



**INSTITUTE OF  
OBSTETRICIANS &  
GYNAECOLOGISTS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN

**OBSTETRICS &  
GYNAECOLOGY**



**This curriculum of training in BST Obstetrics and Gynaecology was developed in 2010 and undergoes an annual review by Dr Suzanne O’Sullivan, National Specialty Director, Dr. Ann O’Shaughnessy, Head of Education and Professional Development and by the BST Obstetrics and Gynaecology Training Committee. The curriculum is approved by the Institute for Obstetricians and Gynaecologists .**

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## Table of Contents

<b>INTRODUCTION .....</b>	<b>5</b>
OVERVIEW OF CURRICULUM .....	6
BASIC SPECIALIST TRAINING: REQUIREMENTS AND POLICIES .....	7
OVERVIEW OF BASIC SPECIALIST TRAINING IN OBSTETRICS AND GYNAECOLOGY .....	7
REQUIREMENTS FOR BASIC SPECIALIST TRAINING IN OBSTETRICS AND GYNAECOLOGY .....	8
ENTRY REQUIREMENTS .....	8
BASIC SPECIALIST TRAINING AGREEMENT .....	8
TRAINING ENVIRONMENT .....	9
POINT OF ENTRY TO THE PROGRAMME AND COMPLETION DATES .....	9
LEAVE .....	10
COMPLETION OF BST: FIVE-YEAR RULE .....	11
WITHDRAWAL FROM PROGRAMME .....	11
SUPERVISING CONSULTANTS .....	11
BST ePORTFOLIO .....	11
THE MRCPI/MRCOG EXAMINATION .....	12
CERTIFICATE OF COMPLETION .....	12
<b>GENERIC COMPONENTS .....</b>	<b>13</b>
STANDARDS OF CARE .....	14
DEALING WITH & MANAGING ACUTELY ILL PATIENTS IN APPROPRIATE SPECIALTIES .....	16
GOOD PROFESSIONAL PRACTICE .....	18
INFECTION CONTROL .....	20
THERAPEUTICS AND SAFE PRESCRIBING .....	21
SELF-CARE AND MAINTAINING WELL-BEING .....	22
COMMUNICATION IN CLINICAL SETTINGS .....	24
SCHOLARSHIP .....	26
MANAGEMENT .....	27
<b>SPECIALTY SECTION .....</b>	<b>28</b>
CLINICAL SKILLS IN OBSTETRICS & GYNAECOLOGY .....	29
OBSTETRICS .....	30
GENERAL OBSTETRICS .....	30
ANTENATAL CARE OF A PATIENT WITH A PREVIOUS CAESAREAN SECTION .....	31
CARE OF A PATIENT WITH THREATENED OR ESTABLISHED PRETERM LABOUR .....	32
CARE OF A PATIENT WITH DIABETES IN PREGNANCY .....	33
CARE OF A PATIENT WITH PREGNANCY INDUCED HYPERTENSION (PIH) .....	34
CARE OF PATIENTS WITH COMPLICATIONS DURING THE PUERPERIUM .....	35
EARLY PREGNANCY PROBLEMS .....	36
FETAL ASSESSMENT .....	37
COMMON PREGNANCY PROBLEMS .....	38
INTRAPARTUM & OPERATIVE OBSTETRICS .....	39
LABOUR AND DELIVERY .....	40
MANAGEMENT OF INDUCTION OF LABOUR .....	41
DYSTOCIA IN LABOUR .....	42
LABOUR IN THE PRESENCE OF A PREVIOUS CAESAREAN SECTION .....	43
OPERATIVE VAGINAL DELIVERY .....	44
PRE-OPERATIVE MANAGEMENT .....	45
THIRD DEGREE TEARS .....	46
CAESAREAN SECTION .....	47
POSTPARTUM HAEMORRHAGE .....	48
CLINICAL GYNAECOLOGY .....	49
MENSTRUAL PROBLEMS AND ABNORMAL BLEEDING .....	49
CARE OF PATIENTS WITH FIRST TRIMESTER MISCARRIAGE .....	50
CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED ECTOPIC PREGNANCY .....	51

CARE OF PATIENTS WITH ACUTE PELVIC PAIN AND DYSMENORRHOEA.....	52
CARE OF PATIENTS WITH MENORRHAGIA .....	53
OPERATIVE GYNAECOLOGY .....	54
PREOPERATIVE CARE .....	55
POSTOPERATIVE CARE .....	56
CARE OF PATIENTS SUFFERING FROM COMPLICATIONS FOLLOWING GYNAECOLOGICAL SURGERY .....	57
BASIC SURGICAL SKILLS FOR OPEN SURGERY .....	58
WOUND CARE AND MANAGEMENT.....	59
DIAGNOSTIC HYSTEROSCOPY.....	60
DIAGNOSTIC LAPAROSCOPY .....	61
AUDIT .....	62
URINARY PROBLEMS .....	63
UTEROVAGINAL PROLAPSE .....	64
ABDOMINAL DISTENSION OR MASS / PELVIC PAIN .....	65
PROBLEMS OF THE VULVA AND VAGINA .....	66
FERTILITY AND FAMILY PLANNING PROBLEMS.....	67
MENOPAUSAL PROBLEMS .....	68
<b>DOCUMENTATION OF MINIMUM REQUIREMENTS FOR TRAINING .....</b>	<b>69</b>

## Introduction

The Institute of Obstetricians and Gynaecologists is one of the Faculties of the Royal College of Physicians of Ireland. This book outlines the Institute of Obstetricians and Gynaecologists' approach to accreditation and certification of Basic Specialist Training (BST) in Obstetrics and Gynaecology. Completion of BST is an essential step for a career in Obstetrics and Gynaecology.

This curriculum is based on a three year programme and is aimed at SHOs in training and their supervising trainers and comprehensively outlines the knowledge, skills and attitudes that should be developed during BST.

Key elements of BST:

Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum and Professional and ethical practice learnt through mentorship by senior clinicians and supported by the RCPI's mandatory courses.

The core curriculum has been updated to ensure that these key elements are completed to the satisfaction of the Institute. Accreditation and certification will now focus on evaluation of trainees' progress and the educational validity of the posts they occupy. This will be done by formal registration of all trainees with the RCPI, completion of an eLogbook, which will ensure that specific competencies are achieved and that formal supervision by trainers is undertaken during each post.

It is recommended that trainees at SHO level sit the Diploma in Women's Health (DOWH) in preparation for the MRCPI in Obstetrics and Gynaecology.

In order to present for the MRCPI in Obstetrics and Gynaecology candidates will be expected to have completed MRCOG Part 1 and have two years experience in Obstetrics and Gynaecology. The MRCOG Part 1 can be sat at Intern level. On completion of 2 years of BST, trainees will be eligible to present for the MRCPI in Obstetrics and Gynaecology.

Dr Suzanne O'Sullivan – Associate Dean - Basic Specialist Training  
Institute of Obstetricians and Gynaecologists

## Overview of Curriculum

This curriculum outlines the educational content of the three year Basic Specialist Training (BST) Programme. The BST programme follows the educational principles of a 'spiral curriculum'. Learning builds on previous experiences and is linked to future skills obtained in the Registrar Training Programme and at Higher Specialist Training.

The curriculum is laid out in four sections:

- The first section covers the rules and policies governing the BST programme. Trainees should note these policies carefully.
- The second section, *Teaching, Learning and Assessment Methods*, describes the different methods of assessing trainees' progress through the BST programme. It is important for trainees to understand the role of the BST ePortfolio and to be familiar with the methods of assessment they will encounter on the BST programme.
- The third section lists the generic skills (e.g. communication skills) that are applicable to trainees on the BST programme..
- The fourth section is specialty-specific and lists the knowledge and skills that should be acquired while in each specialty/subspecialty, as well as the relevant assessment and learning methods.

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the BST ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their BST ePortfolio is checked and they are given the opportunity to provide feedback on their rotation.

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

While this document sets out the curriculum for BST and lists the core knowledge, skills and attitudes required at the end of the BST Programme, this list is not exclusive and there will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content defined here.

## **Basic Specialist Training: Requirements and Policies**

### **Overview of Basic Specialist Training in Obstetrics and Gynaecology**

BST consists of at least three years of training, two years in Senior House Officer and one year in Junior Registrar. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years. Registrar is the next grade, preceding Specialist Registrar.

It has been mandatory to register for Basic Specialist Training in Obstetrics & Gynaecology since July 2008.

BST in Obstetrics & Gynaecology is regulated and certified by the Institute of Obstetricians & Gynaecologists and the Speciality Training Committee of the Institute, a constituent training body of RCPI and completion of this period of training is a mandatory requirement for entry into Higher Specialist Training Programmes (Specialist Registrar training) in Obstetrics & Gynaecology.

In Obstetrics and Gynaecology from July 2014 the programme is a three year BST rotation programme in order to receive certification from RCPI. It will no longer be possible to obtain credit for BST by working in stand-alone, six-month contract SHO posts.

BST must be completed in rotations that have been approved for training by the Institute of Obstetricians & Gynaecologists.

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

Important rules and procedures relating to the BST programme are listed below.

## **Requirements for Basic Specialist Training in Obstetrics and Gynaecology**

**To be eligible for a BST Certificate of Completion in Obstetrics and Gynaecology trainees are required to:**

- Register on the BST programme. Entry to the programme is in July unless otherwise agreed with the relevant programme director and the Associate Dean of BST. Credit only accrues from the date of registration.
- Complete 36 months of training, 24 months in SHO posts and 12 months in Junior Registrar post that have been approved for BST.
- Obtain a wide range of experience in posts with direct involvement in patient care.
- Not more than 6 months may be spent in any one SHO post.
- Complete a minimum of 30 months in Irish posts. This accreditation must be sought prospectively (before entering the post) and is provisionally approved at the discretion of the Obstetrics & Gynaecology Speciality Training Committee.
- Partake in an on-call commitment in Obstetrics, Gynaecology or combined Obstetrics & Gynaecology for the full duration of the programme.
- Complete the mandatory courses as per minimum requirements
- Complete the OSATS as per minimum requirements
- Attend annual reviews
- Maintain an up-to-date and correctly completed BST ePortfolio as evidence of satisfactory completion of training.
- Obstetrics Outpatient Clinics: minimum 1 clinic per week on average over two years
- Gynaecology Outpatient Clinics: 1 hour per week on average over two years
- Theatre commitment: 4 hours per week on average over two years
- Labour Ward: 4 hours per week on average over two years
- Attendance at In-Hospital Speciality conferences: 1 hour per week multidisciplinary team or radiology meeting; 1 hour per week specialty meeting on average over two years
- Hospital educational activities (e.g. Grand rounds, Journal club, DS meetings, other): 1 hour per week on average over two years
- Undergraduate Teaching : 1 hour per week on average over two years
- Research/Audit/Presentations: 1 hour per week on average over two years
- Complete the MRCPI examination in Obstetrics and Gynaecology

Applications for Certificates of Completion are submitted for formal approval to the Obstetrics & Gynaecology Specialty Training Committee.

### **Entry Requirements**

To be eligible for entry to BST, trainees must have completed their Internship satisfactorily and be eligible for registration on the trainee specialist division of the Medical Council.

### **Basic Specialist Training Agreement**

Trainees are required to sign a Basic Specialist Training Agreement prior to entering the BST programme, in which they must formally agree to:

- Fully cooperate in all aspects of the BST programme
- Uphold their commitment to all allocated posts
- Fulfil their clinical service requirements and work cooperatively with all members of the service team
- Follow the curriculum and ePortfolio requirements, complete the mandatory courses, examinations and attend assessments as required
- Undertake additional training or assessment if required to do so by RCPI or the Institute of Obstetricians and Gynaecologists
- Fully commit to and utilise available work time for the BST programme
- Maintain up to date personal details on RCPI Online resource

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

### **Training Environment**

Training posts require the approval of the Institute of Obstetricians and Gynaecologists. Regular inspection of all posts by RCPI via hospital inspections is the basis for monitoring the training content of these posts. Additional monitoring data may derive from questionnaires sent to post-holders. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

### **Point Of Entry to the Programme and Completion Dates**

**Point of entry:** Trainees can enter the BST Programme in July each year

**Completion Date:** In the majority of cases, a trainee's point of entry to the BST programme will determine their expected completion date. The expected BST completion date is three years following entry to the programme, i.e. start of July.

Completion dates may change under the following circumstances:

- If a trainee took special leave in excess of 4 weeks over two years, and is required to complete a further period of training
- If a trainee has not reached the required standard and is required to undertake additional training.
- If a trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses or complete examinations.

If a trainee's completion date is changed for any reason, the trainee and programme director will be informed in writing by the BST Office.

## Leave

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

### **Special Leave (Other than study and annual leave):**

Examples of special leave: Sick leave, maternity leave, compassionate leave, Force Majeure Leave

As the BST programme consists of three years of intensive, supervised clinical training, any significant period of leave (i.e. greater than 4 weeks) taken over the course of the programme has the potential to affect the trainee's opportunities to acquire the core skills and knowledge required for satisfactory completion of the programme.

In cases where additional leave (including maternity leave) is agreed by the trainee's employer, the following conditions apply to all trainees:

**≤ 4 weeks over three years:** If a trainee takes special leave totalling 4 weeks or less over three years, his/her BST completion date is not affected.

**> 4 weeks over three years:** Any leave of greater than 4 weeks must be made up in blocks of 6 months' extra training.

**≤ 7 months:** 6 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 4 weeks and less than or equal to 7 months over three years.

**> 7 months:** 12 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 7 months and less than or equal to 13 months over three years.

**> 13 months:** 18 months of training in approved posts must be completed in order to meet the requirements for BST certification.

**If an extra 6, 12 or 18 months is required:** In cases where, due to leave in excess of 4 weeks, a trainee is required to complete a further period of training, the College will help to place the trainee in (a) suitable, approved training post(s).

The post(s) will be approved for BST in Obstetrics & Gynaecology and will be counted towards the clinical training required for certification. However, please note the following:

- RCPI cannot guarantee a post(s) in the trainee's current hospital or region
- The trainee may need to wait until a suitable post becomes available.

## Completion of BST: Five-Year Rule

Trainees must complete BST within a five-year period. If a trainee's expected completion date is changed to a date greater than five years after their start date, they will be required to undertake the full three-year programme again from the beginning.

## Withdrawal from Programme

### (Withdrawal after commencing BST programme)

**Informing the College:** If a trainee wishes to leave the programme before their expected BST completion date, they must notify the BST office in writing at least 4 weeks before they wish to leave their current post. Emailed notifications will be accepted. Providing an explanation or reason for leaving the programme will assist future planning and development of the programme and you may be requested to attend for an exit interview.

**Informing the employer:** Notice of resignation by the trainee as an employee of his/her hospital must be given in accordance with the provisions of their contract of employment.

**Leave of absence:** If a trainee wishes to take leave of absence, retain credit and return to the BST programme, this must be agreed with the relevant hospital(s) and the BST office. The trainee should seek prospective approval of their leave of absence at least 4 weeks in advance. Approval will be agreed on a case by case basis and credit may not be retained in all cases.

## Supervising Consultants

Every BST post has at least one named Supervising Consultant, whose duties include:

- Meeting with the trainee in their first week in the post and agreeing the trainee's Personal Goals Plan
- Appraising the trainee's progress at regular intervals during the post
- Completing the Supervising Consultant Appraisal in the ePortfolio at the end of the post
- Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this

## BST ePortfolio

Trainees are required to keep a BST **ePortfolio** as a record of their progress through BST and to ensure that their training is valid and appropriate.

The BST **ePortfolio** is evidence of satisfactory completion of training and is therefore essential supporting documentation for the issue of a BST Certificate of Completion.

The BST **ePortfolio** contains separate forms for recording information about each aspect of BST.

### **The MRCPI/MRCOG Examination**

In order to present for the MRCPI in Obstetrics and Gynaecology candidates will be expected to have completed MRCOG Part 1 and have two years experience in Obstetrics and Gynaecology. The MRCOG Part 1 can be sat at Intern level. On completion of two years of BST, trainees will be eligible to present for the MRCPI in Obstetrics and Gynaecology.

It is recommended that trainees at SHO level should sit the Diploma in Women's Health (DOWH) in preparation for the MRCPI in Obstetrics and Gynaecology.

For more information see college website: [www.rcpi.ie](http://www.rcpi.ie)

### **Certificate of Completion**

Trainees must submit an application for a certificate of completion of BST

To apply for this certificate, trainees are required to:

1. Ensure all minimum requirements of ePortfolio have been met
2. Form 092 – End of Post Assessment Form should be signed by each relevant trainer
3. Copies of all completed mandatory course certificates and the MRCPI Diploma Certificate should be uploaded to the Personal Library section of ePortfolio

Applicants will be issued with a formal certificate of completion once all application requirements are complete

### **Provisional approval**

Trainees can apply for provisional approval of BST before BST has been completed. Trainees should apply in writing to the BST Section, listing all posts held or to be held, including specialty, hospital and dates (applications by email are accepted). If the list of posts supplied by the applicant meets the requirements for BST, their application is provisionally approved and they will be asked to submit supporting documentation and attend any outstanding mandatory courses.

Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval.

## **Generic Components**

## Standards of Care

**Objective:** To be able to assess patients' problems, treat and investigate them appropriately, efficiently, and consistently over time.

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

## KNOWLEDGE

- History taking and examination
- Diagnostic significance of patterns of symptoms, pathophysiology and physical signs
- Able to take and analyse a clinical history and perform a reliable and appropriate examination, arrive at a differential diagnosis
- Exhibit empathy and show consideration for all patients, their impairments and attitudes irrespective of cultural and other differences

### Investigation, indications, risks, cost-effectiveness

- Understand the pathophysiological basis of the investigation undertaken
- Know and be able to explain the procedure for the commonly used investigations
- Careful to select investigations appropriately, considering patients' needs, risks, value

### Treatment and management of disease

- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Able to assess accurately patient's needs, to prescribe administer, deliver, arrange treatment; recognise and deal with reactions / side effects

### Disease prevention and health education

- Health promotion and support agencies; means of providing and sources of information for patients
- Risk factors, preventative measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- Able to advise on and promote lifestyle change, smoking cessation, control of alcohol intake
- Non-judgmental approach to patient's problems

### Notes, records, correspondence

- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focused reviews
- Compile adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome
- Maintain legible, authenticated records, use dictation, telephone, e-mail appropriately
- Appreciate the importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly, e.g. with primary care

**Time management and decision taking**

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Understand the need to complete tasks, reach a conclusion, make a decision and take action with allocated time
- The trainee should be able to recognise when he/she is falling behind and be able to adjust accordingly; able to cope with changing circumstances, variable demand, be prepared to re-prioritise and ask for help
- Have realistic expectations of own and of others' performance
- Time-conscious, punctual

**Handover**

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendation)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

**Relevance of professional bodies**

- Understand the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations, e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

**SKILLS**

- History taking and examination
- Select investigations appropriately and in consultation with supervising clinicians
- Treatment and management of disease
- Health promotion
- Understand the general principles of scientific research
- Maintain legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Understand the adverse environmental factors and illnesses that may have implications for health and health service provision

**ASSESSMENT & LEARNING METHODS**

- Mini-CEX
- DOPS
- Audit
- Case based discussions
- Ethics, safe prescribing skills and blood transfusion programmes
- BST Leadership in Clinical Practice
- MRCPI examinations

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

**Objectives:** To have the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies with the problems outlined below. For each scenario, trainees should, in particular, gain knowledge and skills to recognise the critically ill and:

- Immediately assess and resuscitate if necessary
- Formulate a differential diagnosis, treat and/or refer as appropriate
- Select relevant investigations and accurately interpret reports
- Communicate the diagnosis and prognosis

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

## KNOWLEDGE

### Management of acutely ill patients with medical problems

- How potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- How to manage overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

### Managing the deteriorating patient

- Knowledge of how to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

### Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

**SKILLS**

- BLS/ACLS
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

- ACLS Certification
- Mini-CEX (acute setting)
- Case based discussions
- MRCPI examinations

**Good Professional Practice**

**Objectives:** Medicine should be practised in a fair, competent and ethical manner.

**Medical Council Domains of Good Professional Practice:** Professionalism, Patient Safety & Quality of Patient Care, Collaboration & Teamwork,

**KNOWLEDGE****Safe Systems, Competency and Safe practice**

- Understand multiple factors involved in failures
- Safe Healthcare Systems-a Safe working environment
- The relationship between 'Human factors' and patient safety
- Safe working practice. Role of procedures and protocols in optimal practice
- Patient safety relevance in health care and its role in minimizing the incidence and impact of adverse events and maximise recovery from them
- Knowledge and understanding of the Swiss cheese model
- Health care errors and system failures; human and economic costs; blame culture

**Communication**

- Disclosure – know the principles of open disclosure and the open disclosure process algorithm
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

**Near Misses and adverse events**

- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause analysis. Understanding and learning from errors
- Understands and manages clinical risk under supervision
- Manages complaints under supervision
- Knows when and how to report a near miss or adverse event

**Quality improvement**

- Adheres to common processes and procedures – checklists, vigilance
- Practices evidence based care under supervision
- Infection control; healthcare associated infections
- Improvement medication safety; safe prescribing; common medication errors
- Ethical behaviour
- Principles of quality and safety improvement

## Ethics

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor):
  - The skills of lifelong learning and the maintenance of competence
  - Information literacy
  - Ethical behaviour
  - Integrity, honesty
  - Altruism
  - Service to, justice and respect for others
  - Adherence to professional codes
  - Patient compliance
  - Death and dying
  - Dignity & Respect
  - Ethical patient care and Irish Law including:
    - Consent
    - Disclosure
    - Medical Practitioner's Act
    - Malpractice
    - Misconduct
    - Confidentiality
    - Coroner's System
- Knowledge and understanding of the Coroner's Act
- Resuscitation issues - Do Not Resuscitate (DNR) policies
- Brain death – diagnosis and management
- Death Certification
- Research
- Interactions with other health professionals
- Published management guidelines

## SKILLS

- To incorporate the above ethical concepts in their everyday practice
- An appreciation of ethical considerations when interacting with patients, caregivers and colleagues
- An understanding of important legal aspects in relation to reduced clinical capacity, including the elderly, Court of Protection and the principles of Power of Attorney
- Confidentiality and confidential computerised record-keeping
- Informed consent
- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Understand how and why systems break down and why errors are made
- Be able to learn from errors and near misses to prevent future errors
- Minimise infection through improved infection control practice
- Minimise medication errors by practicing safe prescribing principles

## ASSESSMENT & LEARNING METHODS

- Ethics, safe prescribing skills and transfusion programme
- MRCPI examinations

## Infection Control

**Objective:** To be able to manage and control infection in patients, including controlling the risk of cross –infection, appropriately managing infection in individual patients, and within the wider community to manage the risk posed by communicable diseases.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

## KNOWLEDGE

### Within a consultation

- Understand the principles of infection control as defined by the HIQA
- How to minimize the risk of cross-infection during a patient encounter by adhering to best practice guidelines available
- Understand the principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*)
- Knowledge and understanding the local antibiotic prescribing policy
- Aware of infections of concern, e.g. MRSA, *C difficile*
- Understands best practice in isolation precautions
- Knows when and how to notify relevant authorities in the case of infectious disease requiring disclosure, under supervision

### In surgery or during an invasive procedure

- Comply with the guidelines for needle stick injury prevention and management

### During an outbreak

- Adheres to guidelines for minimizing infection in the wider community in cases of communicable diseases and seeks expert opinion or guidance from infection control specialists where necessary

## SKILLS

- Practice aseptic techniques, hand hygiene
- Follow guidelines for infection control and management
- Prescribe antibiotics according to antibiotic guidelines
- Communicate effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Take advice from infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immune-compromised host
- In the case of infectious diseases requiring disclosure:
  - Has knowledge of the diseases requiring disclosure and undertakes notification promptly
  - Collaborates with external agencies regarding reporting, investigating and management of diseases where appropriate
- Avail of support provided by voluntary agencies and patient support groups, as well as expert services where appropriate
- Non-judgmental approach to patient's problem
- Utilises and values contributions of health education and disease prevention and infection control to health in a community.

## ASSESSMENT & LEARNING METHODS

- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Completion of infection control as part of the induction in the workplace

## Therapeutics and Safe Prescribing

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

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care.

### KNOWLEDGE

- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Knowledge of prescribing for common medical conditions
- The range of adverse drug reactions to commonly used drugs, including complementary medicines
- High risk medication - identification
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to the trainees practice
- The role of regulatory agencies involved in drug use, monitoring and licensing (e.g. IMB , and hospital formulary committees
- The procedure for monitoring, managing and reporting adverse drug reaction
- The role of the National Medicines Information Centre (MNIC) in promoting safe and efficient use of medicines

### SKILLS

- Knows how to write a prescription
- Prescribes appropriately in the elderly, childhood, pregnancy and breast feeding under supervision
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function) under supervision
- Review the continuing need for long term medications relevant to the trainees clinical practice
- identify drugs requiring therapeutic drug monitoring and interpret results
- Anticipate and avoid defined drug interactions, including complementary medicines under supervision
- Advise patients (and carers) about important interactions and adverse drug effects
- Provide comprehensible explanations to the patient and carers when relevant, for the use of medicines
- Open to advice and input from other health professionals on prescribing
- Participates in adverse drug event reporting under supervision

### ASSESSMENT & LEARNING METHODS

- Workplace based assessment e.g. Mini-CEX, DOPS, CBD

## Self-Care and Maintaining Well-Being

### Objective:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

## KNOWLEDGE

- Self-knowledge – understand own psychological strengths and emotional triggers
- Understand how own personality characteristics such as need for approval, judgemental tendencies, needs for perfection and control etc. affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, relating these to their own goals in medicine
- How family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand difference between feelings of sympathy and feelings of empathy for specific patients and ability to describe factors within themselves and within patients that enhance or interfere with abilities to experience and convey empathy
- Understand own attitudes toward uncertainty and risk taking and own need for reassurance
- Ability to describe how own relationships with certain patients reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc.) in “easy” and difficult patient-doctor interactions

## SKILLS

- Exhibit empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic emotional connections
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrate the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Using a non-judgmental approach to patient's problem:
  - Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how their attitudes and behaviours are affecting their care of patients and their interactions with others
- Hold realistic expectations of own and of others' performance, be time-conscious and punctual
- Value the breadth and depth of experience that can be accessed by associating with professional colleagues

## **ASSESSMENT & LEARNING METHODS**

- Physician wellbeing and stress management course
- Occupational Stress course

## Communication in Clinical Settings

**Objective:** To be able to communicate effectively with patients, their relatives and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication & Interpersonal Skills, Collaboration & Teamwork, Professionalism.

### KNOWLEDGE

#### Within a consultation

- How to structure an interview to obtain/convey information; how to use/choose appropriate language
- Knowledge of procedures/investigations available
- Able to communicate essential information
- Considerate, shows respect for other's culture, opinions, patient's right to be informed, make choices
- How to empower patients and encourage self management

#### In difficult circumstances

- Understands potential areas for difficulty
- Knows when to seek assistance, especially in dealing with challenging or aggressive behaviour
- Appropriately uses assistant, interpreter, chaperone, relatives
- How to deal with anger and frustration in self

#### With professional colleagues and others

- How best, and when, to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understands relevance to continuity of care and the importance of legible, accessible, authenticated records
- Communicate effectively and promptly; recognise and respect roles and skills of other health professionals
- Able to judge own abilities/limitations and when to refer

#### In maintaining continuity of care

- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation e.g. before handover (to another team, department, specialty), of identifying outstanding issues, uncertainties
- Maintains legible records, is available, contactable, time-conscious

#### Giving explanations

- The importance of possessing the full facts
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients' ability to comprehend
- Uses language, literature (leaflets) diagrams, educational aids and resources appropriately
- Able to achieve level of understanding necessary to achieve co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)
- Prepared to discuss repeat information, resolve uncertainty, confusion, respond to questions

**Responding to complaints**

- Value of hearing complaints promptly
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Able to establish facts, identify issues and report to senior as required.
- Accepts responsibility, involves others, consults appropriately
- Open, able to accept criticism, acknowledge shortcomings where they exist, offer an apology

**SKILLS**

- General interviewing and presentation skills
- Communicate in a clear and thoughtful manner
- The ability to establish a professional relationship with, and to communicate verbally and by the written word with patients, their relatives or caregivers and with other health professionals
- The ability to clearly, concisely and accurately record the patient's problem by a written medical record in a timely manner that is regularly updated
- Breaking bad news appropriate to their level in certain clinical situations – dealing with bereaved/angry relatives and patients
- Recording complaints and seeking help with dealing with complaints
- Verbal presentation at the bedside (using appropriate language), in a seminar or classroom, and to other health professionals
- The ability to write a competent discharge summary, a competent letter for outpatients after referral from a general practitioner and to know when and how to communicate urgently with a GP by telephone
- Communicate accurately handover care between shifts
- Patient education

**ASSESSMENT & LEARNING METHODS**

- Professional Development Programme
- Mini-CEX
- MRCPI examinations

## Scholarship

**Objective:** To adopt the habits of lifelong learning, and to appreciate the practices of clinical governance.

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

## KNOWLEDGE

### Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols
- Risk management
- Systems, procedures for identifying (clinical) risk; correct procedures and action when things go wrong; how to handle complaints, when to seek help
- Employer's procedures and policy for accidents
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records
- Openly discuss mistakes
- Able to learn from previous experience, from complaints received, errors.
- Be honest in recognising misjudgements

### Lifelong learning

- Understand the role of appraisal, assessment methods available, and their application
- Identify source, resources, opportunities for self-directed and group learning including IT
- Recognise and makes effective use of learning opportunities, maximise the potential for personal study, plans personal development
- Self motivated, inquisitive, eager to learn

## SKILLS

- Personal development planning
- Risk Management
- Evidence based medicine
- Appreciation of the logical use of guidelines, texts, reference literature and related sources
- The habit and principles of self-education and monitoring one's own performance in order to continuously update and refresh knowledge and skills during training and as a lifelong commitment to continuing education
- Understanding the social and governmental aspects of health care provision
- Understanding the cost-effectiveness of individual forms of care
- Basic research and audit skills

## ASSESSMENT & LEARNING METHODS

- BST Leadership in Clinical Practice
- Record of attendance at in-house training, grand rounds and academic meetings
- An Introduction to Health Research (optional)

## Management

**Objective:** To understand the organisation, regulation and structures of the health services.

**Medical Council Domains of Good Professional Practice:** Professionalism, Management including Self-Management.

## KNOWLEDGE

### Health service structure, management and organisation

- Knowledge of Department of Health, HSE and hospital management structures and systems
- The provision and use of information in order to regulate and improve service provision
- Knowledge of the sources that can provide information relevant to national or local services, publications available
- Able to seek / locate information
- Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care
- Knowledge of resources providing updates, literature reviews and digests
- Able to make use of information, use IT and undertake searches
- Embrace principles of clinical governance
- Use and application of descriptive statistics. Knowledge of statistical techniques with respect to clinical trials, evidence-based medicine, and epidemiology

### Personal effectiveness

- Develop personal effectiveness; manage time more efficiently, deal with pressure and stress.
- How to operate within a multidisciplinary team.
- How to maintain, improve working relationships within a team; appropriately recognise roles, skills, status.
- Able to adjust to change.
- Self-awareness, able to recognise strengths and weaknesses.
- Sensitive to and aware of the needs of others

## SKILLS

- Risk management
- Time management
- Interpersonal skills

## ASSESSMENT & LEARNING METHODS

- BST Leadership in Clinical Practice
- MRCPI examinations

## **Specialty Section**

## Clinical Skills in Obstetrics & Gynaecology

**Objective:** To be able to provide obstetric and gynaecological medical and surgical care that is appropriate to the patient's needs and uses resources appropriately.

### KNOWLEDGE

- History taking for women with obstetric and gynaecological medical and surgical problems
- Examination of a pregnant woman including abdominal examination
- Speculum examination
- Bimanual examination
- Cervical Smears
- Microbiology swabs
- Knowledge of:
  - Genetic History
  - Contraceptive history

### SKILLS

- Abdominal examination
- Bimanual examination
- Cervical smears
- Vaginal swab taking

### ASSESSMENT & LEARNING METHOD

- Mini-CEX
- Ethics, safe prescribing and blood transfusion
- Family Planning

**Obstetrics****General Obstetrics**

**Objective:** To be able to provide antenatal care that is appropriate to the patient's needs.

**KNOWLEDGE**

- Thorough knowledge of the physiology of normal pregnancy
- Conduct a routine antenatal visit
- Conduct a postnatal consultation including:
  - Contraceptive advice
  - Breast feeding problems
  - Perineal problems

**SKILLS**

- History-taking to include the patient's previous medical, psychiatric, social and obstetric history; events in previous pregnancies
- Physical Examination
- Assessment of normal vs. abnormal physical milestones in pregnancy
- Discuss patients' fears, anxieties, misconceptions; promote smoking cessation and lifestyle modifications
- Discuss requests for home births, alternative medicine, birth plans in a rational and non-judgmental manner

**ASSESSMENT & LEARNING METHODS**

- Mini-CEX
  - Routine antenatal assessment/advice
- Case-based Discussion

## Antenatal Care of a Patient with a Previous Caesarean Section

**Objective:** To be able to evaluate a patient with a history of previous Caesarean section and make an appropriate plan for safe delivery

### KNOWLEDGE

- Know current literature on VBAC benefits and risks
- Know local auditable outcomes for patients with one previous CS
- Be able to evaluate patients with a previous CS
- Be able to counsel patients about VBAC
- Discuss a patient's expectations and fears about delivery
- Impart information in a way that patient can understand
- Negotiate an appropriate plan for delivery

### SKILLS

- Counselling patient regarding VBAC

### ASSESSMENT & LEARNING METHODS

- Mini-CEX
- Case-based Discussion

## Care of a Patient with Threatened or Established Preterm Labour

**Objective:** To be able to carry out specialist assessment of a patient with threatened or established preterm labour and make appropriate decisions about management

### KNOWLEDGE

- Know gestation specific benefits and risks of interventions with tocolytics, steroids, Caesarean section
- Knowledge of cervical changes
- Knowledge of chorioamnionitis and abruptio placenta
- Perform ultrasound biometry
- Make appropriate decisions about delivery and in utero transfer
- Participate in multidisciplinary discussion with neonatologists and parents in cases of delivery at limits of viability
- Liaise with neonatologists
- Impart accurate information about prognosis in a compassionate way

### SKILLS

- Diagnosis and management of patient with threatened or established preterm labour

### ASSESSMENT & LEARNING METHODS

- Case-Based Discussion

## Care of a Patient with Diabetes in Pregnancy

**Objective:** To be able to organise safe and effective care for a woman with a pregnancy complicated by diabetes

### KNOWLEDGE

- Know the pathophysiology of pregnancy in patients with pre-existing diabetes
- Know the indications for screening for gestational diabetes
- Refer patients appropriately to specialised clinic
- Exercise good judgement in making decisions about timing and mode of delivery
- Appreciate importance of multidisciplinary team of endocrinologist, dietician, nurse practitioner

### SKILLS

- Diagnosis and management of a patient with diabetes
- Referral to appropriate clinics
- Multidisciplinary team working
- Attendance at combined diabetic antenatal clinic

### ASSESSMENT & LEARNING METHODS

- Case-Based Discussion

## Care of a Patient with Pregnancy Induced Hypertension (PIH)

**Objective:** To be able to organise safe and effective care for a woman with a pregnancy complicated by PIH

### KNOWLEDGE

- The pathophysiology of pregnancy in patients with PIH
- How to make appropriate arrangements for antenatal care
- Appreciate need for careful surveillance of fetal well being
- Exercise good judgement in making decisions about timing and mode of delivery
- The role of antihypertensive agents
- The importance of postnatal care

### SKILLS

- Manage patient appropriately
- Explain the problem, prognosis and planned management to patients

### ASSESSMENT & LEARNING METHODS

- Case Based Discussion

## Care of Patients with Complications During the Puerperium

**Objective:** To recognise and intervene appropriately in the care of women experiencing difficulties or complications during the puerperium.

### KNOWLEDGE

- Know the physiology of the puerperium
- Know the physiology of lactation
- Investigate, diagnose and treat the causes of puerperal pyrexia
- Recognise and treat mastitis and breast abscesses
- Recognise puerperal depression
- Recognise puerperal psychosis
- Liaise with psychiatrist in the care of women at risk of or affected by psychiatric disease in the puerperium
- Liaise with midwives, general practitioners, psychiatrists in the care of women during the puerperium

### SKILLS

- Knowledge of issues around post natal depression
- Multidisciplinary team working

### ASSESSMENT & LEARNING METHODS

- Case Based Discussion

**Early Pregnancy Problems**

**Objective:** To be able to diagnose and organise safe care for a patient in early pregnancy

**KNOWLEDGE**

- Diagnosis of pregnancy
- Testing in early pregnancy
- Investigation of early pregnancy bleeding
- Management of miscarriage, including infection and haemorrhage
- Competence in assessment in ectopic pregnancy
- Knowledge of the etiology of recurrent miscarriage

**SKILLS**

- Vaginal assessment of pregnancy
- Ultrasound assessment of early pregnancy

**ASSESSMENT & LEARNING METHODS**

- BST Certificate in Basic Ultrasound course RCPI and relevant OSATS
- Case-based Discussion

## **Fetal Assessment**

**Objective:** To assess the fetus and deliver safe and appropriate care.

### **KNOWLEDGE**

- Assessing fetal well-being including movement and growth in third trimester
- Interpretation of CTG
- Understanding of ultrasound in terms of fetal growth and biophysical profiles
- Diagnosing pre-term rupture of membranes
- Assess for IUGR
- Knowledge of diagnosis and management of intra-uterine death

### **SKILLS**

- Fetal Assessment by ultrasound including:
  - Presentation/lie
  - Placental localisation
  - Amniotic fluid volume
  - Other assessments of fetal wellbeing
- Interpretation of CTGs

### **ASSESSMENT & LEARNING METHODS**

- BST Certificate in Basic Ultrasound course RCPI Case-based Discussion - CTG

## Common Pregnancy Problems

**Objective:** To be able to evaluate a patient with a history of common pregnancy problems

### KNOWLEDGE

- Knowledge of:
  - Pregnancy induced hypertension/Pre eclampsia
  - Bleeding in 3rd Trimester
  - Malpresentation
  - Prolonged pregnancy
  - Induction of labour
  - Multiple pregnancies
- Knowledge and management of maternal conditions in pregnancy:
  - Maternal hypertension
  - Asthma
  - Urinary tract infection
  - Anaemia
  - Thromboembolic disease
  - Diabetes
  - Epilepsy

### SKILLS

- Ultrasound
- Assessment of bleeding
- Assessment of cervix re induction of labour
- Examination of pregnant women with medical problems
- Measuring BP/Urinalysis

### ASSESSMENT & LEARNING METHODS

- BST Certificate in Basic Ultrasound course RCPI Mini-CEX
- Case-based Discussion

## **Intrapartum & Operative Obstetrics**

**Objective:** Training in Intrapartum and Operative Obstetrics aims to equip the Specialist with the diagnostic skills to recognise abnormalities in labour, the decision-making skills and technical skills required to intervene appropriately and safely

## Labour and Delivery

**Objective:** To manage and assist in the first, second and third stages of labour. To be able to provide safe and effective care to a woman who requires a Caesarean section

### KNOWLEDGE

- Diagnosing labour
- Clinical assessing progress in labour
- Management of first, second and third stages of normal labour
- Assessment and repair of laceration and perineal tears and recognising anal sphincter involvement
- Performing and repairing episiotomy
- Assessing severity of postpartum haemorrhage
- Awareness of unit guidelines in management of postpartum haemorrhage
- How to initiate management of uterine atony
- Observation or assessment at manual removal of placenta
- Basic neonatal assessment and resuscitation

### SKILLS

- Vaginal assessment of cervix
- Manage normal spontaneous vaginal delivery
- Suture of laceration or episiotomy
- Operative delivery – assessment for and performing straightforward operative delivery
- Assisting at caesarean section, progressing to performing caesarean section
- CTG interpretation in labour
- Initiate management of a postpartum haemorrhage and other obstetric emergencies

### ASSESSMENT & LEARNING METHODS

- OSATS:
  - Manual removal of placenta
  - Uterine evacuation
  - Open and close an abdomen
  - Fetal blood sampling
  - Caesarean Section
  - Operative vaginal delivery
- Basic Surgical Skills
- Emergency Surgical Skills

## Management of Induction of Labour

**Objective:** To have the knowledge, skills and attitudes required to assess patients requiring induction of labour and supervise safe and effective induction

### KNOWLEDGE

- Know and understand the indications, benefits and hazards of induction of labour
- Know and understand the physiology of cervical ripening
- Be able to exercise good judgement in selecting patients for induction of labour
- Be able to assess the suitability of the cervix and select an appropriate method of induction
- Be able to work closely with midwives and anaesthetists in organising the work of the labour ward
- Be able to communicate with women in labour about decisions relating to induction of labour

### SKILLS

- Assess and perform induction of labour

### ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Mini-CEX

## Dystocia in Labour

**Objective:** To be able to assess a patient whose labour is not progressing normally and intervene appropriately

### KNOWLEDGE

- Define the causes of dystocia
- The indications and contraindications to the use of oxytocin
- Recognise all malpositions and malpresentations
- Exercise good judgement in prescribing oxytocin
- Exercise good judgement in deciding on the need for delivery by Caesarean section
- Respect opinion of midwifery staff but be able to think independently
- Counsel patient appropriately

### SKILLS

- Diagnosis and management of dystocia

### ASSESSMENT & LEARNING METHODS

- In house training; Skills and drills
- Case Based Discussion

## Labour in the Presence of a Previous Caesarean Section

**Objective:** To be able to provide safe and effective care to a woman in labour who has had one previous Caesarean section

### KNOWLEDGE

- Know the current literature on labour following a previous Caesarean section
- Know the incidence of uterine scar dehiscence
- Know the risk factors for uterine scar dehiscence
- Recognise the clinical signs of uterine scar dehiscence
- Exercise good judgement in deciding when to proceed with attempted vaginal delivery and when to perform a repeat Caesarean section
- Communicate with patients about progress in labour and encourage realistic expectations

### SKILLS

- Care of patient in labour with a history of a previous Caesarean section

### ASSESSMENT & LEARNING METHODS

- Case based discussion

## Operative Vaginal Delivery

**Objective:** To be able to perform instrumental vaginal delivery with a low rate of morbidity in women and their babies

### KNOWLEDGE

- Know criteria for safe operative delivery
- Be familiar with current literature on operative delivery
- Be able to assess presentation and position of head
- Be skilled in the use of non-rotational forceps
- Be skilled in the use of ventouse
- Be skilled in the after care of a women following operative vaginal delivery, particularly in relation to bladder function
- Communicate plans for delivery with patient
- Liaise with midwives and work as a part of team second stage
- Review events at delivery with patient before discharge from hospital

### SKILLS

- Instrumental vaginal delivery

### ASSESSMENT & LEARNING METHODS

- OSATS

## Pre-Operative Management

**Objective:** To be able to deliver safe and effective pre-operative care to women preparing for surgery

### KNOWLEDGE

- Arrange preoperative investigation
- Arrange for surgery
- Obtaining informed consent
- Prophylaxis
- Knowledge of:
  - Risk and complication of procedures
  - Postoperative management and discharge
  - Common postoperative complications such as wound care, infection, haemorrhage

### SKILLS

- Prescribing Skills
- Obtaining consent

### ASSESSMENT & LEARNING METHODS

- Ethics, safe prescribing and blood transfusion courses
- Case-based Discussion
- Mini-CEX

### Third Degree Tears

**Objective:** To be able to recognise third and fourth degree tears

#### KNOWLEDGE/SKILLS

- Recognise third degree tears
- Observe repairs
- Manage Puerperium after TDT
  - Prescribe antibiotics/stool softeners
  - Arrange physiotherapy and follow-up
  - Recognise infection of dehiscence

#### ASSESSMENT & LEARNING METHODS

- Case-based discussion

## Caesarean Section

**Objective:** To be able to perform Caesarean section speedily and with a low rate of complications.

### KNOWLEDGE

- Know pelvic anatomy in pregnancy
- Perform Caesarean section safely and with appropriate speed
- Act as a team leader, working with midwives, anaesthetists, theatre staff
- Communicate appropriately with patient and partner during operation

### SKILLS

- Open and close abdomen
- Reflect bladder
- Safe delivery of baby – cephalic or breech
- Prescribe thromboprophylaxis and antibiotics appropriately  
Prescribe oxytocin

### ASSESSMENT & LEARNING METHODS

- OSATS

## Postpartum Haemorrhage

**Objective:** To be able to intervene in a case of postpartum haemorrhage to reduce the risk of mortality and morbidity in the woman.

### KNOWLEDGE

- Define primary and secondary postpartum haemorrhage and their causes
- Be aware of the mortality and morbidity associated with postpartum haemorrhage
- Know the pharmacology of oxytocin, ergometrine, misoprostol, PGF2 alpha
- Knowledge of how to perform manual removal of retained placenta
- Knowledge of how to perform exploration of the genital tract under anaesthesia

### SKILLS

- Recognition and initial management of PPH
  - Basic resuscitation
  - IV Access
  - Bloods
  - Cross-match for blood appropriately
  - Call for help appropriately

### ASSESSMENT & LEARNING METHODS

- In house training: Skills and Drills
- Case Based Discussion

## Clinical Gynaecology

**Objective:** The fully trained specialist in Gynaecology will be able to investigate all common gynaecological complaints, make appropriate diagnoses and advise patients about appropriate management options, and make appropriate subspecialist referrals

### Menstrual Problems and Abnormal Bleeding

**Objective:** To be able to evaluate, investigate and plan appropriate treatment of a woman with menstrual problems

#### KNOWLEDGE

- Failure to start periods
- Cessation of periods
- Abnormal (Heavy or irregular) periods
- Painful periods
- Vaginal bleeding after the menopause
- Vaginal bleeding before puberty

#### SKILLS

- Abdominal and vaginal examination
- Ability to perform a speculum examination, HVS, cervical smear, pipelle biopsy
- Request appropriate blood tests and scans

#### ASSESSMENT & LEARNING METHODS

- Mini-CEX

## Care of Patients with first Trimester Miscarriage

**Objective:** To provide safe, effective, compassionate care of women with first trimester pregnancy loss.

### KNOWLEDGE

- Aetiology, epidemiology and recurrence risk of spontaneous miscarriage
- The predictive value and limitations of ultrasound and HCG measurements
- Investigations indicated in patients with recurrent miscarriage

### SKILLS

- Interpret findings of ultrasound
- Make a diagnosis in a timely manner
- Make appropriate judgements on need for surgical management
- Make appropriate arrangements for follow-up and referral to specialist clinics
- Counselling for patients with first trimester miscarriage

### ASSESSMENT & LEARNING METHODS

- Case Based Discussion
- Mini-CEx – one Mini-CEx should be undertaken each six months in the gynaecology outpatients covering different clinical problems encountered during training

**Care of Patients with Suspected or Confirmed Ectopic Pregnancy**

**Objective:** To make an appropriate diagnosis of ectopic pregnancy and manage it in a safe and timely manner.

**KNOWLEDGE**

- Know the aetiology, epidemiology and recurrence risks of ectopic pregnancy.
- Know the predictive value and limitations of ultrasound and HCG measurements.
- Know the guidelines for use of methotrexate.

**SKILLS**

- Recognise typical and atypical clinical presentations of ectopic pregnancy.

**ASSESSMENT & LEARNING METHODS**

- Diagnosis: Case Based Discussion

## Care of Patients with Acute Pelvic Pain and Dysmenorrhoea

**Objective:** To be able to evaluate, investigate and plan appropriate treatment of a woman with acute pelvic pain

### KNOWLEDGE

- Know the differential diagnosis of acute pelvic pain
- Recognise signs of intra-abdominal haemorrhage
- Recognise symptoms and signs of ectopic pregnancy
- Recognise symptoms and signs of ovarian torsion
- Exercise good judgement in triaging patient
- Respect patient's need for privacy for history taking and pelvic examination in A&E setting

### SKILLS

- Perform appropriate clinical assessment of a patient with acute pelvic pain
- Communicate suspected diagnosis and planned management with patient

### ASSESSMENT & LEARNING METHODS

- Case Based Discussion

## Care of Patients with Menorrhagia

**Objective:** To be able to evaluate, investigate and plan treatment of a women with excessive menstrual blood loss

### KNOWLEDGE

- Know the physiology and normal of menstruation
- Know the causes of menstrual abnormalities
- Know the pharmacology of agents available for management of menorrhagia
- Be able to take a competent menstrual history
- Exercise good judgement in assessing severity of the problem
- Be able to perform appropriate gynaecological examination
- Be able to insert Mirena device
- Be able to communicate appropriately with patient
- Be able to discuss all treatment options for menstrual abnormalities

### SKILLS

- Take a competent menstrual history
- Perform an appropriate gynaecological examination
- Insert Mirena device
- Perform hysteroscopy D&C

### ASSESSMENT & LEARNING METHODS

- OSATS
- Case Based Discussion
- Mini-CEX

## **Operative Gynaecology**

**Objective:** The fully trained Specialist in Gynaecology should demonstrate good judgement in selecting patients for surgery, provide perioperative care to a high standard and be able to perform a number of standard gynaecological operations safely, with a low rate of morbidity.

## Preoperative Care

**Objective:** To be able to deliver safe and effective care to women preparing for gynaecological surgery.

### KNOWLEDGE

- Evidence based guidelines for perioperative thromboprophylaxis
- Evidence based guidelines for perioperative antibiotic cover

### SKILLS

- Evaluate patient's fitness for surgery
- Obtain appropriate consent
- Exercise good judgement in balancing risks of surgery versus anticipated benefits
- Give realistic information to patients about nature of surgery and anticipated risks and benefits
- Liaise with anaesthetists and physicians in patients with concurrent disease

### ASSESSMENT & LEARNING METHODS

- Mini-CEX
- OSATS

## Postoperative Care

**Objective:** To be able to deliver safe and effective care to women following gynaecological surgery

### KNOWLEDGE

- The normal postoperative course of patients following gynaecological operations

### SKILLS

- Assess patients' recovery following surgery
- Recognise deviations from the normal postoperative course
- Communicate details of surgery and anticipated postoperative course with patients
- Arrange appropriate follow-up

### ASSESSMENT & LEARNING METHODS

- OSATS
- Mini-CEX

## Care of Patients Suffering from Complications Following Gynaecological Surgery

**Objective:** To be able to recognise complications of surgery and organise safe and effective clinical and psychological care for patients suffering from these complications

### KNOWLEDGE

- Know the complications of gynaecological surgery in general and those specific to particular operations
- Recognise postoperative haemorrhage and hypovolaemia
- Exercise good judgment in making a decision about returning patient to operating theatre

### SKILLS

- Evaluate patient's fitness for surgery
- Consent
- Assess recovery following surgery
- Diagnose and manage:
  - Postoperative haemorrhage and hypovolaemia

### ASSESSMENT & LEARNING METHODS

- Case based discussion

**Basic Surgical Skills for Open Surgery**

**Objective:** To adopt surgical techniques and principles that reduce morbidity

**KNOWLEDGE**

- Knows appropriate scrub technique and principles of sterility in theatre
- Knows principles of electrosurgery
- Handles needles and scalpels safely
- Economic in movements
- Handles tissues gently
- Gives assistant and scrub nurse clear and appropriate directions
- Ties knots safely
- Communicates well with all other personnel in theatre

**SKILLS**

- Basic surgical skills

**ASSESSMENT & LEARNING METHODS**

- OSATS
- Basic surgical skills course attended in BST

## Wound Care and Management

**Objective:** To understand and apply principles of care of surgical wounds that are associated with reduced morbidity

### KNOWLEDGE

#### Basic Skills

- Knows physiology of wound healing
- Chooses appropriate incision
- Uses appropriate suture materials
- Uses appropriate technique to close wound
- Recognises early signs of wound infection, dehiscence, abscess formation, haematoma formation
- Communicates appropriately with nursing staff about wound care and suture removal

### SKILLS

- Wound care and management

### ASSESSMENT & LEARNING METHODS

- In house training
- Case based discussion

**Diagnostic Hysteroscopy**

**Objective:** To be able to perform diagnostic hysteroscopy safely

**KNOWLEDGE**

- Understands principles of hysteroscopy
- Knows principles of electro-surgery

**SKILLS**

- Assess pelvis clinically
- Can insert hysteroscopy through internal cervical os
- Demonstrate anatomical landmarks
- Biopsy endometrium appropriately
- Insert mirena IUS appropriately

**ASSESSMENT & LEARNING METHODS**

- OSATS

## Diagnostic Laparoscopy

**Objective:** To be able to perform diagnostic laparoscopy safely

### KNOWLEDGE

- Is familiar with guidelines for safe laparoscopic entry
- Exercises good judgement in selecting patients for laparoscopic surgery
- Shows awareness of the potential for catastrophic complications associated with laparoscopic surgery

### SKILLS

- Insert Veress needle safely
- Employ an alternative technique for laparoscopic entry in a patient with adhesions
- Demonstrate anatomical landmarks on abdominal wall
- Insert ports safely
- Use bipolar diathermy safely

### ASSESSMENT & LEARNING METHODS

- OSATS

**Audit**

**Objective:** The fully trained specialist in Obstetrics and Gynaecology should be able to organise, conduct, present, interpret and discuss regular audits of outcomes of his personal and departmental work.

## Urinary Problems

**Objective:** To be able to evaluate a woman with urinary incontinence

### KNOWLEDGE

- Urinary Incontinence:
  - Genuine stress incontinence
  - Urge incontinence
- Other bladder problems
- Therapies available

### SKILLS

- Clinical history and examination
- Interpretation of basic urodynamic traces
- Completion of a continence diary
- Exposure to physiotherapy

### ASSESSMENT & LEARNING METHODS

- Mini-CEX

## Uterovaginal Prolapse

**Objective:** To be able to assess a woman with symptoms of uterovaginal prolapse

### KNOWLEDGE

- Assessment of history
- Assessment of symptoms
- Knowledge of types and degree of prolapse
- Knowledge of:
  - Conservative management e.g. physiotherapy, ring pessary
  - Surgical management

### SKILLS

- Vaginal examination
- Diagnose type of prolapse
- Use of vaginal ring pessaries

### ASSESSMENT & LEARNING METHODS

- Mini-CEX

**Abdominal Distension or Mass / Pelvic Pain**

**Objective:** To be able to diagnose and appropriately refer a patient with an abdominal mass

**KNOWLEDGE**

- Detailed history of pain
- Relation of pain to menstrual cycle
- Appraisal of associated symptoms
- Understanding of the history and examination suggestive of malignancy
- Differential diagnosis of abdominal mass

**SKILLS**

- Abdominal examination and appropriate investigations e.g. CT, MRI, ultrasound

**ASSESSMENT & LEARNING METHODS**

- Mini-CEX
- Case-based Discussion

**Problems of the Vulva and Vagina**

**Objective:** To diagnose problems with the vulva and vagina

**KNOWLEDGE**

- Vulvo-vaginal pain
- Vulval swelling
- Discharge from the vagina
- Itching around the vulva
- Warts around the vulva

**SKILLS**

- Ability to take appropriate swabs (see how they are handled in the laboratory) and arrange appropriate treatment and follow-up
- Biopsy of suspicious lesions

**ASSESSMENT & LEARNING METHODS**

- Mini-CEX

## Fertility and Family Planning Problems

**Objective:** To understand fertility and family planning problems.

### KNOWLEDGE

- Difficulty in becoming pregnant
- Difficulty in having a baby because of repeated miscarriages
- Understanding of basic investigations for sub-fertility
- Knowledge of:
  - Relative induction agents
  - Artificial reproductive technology
- Hormonal barrier and sterilisations
- Understanding the potential importance of psychosexual problems
- Clinical assessment of a woman with hirsutism
- Differentiate between hirsutism and virilism
- Understanding of the etiology of hirsutism
- Understanding of the difficulty of interaction
- Appreciate the differential diagnosis of superficial dyspareunia
- Appreciate the differential diagnosis of deep dyspareunia

### SKILLS

- Vaginal examination
- Fit IUS/ IUCD
- Arrange Hycosy / hysterosalpingogram/ laparoscopy and dye testing as appropriate
- Semen analysis

### ASSESSMENT & LEARNING METHODS

- Ethics, safe prescribing and blood transfusion
- Mini-CEX
- Case-based Discussion

**Menopausal Problems**

**Objective:** To be able to diagnose women with menopausal symptoms.

**KNOWLEDGE**

- Physiology of menopause
- Appropriate vasomotor symptoms and management
- Understanding HRT types, uses, benefits, risks and limitations
- Long term consequences of menopause e.g. CVD, CVS, Osteoporosis

**SKILLS**

- Prescribe HRT

**ASSESSMENT & LEARNING METHODS**

- Case-based Discussion

## Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
<b>Personal Goals Review form</b>	Desirable	1	Training Post	Form 137
<b>Weekly Timetable</b> (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Programme	Form 045
<b>On Call Rota (min 1:10)</b>	Required	1	Training Programme	Form 064
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics</b> (1 Obstetric & Gynaecology clinic per week)	Required	40	Year of Training	Form 001
<b>Ward Rounds/Consultations</b>				
Ward rounds (minimum 2 per week)	Required	80	Year of Training	Form 002
Theatre Commitment (4 hours per week)	Required	40	Year of Training	Form 002
Labour Ward (4 hours per week on average)	Required	40	Year of Training	Form 002
<b>Emergencies/Complicated Cases</b>	Desirable	1	Training Programme	Form 003
<b>Procedures/Practical Skills/Surgical Skills</b>				
<b>Year 1-2:</b>				
Caesarean Section	Required	5	Year of training	Form 004
Diagnostic Hysteroscopy	Required	5	Year of training	Form 004
Fetal Blood Sampling	Required	1	Year of training	Form 004
Manual removal of placenta	Required	1	Year of training	Form 004
Opening and closing the abdomen	Required	1	Year of training	Form 004
Operative vaginal delivery	Required	5	Year of training	Form 004

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Uterine evacuation	Required	5	Year of training	Form 004
<b>From year 3</b>				
Posterior repair with perineorrhaphy	Desirable	1	Year of Training	Form 004
Abdominal hysterectomy	Desirable	1	Year of Training	Form 004
Anterior repair	Desirable	1	Year of Training	Form 004
Cervical cerclage	Desirable	1	Year of Training	Form 004
Diagnostic cystourethroscopy	Desirable	1	Year of Training	Form 004
Diagnostic laparoscopy	Required	5	Year of Training	Form 004
Midurethral tape retropubic or transab approach	Desirable	1	Year of Training	Form 004
Operative laparoscopy	Required	1	Year of Training	Form 004
Rotational instrumental delivery	Desirable	1	Year of Training	Form 004
Vaginal hysterectomy	Desirable	1	Year of Training	Form 004
Multiple pregnancy	Desirable	1	Year of Training	Form 004
<b>Ultrasound Procedures</b>				
Fetal Biometry	Required	10	Year of training	Form 103
Liquor assessment	Required	10	Year of training	Form 103
Early Pregnancy	Required	50	Year of training	Form 103
Placental assessment	Required	10	Year of training	Form 103
<b>Relatively Unusual Cases</b>	Required	1	Year of Training	Form 019
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				
BST Leadership in Clinical Practice	Required	1	Training Programme	Form 006
BST Ethics, Prescribing and Blood Transfusion for O&G	Required	1	Training Programme	Form 006
Family Planning	Required	1	Training Programme	Form 006
Basic Practical Skills Course RCPI – during first year of BST	Required	1	Training Programme	Form 006
BST Certificate in Basic Ultrasound Course RCPI	Required	1	Training Programme	Form 006
Health Research – an Introduction (from year 2)	Required	1	Training Programme	Form 006
PROMPT or ALSO or MOET (in main teaching hospitals)	Required	1	Training Programme	Form 006
Infection Control (Can be part of hospital induction day)	Required	1	Training Programme	Form 006
O&G Practical Scenarios Modules (7 online modules)	Required	1	Training Programme	Form 006
<b>Non – Mandatory Courses</b>	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>In-House Activities</b>				
MDT Meeting e.g. perinatal, cancer and colposcopy meetings	Required	3	Training Programme	Form 011
Specialty meeting (one hour per week)	Required	40	Year of Training	Form 011
Journal club (1 hour per week)	Required	40	Year of Training	Form 011
<b>Examinations</b>				
MRCOG(UK) Part I Obstetrics & Gynaecology	Desirable	1	Training Programme	Form 012
Diploma in Women's Health	Desirable	1	Training Programme	Form 012
<b>Formal Teaching Activity</b>				
Undergraduate/intern teaching (1 hour per week)	Required	40	Year of Training	Form 013
<b>Research</b>	Desirable	1	Training Programme	Form 014
<b>Audit Activities</b>	Desirable	1	Training Programme	Form 015
<b>Clinical Audit Report Form</b>	Desirable	1	Training Programme	Form 135
<b>Publications</b>	Desirable	1	Training Programme	Form 016
<b>Oral or Poster Presentation (1 per year)</b>	Required	1	Year of Training	Form 017
<b>National/International meetings</b>	Desirable	1	Year of Training	Form 010
<b>Additional Qualifications</b>	Desirable	1	Year of Training	Form 065
<b>Section 4 - Assessments</b>				
<b>OSATS</b>				
<b>Year 1-2</b>				
Caesarean Section	Required	1	Training Programme	Form 027
Diagnostic Hysteroscopy	Required	1	Training Programme	Form 030
Fetal Blood Sampling	Required	1	Training Programme	Form 032
Manual removal of placenta	Required	1	Training Programme	Form 033
Opening and closing the abdomen	Required	1	Training Programme	Form 035
Operative vaginal delivery	Required	1	Training Programme	Form 037
Uterine evacuation	Required	1	Training Programme	Form 039
Assessment of pelvic pain	Required	1	Training Programme	Form 134
<b>From year 3:</b>				
Posterior repair with perineorrhaphy	Desirable	1	Year of Training	Form 024
Abdominal hysterectomy	Desirable	1	Year of Training	Form 025
Anterior repair	Desirable	1	Year of Training	Form 026

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Cervical cerclage	Desirable	1	Year of Training	Form 028
Diagnostic cystourethroscopy	Desirable	1	Year of Training	Form 029
Diagnostic laparoscopy	Required	5	Year of Training	Form 031
Midurethral tape retropubic or transab approach	Desirable	1	Year of Training	Form 034
Operative laparoscopy	Required	1	Year of Training	Form 036
Rotational instrumental delivery	Desirable	1	Year of Training	Form 038
Vaginal hysterectomy	Desirable	1	Year of Training	Form 040
Multiple pregnancy	Desirable	1	Year of Training	Form 111
<b>ULTRASOUND OSATS</b>				
Ultrasound Machine Controls	Required	1	Training Programme	Form 120
Transabdominal and Transvaginal ultrasound examination of early pregnancy	Required	1	Training Programme	Form 108
Biophysical Profile Score	Required	1	Training Programme	Form 121
Fetal measurement, lie and presentation	Required	1	Training Programme	Form 105
Liquor assessment	Required	1	Training Programme	Form 106
Placental assessment - ultrasound	Required	1	Training Programme	Form 107
Ultrasound assessment of endometrium	Desirable	1	Training programme	Form 122
Ultrasound assessment of uterine fibroids	Desirable	1	Training programme	Form 123
Ultrasound assessment of the normal female pelvis	Desirable	1	Training programme	Form 124
Ultrasound assessment of ovarian lesions	Desirable	1	Training programme	Form 125
<b>CBD</b>	Required	4	Year of Training	Form 020
<b>Mini-CEX</b>	Required	2	Year of Training	Form 023
<b>End-of-Post Assessments</b>	Required	1	Training Post	Form 092
<b>Annual Review Form</b>	Required	1	Year of Training	Form 141