, seizure, abnormal second stage</p> <p><i>Assess and manage clinical conditions specific to the intrapartum period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</i></p> <ul style="list-style-type: none"> <li>)] malpresentation, malposition, cord prolapse, fetal hypoxia, chorioamnionitis, Group B streptococcal (GBS) carriage, uterine atony, coagulopathy, amniotic fluid embolism, labour after previous caesarean, uterine scar dehiscence uterine rupture, caesarean hysterectomy, shoulder dystocia, cervical laceration, vaginal and perineal trauma</li> </ul> <p><i>Understand the types of anaesthesia appropriate for control of pain during labour and birth and their benefits and complications with respect to mother and fetus.</i></p> <p><i>Safely manage and conduct all obstetric procedures involved in intrapartum care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ul style="list-style-type: none"> <li>)] Spontaneous vaginal birth</li> <li>)] Induction of labour, including use of appropriate cervical ripening agents</li> <li>)] Intrapartum fetal scalp blood sampling</li> <li>)] Augmentation of labour with amniotomy and/or oxytocin</li> <li>)] Administration of local anaesthesia including pudendal block</li> <li>)] Management of cord prolapse</li> <li>)] Vaginal breech birth</li> <li>)] Vaginal twin birth, including podalic version and breech extraction</li> <li>)] Instrumental vaginal birth, including safe and appropriate vacuum and forceps deliveries including instrumental delivery for a persistent transverse or posterior position</li> <li>)] Shoulder dystocia management</li> <li>)] Preterm Birth</li> <li>)] Caesarean Section including LSCS, repeat LSCS, and classical CS</li> <li>)] Complicated Caesarean Section, i.e. failed instrumental birth</li> <li>)] Visceral and vascular trauma sustained at CS</li> </ul>	<p>pregnancy</p> <p>A.8.3-4 Haematology &amp; biochemistry</p>	<p>ST HEP FSEP</p> <p>eLM ST HEP FSEP</p> <p>eLM ST HEP</p> <p>eLM ST HEP</p> <p>WS(ALSO) WS(MOET) WS(PROMPT ) eLM ST HEP</p>	<p>TSR APSS LB</p> <p>WE OE TSR APSS LB</p> <p>WE OE TSR APSS LB</p> <p>WE OE TSR APSS LB</p> <p>WE OE TSR APSS LB</p>

<b>B.1.3. Intrapartum Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>)] Perimortem Caesarean Section</li> <li>)] Episiotomy and repair</li> <li>)] Repair of perineal, vaginal and cervical lacerations, including third and fourth degree tears</li> <li>)] Manual removal of placenta</li> <li>)] Management of maternal collapse</li> </ul>			

<b>B.1.4. Post-partum Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Understand and demonstrate application of the principles of obstetric planning and case management in order to:</i></p> <ul style="list-style-type: none"> <li>)] Manage a normal puerperium</li> </ul> <p><i>Be able to assess and manage common clinical problems that arise in the puerperium by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ul style="list-style-type: none"> <li>)] Perineal pain, swelling, discharge</li> <li>)] Postpartum haemorrhage</li> <li>)] Postpartum fever</li> <li>)] Postpartum blues, depression, anxiety</li> <li>)] Symptoms of depression and anxiety by advising women to complete a depression screener such as the Edinburgh Postnatal Depression Scale questionnaire and a validated psychosocial questionnaire within 4 weeks of birth</li> <li>)] Breastfeeding difficulty and complications, including the role of the Lactation Consultant in management</li> <li>)] Urinary incontinence and urinary retention</li> <li>)] Postpartum collapse</li> <li>)] Discussion of patients' contraception, sterilisation and future pregnancies.</li> </ul> <p><i>Assess and manage clinical conditions specific to the post-partum period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management</i></p>	<p>A.8.3 Haematology</p> <p>A.2.1 Descriptive anatomy</p> <p>A.2.2 Anatomy – pregnancy</p> <p>A.2.3 Anatomy – surgery</p> <p>A.4.4 Physiology – puerperium/ lactation</p> <p>A.6.2 Pharmacology &amp; therapeutics</p>	<p>eLM HEP ST</p> <p>eLM HEP ST</p> <p>eLM HEP</p>	<p>WE OE TSR LB</p> <p>WE OE TSR LB APSS</p> <p>WE OE</p>

<b>B.1.4. Post-partum Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>and prognosis of the following conditions:</p> <ul style="list-style-type: none"> <li>)] Perineal trauma (including perineal haematoma, 3<sup>rd</sup> and 4<sup>th</sup> degree tear)</li> <li>)] Injury to the urinary tract</li> <li>)] Retained placenta</li> <li>)] Acute uterine inversion</li> <li>)] Retained products of conception</li> <li>)] Deep vein thrombosis &amp;/or pulmonary embolism</li> <li>)] Postnatal depression and other affective disorders</li> <li>)] Endometritis, mastitis, cystitis, wound infection</li> <li>)] Perinatal death (including grief counselling and investigation that may include obtaining consent for an autopsy)</li> </ul> <p><i>Safely manage and conduct all obstetric procedures involved in postpartum care when appropriate after consideration of indications, contraindications, technique and potential complications, including a detailed knowledge of the following procedures:</i></p> <ul style="list-style-type: none"> <li>)] Procedures employed for control of postpartum haemorrhage (including B Lynch suture, uterine tamponade balloon, internal iliac artery ligation and postpartum hysterectomy)</li> <li>)] Repair of the vaginal and perineal tears including 3<sup>rd</sup> and 4<sup>th</sup> degree tears</li> </ul>	<p>A.2.3 Anatomy - surgery</p>	<p>ST</p> <p>eLM HEP ST</p>	<p>TSR LB APSS</p> <p>WE OE TSR LB APSS</p>

<b>B.1.5. Neonatal Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Be able to provide and organise the routine care of a healthy neonate.</i></p> <p><i>Assess and manage clinical conditions specific to the neonatal period by demonstration of an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:</i></p> <ul style="list-style-type: none"> <li>)] Aberrations of growth (growth restriction and macrosomia), prematurity, neonatal jaundice, respiratory distress, cardiac arrest, sepsis, birth asphyxia, birth trauma, common congenital and genetic anomalies, fetal alcohol syndrome, neonatal abstinence syndrome, the neonate of a diabetic mother, hypoxic ischaemic encephalopathy, necrotising enterocolitis, seizures, and babies exposed to maternal medication.</li> </ul>	<p>A.3.3 Neonatal physiology</p> <p>A.5.3 Chromosome abnormalities</p>	<p>eLM HEP ST</p>	<p>WE OE TSR</p> <p>WE OE TSR</p>



## B.2 Gynaecology

### Learning Outcomes

- ) Demonstrate clinical expertise pertaining to common and critically important gynaecological conditions (CE 3.1.1.2).

Practise a multi-dimensional approach to patient management, by being able to (CE 3.1.1.3):

- ) demonstrate advanced abilities in clinical reasoning and judgement and an ability to manage clinical situations
- ) recognise current limits of medical expertise
- ) Provide diagnostic, therapeutic and surgical skills for ethical and effective healthcare by being able to (CE 3.1.1.4):
  - ) access, interpret and apply knowledge relevant to clinical practice in gynaecology
  - ) demonstrate an appropriate awareness of the impact on health and well-being of emotional and social issues
  - ) demonstrate effective services in consultation, management, clinical education and legal opinion in regard to the well-being and care of women

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

<b>B.2.1. Gynaecological Health, Menstrual Disorders &amp; Menopause</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><b>Gynaecological health</b></p> <p><i>Understand gynaecological management in order to:</i></p> <ul style="list-style-type: none"> <li>) Advise on breast screening, pelvic muscle exercises, contraception, and safe sex education</li> <li>) Advise on lifestyle and hygiene issues to optimise sexual and reproductive health and minimise the risk of developing malignancies</li> <li>) Assess and manage sexual problems, and sexual and domestic violence</li> <li>) Perform gynaecological speculae and bimanual examination properly and appropriately</li> </ul> <p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of congenital anomalies of the genital tract.</i></p> <p><i>Demonstrate a contemporary evidence-based knowledge of the following:</i></p> <ul style="list-style-type: none"> <li>) Psycho-sexual disorders</li> <li>) Menarche and common adolescent gynaecological conditions</li> <li>) Appropriate knowledge of cervical pathology including the principles</li> </ul>	<p>A.2.1 Descriptive anatomy</p> <p>A.4.1-2 Pre &amp; peri-pubertal physiology</p> <p>A3. 8.1-2 Pathology</p> <p>C.1 culture</p> <p>C.2 ethics</p> <p>C.3 law</p>	<p>eLM HEP ST</p> <p>IHCA(C)</p>	<p>WE OE TSR LB</p> <p>IHCA(C)</p>

<b>B.2.1. Gynaecological Health, Menstrual Disorders &amp; Menopause</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>and practice of colposcopy</p> <p><i>Understand principles of a paediatric gynaecological examination</i></p> <p><b>Paediatric and Adolescent Gynaecology</b></p> <p><i>Demonstrate an understanding of and an ability to assess and initiate management of:</i></p> <ul style="list-style-type: none"> <li>)] Pre-pubertal vaginal discharge and bleeding</li> <li>)] Congenital anomalies of the genital tract</li> <li>)] Disorders of puberty (see reproductive endocrinology)</li> <li>)] Menstrual disorders in adolescents (irregular or heavy bleeding, amenorrhoea)</li> <li>)] Paediatric and adolescent tumours of the genital tract</li> <li>)] Adolescent sexual issues including high risk behaviour, contraception, STIs, HPV vaccination</li> <li>)] Suspected adolescent or child sexual abuse</li> </ul> <p><b>Menstrual disorders</b></p> <p><i>Demonstrate a contemporary evidence-based knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of menstrual disorders in order to:</i></p> <ul style="list-style-type: none"> <li>)] Assess and manage a woman with menstrual disorders</li> <li>)] Assess and manage oligomenorrhoea, amenorrhoea, hirsutism, acne</li> <li>)] Assess and manage premenstrual symptoms, premenstrual syndrome and premenstrual dysphoric disorder</li> <li>)] Diagnose and initiate management of a woman with dysfunctional or abnormal uterine bleeding</li> </ul> <p><b>Contraception</b></p> <p><i>Demonstrate a contemporary evidence-based knowledge of contraception in order to:</i></p> <ul style="list-style-type: none"> <li>)] Discuss with a woman and her partner family planning and contraceptive issues</li> <li>)] Assess and manage contraception</li> </ul> <p><b>Gynaecological infections</b></p> <p><i>Demonstrate a contemporary evidence-based knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of infections in the upper and lower</i></p>	<p>A.4.3 Physiology – repro years</p> <p>A.5.3&amp;5 Genetics</p> <p>A.4.3 Physiology – repro years</p> <p>A.6.2 Pharmacology &amp; therapeutics</p> <p>C.3.7 &amp; 9 Law</p> <p>A.3.3 Anatomy – surgery</p> <p>A.8.1 Pathology</p> <p>A.9.1 &amp; 3 Microbiology</p> <p>C.2 Ethics</p> <p>C.3.9-10 Law – privacy, mandatory reporting</p> <p>A.2.1 Descriptive anatomy</p> <p>A.4.3 Physiology – repro years</p> <p>A.8.1-2 Pathology</p> <p>A.7Clinical</p>	<p>eLM HEP ST</p> <p>eLM HEP ST</p> <p>eLM HEP ST</p>	<p>WE OE TSR LB</p> <p>WE OE TSR LB APSS</p> <p>WE OE TSR LB</p> <p>WE OE TSR LB</p>

<b>B.2.1. Gynaecological Health, Menstrual Disorders &amp; Menopause</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>genital tract in order to:</p> <ul style="list-style-type: none"> <li>J Perform cervical smears, opportunistic screening for sexually transmitted infections and HPV vaccination</li> <li>J Diagnose and manage sexually transmitted genital tract infections and infections of the upper and lower genital tracts</li> <li>J Understand the specific issues related to patients with HIV/AIDS, Hepatitis B and C</li> </ul> <p><b>Pelvic pain, benign conditions of the lower genital tract</b></p> <ul style="list-style-type: none"> <li>J Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of acute and chronic abdominal and pelvic pain, including pain without organic cause</li> <li>J Assess and manage non infective vaginal discharge, dyspareunia, vulval pruritis, chronic vaginal and vulval pain disorders, vulval lesions, vulval dystrophies and dermatoses</li> <li>J Diagnose and plan management of a woman with a benign pelvic mass</li> <li>J Diagnose and manage endometriosis, adenomyosis, fibroids and endometrial polyps</li> </ul> <p><b>The climacteric and menopause</b></p> <ul style="list-style-type: none"> <li>J Discuss issues relating to the menopause</li> <li>J Advise on managing the climacteric and the use of hormone replacement therapy</li> <li>J Demonstrate a contemporary evidence-based knowledge of the following in order to assess and manage climacteric symptoms: <ul style="list-style-type: none"> <li>- postmenopausal bleeding hypo-oestrogenism</li> <li>- the postmenopausal state</li> </ul> </li> <li>J Manage disorders relating to the menopause, including the principles of managing osteopenia</li> </ul> <p><b>Psychosocial issues in gynaecological care</b></p> <ul style="list-style-type: none"> <li>J Obtain legal consent from an incompetent patient</li> <li>J Sensitively and appropriately manage a patient with a psychological or psychiatric disorder or substance abuse problem</li> </ul>	<p>imaging – U/S, radiology and magnetic resonance imaging</p> <p>B.2.1b Menstrual disorders</p> <p>A.4.5 Physiology &amp; endocrinology – menopause</p> <p>A.6.2 Pharmacology &amp; therapeutics</p> <p>B.2.1f The climacteric</p> <p>C.3 Law</p> <p>C.2 Ethics</p> <p>C.1 Culture</p> <p>C.3 Law</p>	<p>eLM HEP ST</p> <p>eLM HEP ST</p> <p>eLM HEP ST</p>	<p>WE OE TSR LB</p> <p>APSS</p> <p>WE OE TSR LB</p> <p>WE OE TSR LB</p>



<b>B.2.1. Gynaecological Health, Menstrual Disorders &amp; Menopause</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>J Recognise common indicators that a patient has suffered sexual assault</li> <li>J Respond appropriately to a patient who discloses sexual assault</li> <li>J Provide appropriate counselling and referrals to a victim of sexual assault</li> <li>J Recognise common indicators that a patient has suffered domestic violence</li> <li>J Respond appropriately to a patient who discloses domestic violence</li> <li>J Provide appropriate counselling and referral to a victim of domestic violence</li> <li>J Understand the principles of a forensic examination and how to write a forensic report</li> <li>J Assess and manage a woman with premenstrual syndrome and dysphoric disorder (PMDD)</li> <li>J Assess the impact of socioeconomic factors on a woman's health</li> </ul>	C.2 Ethics  C.1 Culture		
<b>Ultrasound</b> <ul style="list-style-type: none"> <li>J Approach to transvaginal and transabdominal ultrasound scanning</li> <li>J Identify the uterus, cervix and endometrium in the presence of a positive pregnancy test</li> </ul>	A.7 Clinical imaging	eLM WS HEP ST	APSS IHCA WE OE TSR LB

<b>B.2.2. Gynaecological Surgery</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<i>Demonstrate a detailed knowledge of the following gynaecological operations:</i> <ul style="list-style-type: none"> <li>J Surgical management of miscarriage and termination of pregnancy</li> <li>J Surgical treatment of ectopic pregnancy</li> <li>J Surgical management of molar pregnancy</li> <li>J Diagnostic hysteroscopy</li> <li>J Operative hysteroscopy</li> <li>J Sterilisation procedures</li> <li>J Diagnostic laparoscopy</li> <li>J AGES Skill Levels 1-3 laparoscopic surgery</li> <li>J Surgical treatment of cervical pathology</li> <li>J Hysterectomy: abdominal (total and sub-total), vaginal and</li> </ul>	B.3 General surgical principles  B.2.4 Early pregnancy care  B.2.5 Gyn oncology  B.2.6 Urogynaecology  A.2.1 Descriptive	eLM ST HEP IHCA(C)	WE OE TSR LB APSS IHCA(C)

<b>B.2.2. Gynaecological Surgery</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>laparoscopic assisted</p> <ul style="list-style-type: none"> <li>) Myomectomy</li> <li>) Endometrial ablation</li> <li>) Open surgical management of a benign adnexal mass</li> <li>) Diagnostic cystoscopy</li> <li>) Primary prolapse surgery, including anterior and posterior colporrhaphy/colpoperitonorrhaphy and technique(s) for vaginal vault suspension</li> <li>) Primary surgical procedure(s) for urodynamically proven GSI (genuine stress incontinence)</li> <li>) Simple vaginal tumour surgery</li> <li>) Surgery of benign vulvar and perineal conditions</li> </ul> <p><i>In principle, show an understanding of the indications, technique, anatomy and potential complications for the following operations:</i></p> <ul style="list-style-type: none"> <li>) Operations relating to the subspecialty of gynaecological oncology</li> <li>) AGES Skill Levels 4-6 operative laparoscopy</li> <li>) Complex hysteroscopic surgery: resection of septa, sub-mucosal myomectomy</li> <li>) Operative procedures specific to infertility and reproductive medicine</li> <li>) Complex urogynaecological procedures, including repeat procedures for incontinence, fistula surgery and surgical management of detrusor instability</li> <li>) Adolescent gynaecological procedures (neo-vagina etc.)</li> <li>) Complex pelvic floor surgery, such as mesh repairs and their complications, recurrent vault prolapsed and less commonly performed operations such as LeForts</li> <li>) Surgical management of operative complications involving related specialties: <ul style="list-style-type: none"> <li>) Bowel injury/resection/anastomosis</li> <li>) Bladder and ureteric injury</li> <li>) Vascular injury</li> </ul> </li> </ul>	<p>anatomy</p> <p>A.2.3 Anatomy – surgery</p> <p>A.8.1-2 Pathology</p> <p>B.3.2 Intra-operative skills</p> <p>B.3.3 Post-operative skills</p> <p>B.2.4 Early pregnancy care</p> <p>B.2.5 Gyn oncology</p> <p>B.2.6 Urogynaecology</p> <p>A.4.3 Physiology – repro years</p>	<p>eLM ST HEP</p> <p>WS(AC)</p>	<p>WE OE</p>

<b>B.2.3. Reproductive Endocrinology</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <ul style="list-style-type: none"> <li>) androgen insensitivity, hyperandrogenism, disorders of sex hormone synthesis, disorders of puberty, hypothalamic insufficiency, hyperprolactinaemia, polycystic ovary syndrome, pituitary failure,</li> </ul>	<p>A.4.3 Physiology – repro years</p> <p>A.4.6 Male</p>	<p>eLM ST HEP</p>	<p>WE OE TSR</p>

<b>B.2.3. Reproductive Endocrinology</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>ovarian failure, testicular failure</p> <p>) tubal disease, female and male infertility, unexplained infertility</p> <p><i>Demonstrate a contemporary evidence-based knowledge</i> of the investigation and basic treatment of the infertile couple.</p> <p><i>Manage and counsel</i> (in consultation with other health professionals) a couple with primary or secondary infertility (including scrotal examination and semen analysis); be able to communicate to patients the medical and/or surgical treatments (and their associated outcomes and risks) for the common causes identified.</p> <p><i>Counsel</i> a woman about the concept of ovarian reserve, how this is calculated and its limitations.</p> <p><i>Manage</i>, under direct supervision, the patient requiring induction of ovulation with clomiphene.</p> <p><i>Understand the principles</i> of assisted conception techniques.</p>	<p>reproductive physiology</p> <p>A.5.3 &amp; 7 Chromosomal abnormalities, lab techniques</p> <p>A.6.2 Pharmacology &amp; therapeutics</p>	<p>eLM ST HEP</p> <p>eLM ST HEP</p>	<p>WE OE TSR</p> <p>WE OE TSR</p>

<b>B.2.4. Early Pregnancy Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Assess and manage</i> early pregnancy pain and bleeding</p> <p><i>Demonstrate an understanding</i> of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, diagnosis, management and prognosis of miscarriage, recurrent miscarriage, ectopic pregnancy and trophoblastic disease.</p> <p><i>Perform, interpret and communicate both sensitively and comprehensively:</i></p> <p>) <i>diagnostic tests</i> to confirm an early spontaneous miscarriage.</p> <p>) <i>diagnostic tests</i> to confirm an ectopic pregnancy.</p> <p><i>Medically or surgically manage:</i></p> <p>) a woman experiencing a miscarriage and the complications that may arise.</p> <p>) a woman with an ectopic pregnancy and complications that may arise, including post-pregnancy care and prognosis for future pregnancies.</p> <p>) a woman requesting termination of pregnancy (or refer accordingly)</p> <p><i>Investigate and manage</i> a couple experiencing recurrent early pregnancy loss</p> <p>Counsel patients in an acute and outpatient environment</p>	<p>A.2.1 Descriptive anatomy</p> <p>A.2.2 Anatomy pregnancy</p> <p>A.4.4 Physiology – pregnancy</p> <p>A.6.1 Drugs in pregnancy</p> <p>B.2.2 Gyn surgery</p> <p>B.3 – General surgical principles</p> <p>A.3.1 Fetal physiology</p> <p>A.5.7 - Genetics lab techniques</p> <p>A.5.3 – Chromosomal abnormalities</p>	<p>eLM ST HEP</p>	<p>WE OE TSR LB</p> <p>APSS</p>

<b>B.2.4. Early Pregnancy Care</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
	A.5.4 – Genetic screening & diagnosis  A.6.1 Drugs in pregnancy		

<b>B.2.5. Gynaecological Oncology</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Demonstrate an understanding of:</i></p> <p>) <i>the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of malignant tumours of the genital tract, premalignancy including vulval/vaginal/cervical intraepithelial neoplasia and endometrial hyperplasia.</i></p> <p><i>Demonstrate:</i></p> <p>) <i>a contemporary evidence-based knowledge of the principles of treatment and follow up of gynaecological malignancy, including surgery, chemotherapy and radiation.</i></p> <p><i>Diagnose and manage trophoblastic disease with appropriate referral.</i></p>	<p>A.2.3 Anatomy - surgery</p> <p>A.5.6 Cancer genetics</p> <p>A.8.1-2 Pathology</p> <p>A.10.2 Immunology &amp; Cancer</p> <p>A11.11 – Neoplastic disease</p> <p>A.6.2 Pharmacology &amp; therapeutics</p> <p>A.6.3 Radiotherapy</p>	<p>eLM</p> <p>ST</p> <p>HEP</p>	<p>WE</p> <p>OE</p> <p>TSR</p> <p>LB</p>

<b>B.2.6. Urogynaecology</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</i></p> <p>) Cystocele, rectocele, uterine and vaginal vault prolapse</p> <p>) Urinary stress incontinence, detrusor instability/overactive bladder, neurogenic incontinence, voiding difficulties, cystitis</p>	<p>A.2.1 Descriptive anatomy</p> <p>A.2.3 Anatomy – surgery</p> <p>B2.2 Gyn</p>	<p>eLM</p> <p>ST</p> <p>HEP</p>	<p>WE</p> <p>OE</p> <p>TSR</p> <p>LB</p>

<b>B.2.6. Urogynaecology</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p>)] Gynaecological fistulae, anal sphincter damage</p> <p><i>Be able to manage and assess</i> the following clinical problems: pelvic organ prolapse, urinary urgency, frequency and incontinence, dysuria, haematuria, urinary retention.</p> <p><i>Diagnose and arrange appropriate management</i> of gynaecological fistulae.</p> <p><i>Understand and counsel women on the principles</i> of urodynamic investigations.</p> <p><i>Be able to communicate effectively to a patient:</i></p> <ul style="list-style-type: none"> <li>)] The causes and pathogenesis of female urinary incontinence</li> <li>)] The appropriate investigation and treatment of female urinary incontinence, including gynaecological fistulae</li> <li>)] The roles of urodynamic investigations</li> <li>)] The pathogenesis, investigation and management of utero-vaginal prolapse, including recurrent prolapse</li> </ul>	<p>surgery</p> <p>B.3 General surgical principles</p>		<p>APSS</p>

<b>B.2.7. Critical Care in Gynaecology and Obstetrics</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Apply critical care skills in the areas of:</i></p> <ul style="list-style-type: none"> <li>)] Toxic shock syndrome</li> <li>)] Septic shock</li> <li>)] Eclampsia</li> <li>)] Amniotic fluid embolism</li> <li>)] Adult respiratory distress syndrome</li> <li>)] Pulmonary and cardiovascular disease in pregnancy</li> <li>)] Haemodynamic monitoring/hypovolemic shock</li> <li>)] Cardiopulmonary resuscitation</li> <li>)] Allergic (or adverse) drug reactions</li> <li>)] Ovarian hyperstimulation syndrome</li> <li>)] Resuscitate an adult patient, including intubation</li> </ul>	<p>A.8.3 Haematology</p> <p>A.4.3 Physiology – repro years</p> <p>A.6.2 Pharmacology &amp; therapeutics</p>	<p>eLM ST HEP WS(ALSO) WS(MOET) WS(PROMPT )</p>	<p>WE OE TSR</p>

## B.3 General Surgical Principles

(Applicable to both gynaecological and obstetric surgery)

Learning Outcomes:

- )] Demonstrate medical expertise in core areas of surgical procedure and care (CE 3.1.2).
- )] Demonstrate medical expertise in core areas of obstetric and gynaecological care (CE 3.1.1).
- )] Demonstrate pre, intra and postoperative use of Surgical Safety checklists (CE 3.1.2).

\* Refer to page 17 for Teaching and Learning Strategies, and Assessment key

<b>B.3.1 Preoperative</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Prepare a specific patient for a specific operation by being able to:</i></p> <ul style="list-style-type: none"> <li>)] Conduct a pre-operative assessment including appropriate surgical procedure for the clinical problem</li> <li>)] Demonstrate knowledge of risks, outcomes, alternatives, potential complications and their incidence</li> <li>)] Perform a pre-operative anaesthetic assessment</li> <li>)] Assess for risk of thromboembolism and understand the principles of thromboembolism prophylaxis</li> <li>)] Ensure understanding and obtain specific informed consent, including consent for audit, research and new procedures where appropriate</li> <li>)] Assessment of acuity, including intra-abdominal bleeding, resuscitation of the haemodynamically compromised patient (principles of surgical triage)</li> <li>)] Ensure that correct instruments, equipment and suture material are available</li> </ul>	B.2.2 Gyn surgery	eLM ST HEP	WE TS APSS

<b>B.3.2 Intra-operative</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Demonstrate:</i></p> <ul style="list-style-type: none"> <li>)] Competence in basic CPR, with knowledge of principles of advanced airway management and cardiac arrest/arrhythmia management</li> <li>)] A teamwork approach to peri and intra-operative patient care</li> <li>)] Knowledge of patient safety peri-operatively (transfers, positioning)</li> </ul> <p><i>Demonstrate competence in the management of all types of equipment utilised</i></p>	<p>B.2.2 Gyn surgery</p> <p>A.6.2 Pharmacology &amp; therapeutics</p> <p>A.6.5 Laser</p>	<p>eLM ST HEP WS(BSS)</p> <p>eLM</p>	<p>WE TSR APSS</p> <p>WE</p>

<b>B.3.2 Intra-operative</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>in operative O&amp;G:</i></p> <ul style="list-style-type: none"> <li>)] Surgical instruments</li> <li>)] Disposables, including sharps handling and disposal, and principles of managing exposure to potentially contaminated body fluids.</li> <li>)] Electrosurgical instruments</li> <li>)] Laser if appropriately trained and credentialed</li> <li>)] All laparoscopic equipment (instruments, disposables, power and light sources, insufflation media, recording equipment)</li> </ul> <p><i>Demonstrate an understanding of:</i></p> <ul style="list-style-type: none"> <li>)] Prophylaxis of VTE (venous thromboembolism), VTE risk assessment and evidence-based approach to therapy.</li> <li>)] The principles of management of unexpected intra-operative surgical complication (bleeding, injury to organ or viscus, unexpected pathology)</li> <li>)] The principles of surgical assisting</li> </ul> <p><i>Apply clinical knowledge and surgical skills to:</i></p> <ul style="list-style-type: none"> <li>)] Open and close abdomen, using both vertical and transverse incisions</li> <li>)] Show competence in basic gynaecological and obstetric surgical skills, and laparoscopic and hysteroscopic skills</li> <li>)] Show consistent competency in technique in regard to instrument, tissue and aseptic management, in major and minor procedures</li> <li>)] Correctly use laparoscopic techniques for abdominal entry</li> <li>)] Correctly use and care for instruments, equipment and suture material</li> <li>)] Safely use electrodiathermy (and laser where applicable)</li> <li>)] Identify the ureter and internal iliac artery</li> <li>)] Be consistently safe with sharps with respect to self, assistant, scrub nurse and patient</li> <li>)] Manage a needle-stick injury</li> <li>)] Apply surgical principles to prevent adhesions during surgery</li> <li>)] Demonstrate dissection of proper fascial planes in repair surgery</li> </ul>	<p>therapy</p> <p>A.6.4 Electrosurgery</p> <p>A.8.3 Haematology</p> <p>A.6.2 Pharmacology &amp; therapeutics</p> <p>A.9.2 Infection prophylaxis</p> <p>A.2.1 Descriptive anatomy</p> <p>A.2.3 Anatomy - surgery</p>	<p>ST HEP WS(BSS)</p> <p>eLM ST HEP WS(BSS)</p> <p>WS(AC)</p> <p>eLM ST HEP WS(BSS)</p> <p>eLM ST HEP WS(BSS)</p>	<p>TSR APSS</p> <p>WE TSR APSS</p> <p>WE TSR APSS</p> <p>WE TSR APSS</p>

<b>B.3.2 Intra-operative</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>)] Manage fluid and electrolyte balance</li> <li>)] Manage intravenous therapy, including use of blood and blood products</li> <li>)] Recognise injuries to the ureter, including those which become apparent postoperatively</li> <li>)] Recognise bladder and bowel trauma, including those which become apparent postoperatively and undertake appropriate management</li> <li>)] Insert a suprapubic catheter</li> </ul>		WS(AC)	

<b>B.3.3 Postoperative</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Apply clinical knowledge and surgical skills in the management of post-operative complications to:</i></p> <ul style="list-style-type: none"> <li>)] Assess complications as immediate (requiring re-operation/return to theatre), early, as inpatient (bleeding, infection, or related system) or late (after discharge)</li> <li>)] Detect and manage postoperative complications, including pain, fever, oliguria, infection, thrombosis, reactionary and secondary haemorrhage, obstruction, paralytic ileus and urinary retention</li> <li>)] Diagnose and initiate management of pulmonary embolus</li> <li>)] Manage a patient with circulatory shock</li> </ul>	<p>A.8.3 Haematology</p> <p>B.2.2 Gyn surgery</p>	eLM ST HEP	WE OE TSR

<b>B.3.4 Operative records</b>	<b>Links to knowledge &amp; skills</b>	<b>Teaching &amp; Learning strategies</b>	<b>Assessment</b>
<p><i>Be aware of and maintain accurate and detailed operative records for:</i></p> <ul style="list-style-type: none"> <li>)] Surgical audit, outcome reporting, sentinel event reporting, root cause analysis</li> <li>)] Surgical research, evaluation of new techniques etc.</li> </ul>	<p>B.2.2 Gyn surgery</p> <p>C.3 Law</p>	ST HEP	WE TSR



## Procedural and Surgical Skills -for Trainees commencing between 1 December 2003 and 30 November 2013

The following table lists the procedures and skill levels expected of all trainees by the end of the designated year level of the Core and Advanced Training Program.

By the end of Year 2 of Core Training, all trainees are required to undertake assessment of competency in the core operative skills and procedures marked with a red asterisk (\*) in the Core Training column. By the end of Year 5 of the FRANZCOG training program, trainees must undertake assessment of competency in the skills and procedures marked with a red asterisk\* in the Advanced Training column.

Minimum numbers required for the procedures listed are detailed in the FRANZCOG Training Program Handbook and the FRANZCOG Logbook.

<b>GYNAECOLOGY</b>	<b>CORE TRAINING</b> By end of Year 2 *	<b>ADVANCED TRAINING</b> By end of Year 5 *
<b>Endometrial inspection, sampling and hysteroscopic surgery</b>		
Diagnostic hysteroscopy, dilatation and curettage (D&C)	X*	X
Suction D&C for retained products of conception	X*	X
Endometrial ablation	XX	X*
<b>Laparoscopic surgery</b>		
Laparoscopic surgery, RANZCOG/AGES Skill levels 1-2#	X*	X
Laparoscopic surgery, RANZCOG/AGES Skill level 3 #	X	X*
<b>Open abdominal gynaecological surgery</b>		
Laparotomy: Basic e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy	X*	X
Laparotomy: Intermediate e.g. hysterectomy, myomectomy, hysterotomy	XX	X*
Laparotomy: Advanced e.g. pelvic sidewall dissection		XX
<b>Vaginal surgery, uterovaginal prolapse &amp; urinary incontinence</b>		
Vaginal surgery: Intermediate e.g. vaginal hysterectomy & repair	XX	X*
<b>Cervix and Dysplasia</b>		
Colposcopy, cervix and CIN management (assessed by IHCA)	X	X
Cone biopsy (assessed by IHCA)	XX	X
Minor perineal surgery e.g. Bartholin's cyst or abscess, marsupialisation, excision vulval cyst, diagnostic vulval biopsy	X*	X

OBSTETRICS	CORE TRAINING	ADVANCED TRAINING
	By end of Year 2*	By end of Year 5*
Spontaneous Vaginal birth	X*	X
Complex manipulative vaginal birth e.g. multiple pregnancy	XX	X*
Instrumental vaginal birth, low/outlet vacuum	X*	X
Instrumental vaginal birth, low/outlet forceps	X*	X
Instrumental vaginal birth, mid cavity or rotational instrumental	XX	X*
Caesarean Section: Basic	X*	X
Caesarean Section: Intermediate e.g. fully dilated	XX	X*
Caesarean Section: Advanced e.g. placenta praevia, classical	XX	X*
Repair of episiotomy or second degree perineal tear	X*	X
Repair of third and fourth degree tears	XX	X*
Manual removal of placenta	X*	X
Examination under anaesthetic (management of PPH ≥ 1000ml)	XX	X*

X Perform with minimal input

XX Perform with significant input Please note:

X\* (Yr 2) - 3 additional procedures have been added to the list of procedures currently assessed by the end of year 2 and low/outlet vacuum and forceps have been separated.

X\* (Yr 5) - 4 additional procedures have been added to the list of procedures currently assessed by the end of Year 5 and Caesarean Section now differentiates between fully dilated and placenta praevia.

## Summary of revisions for trainees commencing between 1 December 2003 and 30 November 2013

There are now 11 procedures to be signed off by the end of Year 2 of training & 10 procedures by the end of Year 5.

### Instructions for Trainees commencing Year 2 on or after 1 December 2013

Trainees commencing Year 2 on or after 1 December 2013 are required to complete assessments for all the 10 procedures marked with an asterisk(s) by the end of Year 2 and Year 5. Year 2 assessments that have already been completed and signed off on the original Master Sheet that was supplied to trainees at the commencement of training, do not have to be assessed again, however, trainees must ensure that these are transferred and signed off on the revised Master Sheet being sent to all trainees.

### Instructions for Trainees currently in or commencing Year 3 or Year 4 on or after 1 December 2013

Trainees commencing Year 3 or Year 4 on or after 1 December 2013 must complete assessments for all the procedures marked with an asterisk by the end of Year 5. This includes trainees who undertake Subspecialty training during the final two years of advanced training of the FRANZCOG Training Program. Trainees must use the revised Master Sheet to record the additional procedures as they are assessed and signed off.

### Instructions for Trainees currently in or commencing Year 5 on or after 1 December 2013

For trainees commencing Year 5 from 1 December, there is no change. The Procedures listed on the original Master Sheet supplied to trainees still applies and assessment of additional competencies is not required.

## Procedural and Surgical Skills - for Trainees commencing training on or after 1 December 2013

The following table lists the skill levels and competencies expected of trainees by the end of Core Training and by the end of Advanced Training.

All trainees are required to undertake Assessment of Procedural and Surgical Skills in all of the procedures listed in the table below which are marked with a red asterisk\*. These assessments must be completed by the end of the designated year of time in training, using the College's Assessment of Procedural and Surgical Skills (APSS) workplace-based assessment form.

Advanced Training Modules (for trainees who commenced on or after 1 Dec 2013) include: E = Essential O & G Skills; G = Generalist; P = Pelvic floor Disorders; HL = Hysteroscopic & Laparoscopic Surgery; SRH = Sexual and Reproductive Health

Minimum numbers required for the procedures listed are detailed in the FRANZCOG Training Program Handbook.

<b>GYNAECOLOGY</b>	<b>CORE TRAINING</b>	<b>ADVANCED TRAINING</b>
<b>Endometrial inspection, sampling and hysteroscopic surgery</b>		
Endometrial sampling, outpatient	X* (Yr 2)	E, G
IUCD insertion/removal	X* (Yr 2)	E, G
Diagnostic hysteroscopy, dilatation and curettage (D&C)	X* (Yr 2)	E, G, HL
Suction D&C for retained products of conception	X* (Yr 2)	E, G
Hysteroscopic resection eg. Polyps, small submucous fibroids or uterine septa	XX	HL
Endometrial ablation	XX	G, HL
<b>Laparoscopic surgery</b>		
Laparoscopic surgery, RANZCOG/AGES Skill levels 1-2#	X* (Yr 2)	E, G, HL
Laparoscopic surgery, RANZCOG/AGES Skill level 3 #	X* (Yr 4)	E, G, HL
Laparoscopic surgery, RANZCOG/AGES Skill Levels 4#		G (opt), HL
<b>Open abdominal gynaecological surgery</b>		
Laparotomy: Basic e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy	X* (Yr 2)	E, G
Laparotomy: Intermediate e.g. hysterectomy, myomectomy, hysterotomy	X* (Yr 4)	G
Laparotomy: Advanced e.g. pelvic sidewall dissection		HL

<b>Vaginal surgery, uterovaginal prolapse &amp; urinary incontinence</b>		
Cystoscopy	X* (Yr 4)	G, P
Vaginal surgery: Basic e.g. vaginal repair: anterior +/- posterior repair & perineum	X* (Yr 4)	E, G, P
Vaginal surgery: Intermediate e.g. Hysterectomy	X* (Yr 4)	G, P
Surgical procedures for post hysterectomy vault prolapse		P
Surgical procedures for urinary stress incontinence	XX	G, P
<b>Cervix and Dysplasia</b>		
Colposcopy, cervix and CIN management (assessed by IHCA)	IHCA	G
<b>Oncology</b>		
Vulval biopsy (diagnostic)	X* (Yr 4)	G
Cone biopsy	XX	G
<b>Miscellaneous general gynaecology</b>		
Minor perineal surgery (eg, Bartholin's cyst or abscess' marsupialisation, excision vulval cyst)	X* (Yr 1)	G

# See College Statement C-Trg 2 for laparoscopic surgery procedures and requirements for RANZCOG/AGES Skill Levels  
X Perform with minimal input                      XX Perform with significant input

<b>OBSTETRICS</b>	<b>CORE TRAINING</b>	<b>ADVANCED TRAINING</b>
Management of cervical insufficiency	XX	G
External Cephalic Version	X* (Yr 4)	E, G
Intrapartum procedures (including fetal scalp blood sampling)	X* (Yr 2)	E, G
Administration of local anaesthesia including pudendal block	X* (Yr 2)	E, G
Spontaneous Vaginal birth	X* (Yr 1)	E, G
Vaginal birth: Complex e.g. multiple pregnancy, breech	X* (Yr 4)	E, G
Instrumental vaginal birth: low/outlet vacuum	X* (Yr 2)	E, G
Instrumental vaginal birth: low/outlet forceps	X* (Yr 2)	E, G
Instrumental vaginal birth: midcavity or rotational instrumental	X* (Yr 4)	E, G

OBSTETRICS	CORE TRAINING	ADVANCED TRAINING
Caesarean section: Basic	X* (Yr 2)	E, G
Complicated Caesarean section: fully dilated	X* (Yr 4)	E, G
Complicated Caesarean Section: e.g. placenta praevia	X* (Yr 4)	E, G
Repair of episiotomy or second degree perineal tear	X* (Yr 1)	E, G
Repair of third and fourth degree tears	X* (Yr 4)	E, G
Manual removal of placenta	X* (Yr 2)	E, G
Management of PPH ≥ 1000ml - Examination under anaesthetic	X* (Yr 4)	E, G
Ultrasound: Part 1: First Trimester and Part 2: Third Trimester (All trainees post December 2016)	X* (Yr 2)	E, G
Ultrasound (Assessed by IHCA)	IHCA	E, G

X Perform with minimal input

XX Perform with significant input

### Summary for trainees commencing on or after 1 December 2013:

There are 28 procedures to be signed off by the end of core training.

- ) Procedures required to be signed off by the end of Year 1: 1 Gyn & 2 Obs
- ) Procedures required to be signed off by the end of Year 2: 6 Gyn & 6 Obs - 7 Obs post Dec 2016 trainees
- ) Procedures required to be signed off by the end of Year 4: 6 Gyn & 7 Obs

## C. Contextual Knowledge

### C.1 Women's Health and Cultural Issue

Learning Outcomes:

Practise a multi-dimensional approach to patient management, by being able to (PQ 3.3.5.1):

- ) Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background
  - ) Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination. For example in respect of age, gender, race, culture, disability, spirituality, religion and sexuality.
- ) Carefully consider the social and cultural context of women's healthcare by (CE 3.1.4.3):
  - ) Using a vocabulary that dignifies women in a courteous, sensitive and helpful manner
  - ) Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background
  - ) Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and well-being of women
- ) Show commitment to the best interests of the patient and the profession and act as health advocate for the patient, by (PQ 3.3.5.1):
  - ) Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs.
  - ) Recognising and respecting cultural diversity and promoting cross cultural understanding
  - ) Identifying the important determinants of health and well-being of women and the fetus

\* Refer to page 20 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning strategies	Assessment
<p><i>Be able to:</i></p> <ul style="list-style-type: none"> <li>) Identify major social and psychological issues that impact on the health of individual women and on women's health in general; for example, poverty, drug use, unplanned pregnancy, adolescent pregnancy, sexual abuse and violence against women. Consider current strategies for addressing these issues and consider potential new initiatives.</li> <li>) Understand the major objections and complaints that women make about the delivery of obstetric and gynaecological services. Consider and develop means of addressing these objections and complaints, for example, the importance of an apology when a patient has been inconvenienced or where her treatment has proved to be suboptimal. Understand the variety of perspectives that health professionals, women and women's advocate groups have on health and disease, particularly with regard to pregnancy and how these affect their choice of healthcare and their decision making. Endeavour to sympathetically accommodate those views where possible when planning individual care or health services.</li> <li>) Develop a perspective on the cost implications of obstetric and gynaecological services, considering different models of practice (public/private), indemnity issues, disease prevention and screening strategies. Acknowledge the importance of efficiency and cost effectiveness when planning and delivering health care to women.</li> <li>) Understand special implications for women's health services with respect to women of various ethnic backgrounds including Aboriginal, Torres Strait Islander,</li> </ul>	<p>eLM ST</p> <p>eLM ST</p> <p>ST</p> <p>eLM ST</p>	<p>TSR WE OE</p> <p>TSR WE OE</p>

Knowledge content	Teaching & Learning strategies	Assessment
<p>Maori and Pacific Islander.</p> <ul style="list-style-type: none"> <li data-bbox="209 376 995 465">) Understand and respect the ways in which culture and religion impact on women’s reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments.</li> <li data-bbox="209 479 970 517">) Consider the particular needs of very recent migrants including refugees.</li> </ul>	<p>eLM ST</p>	

## C.2 Ethics

Learning Outcomes:

Exhibit ethical attitudes and conduct to (PQ 3.3.4.1-4):

- ) Deliver the highest quality healthcare with integrity, honesty and compassion
- ) Practise medicine that is ethically responsible and consistent with the obligations of a self-regulating profession
- ) Recognise a duty to assist in an emergency situation
- ) Recognise patient autonomy and legal and moral duties to women in their care

\* Refer to page 20 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning strategies	Assessment
<ul style="list-style-type: none"> <li>) <i>Be familiar</i> with the RANZCOG Code of Ethics and its framework for practice in obstetrics and gynaecology</li> <li>) <i>Be familiar</i> with the concepts of Beneficence, Non-maleficence, Autonomy, Justice, Dignity and Truthfulness in the application of medical ethical principles</li> <li>) <i>Understand</i> the nature of ethical thinking and the philosophical basis of ethics</li> <li>) <i>Be able</i> to frame an ethical argument</li> <li>) <i>Be able to discuss</i> specific issues on the basis of ethical considerations, including:               <ul style="list-style-type: none"> <li>) Blood-borne and sexually transmitted infections</li> <li>) Contraception</li> <li>) Embryo experimentation</li> <li>) Euthanasia</li> <li>) Genetic screening</li> <li>) Female Genital Mutilation</li> <li>) Health economics</li> <li>) Human cloning</li> <li>) Inequalities in health care nationally and internationally</li> <li>) Maternal-fetal conflict</li> <li>) Refusal of treatment</li> <li>) Surrogacy</li> <li>) Termination</li> </ul> </li> </ul>	<p>eLM ST</p>	<p>TSR WE OE</p>







Knowledge content	Teaching & Learning strategies	Assessment
<ul style="list-style-type: none"> <li>) The reporting obligations of health professionals in the relevant jurisdiction</li> </ul>		

## C.4 Management and Professional Skills

Learning Outcomes:

Learn independently (AA 3.2.1).

Teach and communicate effectively (AA 3.2.2).

Provide effective team management and leadership in the workplace (PQ 3.3.1).

- ) Understand and implement basic human resources principles and staff management, and business and financial management.
- ) Practise efficient and effective administrative skills, including time management.
- ) Work collaboratively with other health care providers.

Review of professional practice (PQ 3.3.2).

- ) Understand the principles, and participate in the practice of, clinical governance.
- ) Actively engage in practise of risk management/ minimisation by addressing and advocating safety and quality in healthcare practices.

Demonstrate commitment to the best interests of the patient and the profession by (PQ 3.3.5.1):

- ) Acting as health advocate for the patient.
- ) Allocating finite health resources prudently.
- ) Using time and resources to balance patient care, learning needs and lifestyle.

Contributing to the health of women and the fetus and development of the profession of Obstetrics and Gynaecology by (PQ 3.3.5.2):

- ) Being an effective College member and contributor and recognise the need to 'give back' to the profession.
- ) Advocating for appropriate resourcing of healthcare for women.
- ) Influencing development of public policy that affects women's health.

\* Refer to page 20 for Teaching and Learning Strategies, and Assessment key

Knowledge content	Teaching & Learning strategies	Assessment
<p><b>1. Patient Care</b></p> <ul style="list-style-type: none"> <li>) Ensure that staff communicate clearly, (verbally and in writing), with women in one's care</li> <li>) Understand and utilise where appropriate the principle of "open disclosure"</li> <li>) Be available to discuss complaints and sub-optimal outcomes with women in one's care</li> </ul>	<p>WS(C) ST HEP</p>	<p>WE TSR</p>
<p><b>2. Risk Management</b> (The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.)</p>	<p>HEP ST</p>	<p>WE TSR</p>

Knowledge content	Teaching & Learning strategies	Assessment
<p><i>Understand and apply principles of, and knowledge relating to, risk management, including:</i></p> <ul style="list-style-type: none"> <li>)] Risk management is not about blame</li> <li>)] Primary role of risk management as a tool for improving quality of care, not litigation avoidance</li> <li>)] The relationship between indemnity claims and risk management</li> <li>)] Risk management is ideally pro-active, not reactive</li> <li>)] The risk management process: risk identification, risk analysis and evaluation, risk treatment, risk control</li> <li>)] Relationship between indemnity claims and risk management</li> <li>)] Distinction between human and organisational factors in risk management</li> <li>)] Risk management tools: e.g. incident monitoring systems, root cause analysis</li> <li>)] Use of continuing professional development programs in both risk management and practice improvement.</li> </ul> <p><b>3. Business/financial management</b></p> <p><i>Recognise the importance of a budget and sound financials to the effective running of a clinical practice.</i></p> <p><i>Understand:</i></p> <ul style="list-style-type: none"> <li>)] the importance of personal and business, professional indemnity and public liability insurance to the effective running of a clinical practice.</li> <li>)] the principles of effective practice management.</li> </ul> <p><i>Know how to interpret a budget and calculate income and expenditure.</i></p> <p><i>Understand concepts underpinning hospital funding, including:</i></p> <ul style="list-style-type: none"> <li>)] Case mix</li> <li>)] Diagnostic related groups</li> </ul> <p><i>Understand issues related to insurance including:</i></p> <ul style="list-style-type: none"> <li>)] Professional indemnity</li> <li>)] Public liability</li> <li>)] Business and contents insurance</li> <li>)] Income protection and total and permanent disability insurance</li> </ul> <p><b>4. Clinical Governance</b></p> <p><i>Understand the general principles of 'clinical governance' and how they relate to optimal clinical practice and patient and community outcomes:</i></p> <ul style="list-style-type: none"> <li>)] Education and training, including the importance of continuing professional development.</li> <li>)] Clinical audit; the refining of clinical practice as a result of the measurement of performance against agreed standards</li> <li>)] Clinical effectiveness; whether a particular intervention works, whether the intervention</li> </ul>	<p>WS(PP) ST</p> <p>ST HEP</p>	<p>TSR</p>

Knowledge content	Teaching & Learning strategies	Assessment
<p>is appropriate and whether it represents value for money.</p> <ul style="list-style-type: none"> <li>) Research and development; including the development of evidenced-based guidelines and protocols and critical appraisal of the literature.</li> </ul> <p><b>5. Staff management and teamwork</b></p> <p><i>Understand</i> the basic principles of human resource management.</p> <p><i>Develop skills in staff recruitment, including:</i></p> <ul style="list-style-type: none"> <li>) Identification of skills and attributes required.</li> <li>) Planning and conducting of interviews.</li> </ul> <p><i>Understand and apply principles of good staff supervision, including:</i></p> <ul style="list-style-type: none"> <li>) Listening and communicating</li> <li>) Clarity of goal-setting and required standards</li> <li>) Fairness and consistency</li> <li>) Staff motivation</li> </ul> <p><i>Understand</i> how to counsel staff and manage conflict resolution.</p> <p><i>Advocate</i> on behalf of staff.</p> <p><i>Knowledge of legal obligations in relation to employees, including:</i></p> <ul style="list-style-type: none"> <li>) Good communication</li> <li>) Defining individual responsibility</li> <li>) Collective goal setting</li> <li>) Providing opportunities for contribution of all team members</li> </ul> <p><b>6. Administration</b></p> <p><i>Understand</i> importance of information technology aids to administrative function.</p> <p><i>Establish:</i></p> <ul style="list-style-type: none"> <li>) systems to create, store and archive records effectively</li> <li>) reliable systems to ensure appropriate follow-up of consultations and investigations</li> </ul> <p><b>7. Relationships with professional bodies</b></p> <p><i>Understand:</i></p> <ul style="list-style-type: none"> <li>) the need for accountability and its relationship to registration</li> <li>) the role of the relevant medical board and healthcare complaints body in your jurisdiction</li> <li>) the roles of the RANZCOG.</li> </ul> <p><i>Use</i> continuing professional development programs to aid in practice improvement and service improvement.</p>	<p>ST</p> <p>ST HEP</p> <p>WS(PP)</p>	<p>WE TSR</p> <p>TSR</p>



## 5. Assessment of Competence

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### Expectations of assessment within the training program

The educational objectives of the Curriculum as described in the framework contained in Section 3 are an up-front statement of the knowledge, skills, abilities, attitudes and professional qualities that are seen as essential to competent practice in the specialty of obstetrics and gynaecology.

It follows that all domains and relevant elements of specialist practice must be assessed if judgements are to be made about professional competency. For example, assessment methods extend beyond traditional examination formats to include credentialing of surgical skills and assessment of communication and interpersonal abilities and attitudes, the application of core knowledge in clinical practice, management abilities and professionalism. It also follows that individuals appointed as assessors by the College must demonstrate knowledge and skills appropriate to the performance being assessed and the processes involved.

Assessment is also a key tool to inform learners on progress made and identify what still needs to be achieved. A curriculum includes a program of assessment, in which different domains of characteristics and competencies are assessed in different, targeted ways. Ongoing, formative appraisal and assessment is therefore central to the Curriculum as a means to guide and motivate learning and achievement, while a program of summative assessment, successfully completed, certifies competence in the speciality.

The assessment process used in the FRANZCOG Training Program is designed to promote the highest possible standards of demonstrable achievement, within the scope and content of the Curriculum. As outlined in Section 1, the FRANZCOG Curriculum, and the training program that it underpins, is a dynamic document. This is particularly so in regard to the range of assessments that constitute the assessment requirements that are used to ensure graduates of the FRANZCOG Training Program are equipped to meet the needs of the range of contexts in which they will practice. The recent development in assessment in medical education has seen a range of assessment modalities introduced that have evolved to the stage where they have been accepted by the wider education community, yet still are at varying stages of development that may see changes to the way in which they are used.

Reflecting this, the College has considered the advances in this field and has introduced assessment regimens in the FRANZCOG Training Program and the other training programs that it runs, which are considered appropriate for purpose. Recent reviews have, however, confirmed the relevance of some more traditional assessments for continued use.

## 5.1 Assessment Overview: Methodologies and Components

This Section outlines the assessment methodologies adopted within the FRANZCOG Curriculum. Each method is designed to assess the competencies expected in the practice of obstetrics and gynaecology. These competencies are assessed over progressive stages of the training program ensuring, overall, the learning outcomes in the curriculum are comprehensively tested.

### Summary of assessment methodologies and components

Methodologies	Components	
<b>In-training assessments</b> i. Direct observation	Workplace-based assessments: Assessment of Procedural and Surgical Skills (APSS) and In-Hospital Clinical Assessments (IHCA)	Logbook
	3-monthly formative appraisals, completed initially at 3 months, then at 6-month intervals 6-monthly summative assessments, including consultant assessment forms, completed every 6 months throughout training	
<b>Workshops</b>	Workshop participation/assessment	
<b>Examinations</b>	FRANZCOG Written Examination	FRANZCOG Oral Examination
<b>Research</b>	Research Project (proposal and study)	



## 5.2 Details of Assessment Methodologies and Components

### 5.2.1 In-training assessments

Trainees are required to complete a range of in-training assessments, both formative and summative, conducted by themselves, their Training Supervisors and other consultants with whom they work closely throughout their training.

#### Direct observation

Competencies assessed	Assessment process	Assessors
Surgical skills: Surgical requirements as outlined in the Logbook and the criteria identified on Assessment of Procedural and Surgical Skills (APSS) forms and by the scope and level required for practice in the specialty	3-monthly review of Logbook  Assessment of Procedural and Surgical Skills (APSS) form to be submitted no later than the final 6-monthly summative assessment report for the relevant year level.	Training Supervisor  RANZCOG Fellow  Advanced Trainee (for procedures that must be signed off by Years 1 & 2)  Senior Midwife (spontaneous vaginal birth assessment)
Procedural skills: Procedural requirements as outlined in the Logbook and the criteria identified on In-Hospital Clinical Assessment (IHCA) forms by the scope and level required for practice in the specialty	3-monthly review of Logbook  Criterion-based rating through direct observation during clinic sessions	IHCA-approved assessors

#### Self-assessment and Multi-source Feedback

Competencies assessed	Assessment process	Assessors
Core clinical abilities, including:  1. Clinical Expertise <ul style="list-style-type: none"> <li>- Clinical reasoning, judgement and management</li> <li>- Clinical procedural and surgical skills</li> <li>- Non-clinical procedural skills</li> </ul> 2. Academic Abilities <ul style="list-style-type: none"> <li>- Knowledge of specialty</li> <li>- Teaching attitudes and abilities</li> <li>- Continuing education</li> </ul> 3. Professional qualities <ul style="list-style-type: none"> <li>- Communication skills</li> <li>- Management &amp; organisational skills</li> <li>- Inter-disciplinary &amp; collegial relationships</li> <li>- Feedback &amp; review of practice</li> </ul>	3-monthly formative appraisal reports on progress throughout the training program  6-monthly summative assessment reports on progress throughout the training program, including clinical training assessments and participation in hospital and College practice review and clinical risk management activities	Consultants and Advanced trainees who have supervised and observed practice consistently  Senior nursing staff, health service and academic staff on appropriate criteria

## 5.2.2 Workshop participation/assessment

Trainees are required to actively participate in workshops assessing a number of surgical and procedural skills. These workshops may be conducted within the training hospital or by external organisations.

### Workshop participation/assessment

Competencies assessed	Assessment process	Assessors
(1) Surgical skills*	Satisfactory completion of the Foundations of Surgery Workshop by the end of Year 1.	Consultants and Senior Trainees
(2) Obstetric Skills	Satisfactory completion of the Basic Obstetric Skills Workshop by the end of Year 1.	Consultants and Senior Trainees
(3) Neonatal resuscitation	Satisfactory completion of an approved workshop by the end of Year 1	Workshop or course faculty
(4) Communication skills	Satisfactory completion of an approved workshop by the end of Year 1 or 2	Workshop or course faculty
(5) Fetal surveillance workshop**	Satisfactory completion of an approved workshop or course by the end of Year 1	Workshop or course faculty
(6) Ultrasound	Satisfactory completion of an approved workshop or course by the end of Year 2	Workshop or course faculty

#### \*Basic Surgical Skills Training

This training is designed to equip trainees with basic surgical skills, which are only briefly taught in undergraduate curricula. This is to ensure trainees get appropriate time to practise techniques, work with various surgical models and assemble equipment without any of the time constraints usually present in theatre.

#### \*\*Fetal Surveillance Education Program

Completion of an approved Fetal Surveillance Education Program is mandatory for all Year 1 trainees. Details of approved programs are available on the RANZCOG website and in the Training Program Handbook.

### 5.2.3 Examinations

#### Written Examinations

Competencies assessed	Assessment process	Assessors
Possession of knowledge, understanding and application of knowledge in obstetrics and gynaecology, as outlined in Section 4.	<ul style="list-style-type: none"> <li>) Paper 1: Short answer questions</li> <li>) Paper 2: Multiple choice questions</li> </ul> <p>Passing score set by rigorous standard-setting process.</p>	Accredited, trained RANZCOG examiners

#### Oral Examinations

Competencies assessed	Assessment process	Assessors
<p>(1) Demonstration of clinical abilities including:</p> <ul style="list-style-type: none"> <li>) Clinical management</li> <li>) History taking</li> <li>) Communication requirements</li> <li>) Problem solving</li> <li>) Resources utilisation</li> <li>) Time management and prioritisation of tasks</li> </ul> <p>(2) Possession of knowledge and clinical understanding as outlined in Section 4.</p>	<ul style="list-style-type: none"> <li>) Structured oral stations simulating clinical scenarios</li> <li>) Pre-set criteria and marking scheme</li> </ul> <p>Passing score set by rigorous standard setting process.</p>	Accredited, trained RANZCOG examiners

## 5.2.4 Research

The experience of engaging in a research project is arguably one of the best learning opportunities available to trainees during the years of postgraduate study. It affords the privilege of developing a learning project on the basis of professional interests and aptitudes, to progress the project over a sustained period of time, to achieve some work that can be classed as original and to publish a report of the findings of the study.

Involvement in and completion of a research study during FRANZCOG training will enable trainees to meet the objectives outlined in 3.2 Academic Abilities; objectives that are designed to develop the academic abilities needed for successful practice as an obstetrician and gynaecologist. Development of these abilities during postgraduate study will provide a solid foundation for further learning and a head start in the practice of continuing professional development.

The College supports the research project through the provision of comprehensive online Research Modules. Additionally, in its process of accrediting training positions, the College requires that specified protected time and support is provided within each ITP to enable fulfilment of the requirements of the research project.

Competencies assessed	Assessment process	Assessors
Completion of research to a standard that would be accepted by a peer-reviewed journal or to a standard deemed appropriate by a College-appointed assessment committee and in accordance with relevant RANZCOG regulations.	The research project is to be completed and accepted as satisfactory by the end of the fifth year of training	The editors of health science peer reviewed journals or a College-appointed research assessor

### 5.3 Key Competencies/Assessment Matrix

Competencies	Assessment									
	Log book records (LB)	Assessment of Procedural and Surgical Skills (APSS)	3-monthly formative appraisal (TSR)	6-monthly summative assessment & clinical training (TSR)	Workshop participation (WS)	IHCA		Written Examination (WE)	Oral Examination (OE)	Research Project (RP)
						Colposcopy (C)	Ultrasound (U)			
<b>3.1 Clinical Expertise</b>										
3.1.1 Demonstrates medical expertise in core areas of O & G care	X	X	X	X	X	X	X	X	X	
3.1.2 Demonstrates medical expertise in core areas of surgical procedure & care	X	X	X	X		X	X		X	
3.1.4 Demonstrates effective communication	X	X	X	X	X	X	X	X	X	
<b>3.2 Academic Abilities</b>										
3.2.1 Learns independently	X	X	X	X						X
3.2.2 Teaches & communicates effectively	X	X	X	X	X				X	X
<b>3.3 Professional Qualities</b>										
3.3.1 Provides effective team management & leadership	X		X	X					X	
3.3.2 Conducts reviews of professional practice	X	X	X	X						
3.3.3 Solicits & accepts constructive feedback on practice	X	X	X	X	X	X	X			X
3.3.4 Exhibits ethical attitudes & conduct	X	X	X	X		X	X		X	X
3.3.5 Shows commitment to best interests of the patients & profession	X	X	X	X					X	X

## 5.4 Knowledge & Assessment Matrix

Knowledge areas	Assessment									
	Log book records (LB)	Assessment of Procedural and Surgical Skills (APSS)	3-monthly formative appraisal (TSR)	6-monthly summative assessment & clinical training (TSR)	Workshop participation (WS)	IHCA		Written Examination (WE)	Oral Examination (OE)	Research Project (RP)
						Colposcopy (C)	Ultrasound (U)			
<b>A: Core Scientific and Medical Knowledge</b>										
A.1 Epidemiology & research methods	X							X	X	X
A.2 Anatomy	X	X	X	X				X	X	
A.3 Placental, fetal & early neonatal physiology	X		X	X				X	X	
A.4 Reproductive physiology & endocrinology	X		X	X				X	X	
A.5 Genetics	X		X	X				X	X	
A.6 Pharmacology & therapeutics	X		X	X			X	X	X	
A.7 Clinical imaging	X		X	X			X	X	X	
A.8 Pathology & haematology	X		X	X		X		X	X	
A.9 Microbiology	X		X	X				X	X	
A.10 Immunology	X		X	X				X	X	
A.11 Medical & surgical conditions in pregnancy	X		X	X			X	X	X	
<b>B. Clinical Knowledge and Management Skills</b>										
B.1 Obstetrics	X	X	X	X	X		X	X	X	
B.2 Gynaecology	X	X	X	X	X	X	X	X	X	
B.3 General surgical principles	X	X	X	X	X	X		X	X	

Knowledge areas	Assessment									
	Log book records (LB)	Assessment of Procedural and Surgical Skills (APSS)	3-monthly formative appraisal (TSR)	6-monthly summative assessment & clinical training (TSR)	Workshop participation (WS)	IHCA		Written Examination (WE)	Oral Examination (OE)	Research Project (RP)
						Colposcopy (C)	Ultrasound (U)			
<b>C. Contextual knowledge</b>										
C.1 Women's health & cultural issues	X		X	X				X	X	X
C.2 Ethics	X		X	X				X	X	X
C.3 Law	X		X	X				X	X	X
C.4 Management & professional skills	X		X	X	X				X	X

Key: X Assessment coverage





