



MALAYSIAN MRCOG PARALLEL PATHWAY TRAINING PROGRAMME



2ND EDITION (2019)
Bahagian Perkembangan Perubatan
Kementerian Kesihatan Malaysia (KKM)

Name of trainee (IN CAPITALS):

.....

Dates of commencement and end of training:

...../...../.....(date/month/year) -/...../.....(date/month/year).

PREFACE

First and foremost, I would like to extend you a warm welcome to the O&G Fraternity in Malaysia. As you embark on the Malaysian RCOG Parallel Training pathway, we hope to support you in your ambition, to join the burgeoning numbers of Malaysians, who have successfully been inducted as Members and Fellows of the RCOG.

The RCOG receives universal recognition for its high standards in terms of education, training and examination programme for its trainee doctors. Members of the RCOG are well regarded as consistently capable of meting out good quality healthcare. Naturally, the continued participation of Malaysians in the RCOG is encouraged, to contribute to improving the quality of healthcare provision for women in Malaysia.

Yet, in lieu of the significant differences in culture and clinical setting, many Malaysian trainees have found passing the MRCOG examinations to be extremely challenging. This RCOG Trainee Logbook (for Malaysians) closely reflects the 2016 RCOG logbook for UK trainees, clearly illustrating the syllabus requirements of the new format MRCOG part 2 and part 3 examinations. We hope this logbook will enable trainees to better understand the scope of the RCOG membership examinations and the nuances of practising O&G in the UK.

I would also like to encourage trainees to participate in clinical research, and to endeavour to publish or present papers at scientific conferences, to keep yourselves intellectually stimulated and to keep abreast of the latest developments in the field of O&G. Partaking in regular departmental audits is also crucial, to develop skills in critical analysis and appraisal that will stand you in good stead for the MRCOG examinations, as well as in your personal professional development.

Communication and interpersonal skills are increasingly recognized to be essential skillsets of a competent clinician. Hence, along with the other core skills - clinical knowledge, clinical acumen and surgical skills, the acquisition of soft skills will be closely monitored and explicitly reflected in your training logbook.

I hope trainees will fully utilize this very comprehensive logbook, to keep track of individual milestones and progress in training. With the completion of the modules in the training logbook, trainees should be fully prepared for the RCOG Membership examinations.

The field of O&G can be stressful and is fraught with challenges. Yet, a sound training program will prepare you well to face the challenges that lie ahead. I wish you the very best in your training and hope that your medical career will be a most fulfilling and rewarding one!

Sincerely,

Dr J. Ravichandran Jeganathan
National Head of O&G Services
Malaysia

INTRODUCTION

(I) MALAYSIAN MRCOG PARALLEL TRAINING PROGRAMME

1. Any doctor who has received full registration from the Malaysian Medical Council, and is interested to specialize in the field of O&G, is eligible to enrol as a trainee in the Malaysian RCOG Parallel Training Programme.
2. All Trainees will be encouraged to register with 'Bahagian Latihan'. This will facilitate the setting up of an electronic Trainee Register, for the ease of tracking, deployment and allocation of personnel.
3. Registered Trainees will be assigned an **educational supervisor**, according to geographical proximity. This assignment will be updated annually. Trainees are encouraged to meet their educational supervisor at the commencement of their training and at least annually thereafter.
4. Registered Trainees will also be assigned **clinical supervisors**, of closest physical proximity to their hospital of training.
5. It is a Trainee's prerogative to continue his/her training with or without the direct supervision of an allocated educational/clinical supervisor.
6. Trainees will be provided with a Training Logbook, adapted from the RCOG Training Logbook (Sept 2016 Edition).
 - This logbook covers the RCOG core examination syllabus and will include case based discussions, assessment of clinical/surgical competencies and regular appraisals of training performance. Any gazetted O&G Specialist can sign off a trainee's logbook
 - A list of recommended training workshops and courses will also be included in the logbook.
 - Individual trainees are responsible for completing and keeping their logbook up to date.

Request for transfer to recognized RCOG Training Hospital

- Trainees keen to be transferred to recognised RCOG Training Hospitals in Malaysia can put in a written request to the Chairperson of the RCOG Parallel Training Committee. Priority will be given to trainees who have passed the MRCOG Part 1 Examinations.
- Trainees who are keen for temporary placements in specific subspecialties, not available in their hospital of training, can liaise with their Clinical Supervisors for such an arrangement to be made.

Note:

1. Self-Directed, adult learning will be key to a Trainee's progress. The onus is on the Trainee to fully utilize and maximize the resources at hand, to receive the most out of their training. At present, no additional requirements will be set for Malaysian RCOG Trainees, other than those stipulated by the RCOG, to be eligible to sit for the MRCOG examinations.
2. Trainees can directly liaise with the Chairperson of the local RCOG Training Programme or the Malaysian Member of IRC and Local Examinations Officer, in matters pertaining to their training, and vice versa.

(ii) **AIMS & OBJECTIVES**

Aims of Training

1. Comprehensive exposure to common clinical problems and issues in O&G
2. To develop the necessary skills to competently manage O&G problems and diseases, both in the outpatient and inpatient setting
3. To be competent in performing core clinical procedures in the field of O&G
4. To be competent in the management of O&G emergencies
5. To understand the concept of Clinical Risk Management
6. To be involved in teaching, CME, clinical audits and research activities
7. To develop leadership and interpersonal skills to cooperate well with fellow healthcare professionals and to communicate sensitively and effectively with patients
8. To be sufficiently attuned to and prepared to sit for the MRCOG (UK) Part 2 & 3 Examinations
9. To be ready to function independently as O&G Specialists in Malaysia, upon passing the MRCOG (UK) Examinations

Training Logbook:

1. The objective of this Logbook is to provide trainees with a structured 4-year training programme, that will provide them with the necessary skillset to not only pass the MRCOG (UK) Examinations, but also to be able to manage a comprehensive array of O&G conditions and to perform core O&G procedures required of an O&G Specialist in Malaysia.
2. Trainees should keep a detailed log book of the following:
 - Clinical & Knowledge-based competencies achieved
 - Clinic sessions attended
 - Workshops, courses and conferences attended
 - Any Research/Paper Publications
3. Progress through the specified training periods and appraisals of performance/training progress should be clearly documented
4. A suggested timeline for the acquisition of specific skills is provided in the logbook.
5. Trainees should be familiar with both guidelines and protocols from the UK, as well as Malaysia.
6. Trainees are expected diligently perform clinical duties assigned to them, and to meticulously keep an updated written record of these.

Assessment of training:

1. Trainees will be appraised regularly throughout their period of training. Competency across the following domains will be assessed:
 - i. Information Gathering
 - ii. Clinical Knowledge
 - iii. Patient Safety
 - iv. Communication Skills (With patients, subordinates, colleagues, superiors and support staff)
 - v. Technical Skills

2. Trainees should work closely with their clinical supervisors and to obtain regular feedback on their performance.
3. The arrangement of assessments and appraisals are the prerogative of the trainee. Trainees should be assessed
4. **It is highly recommended for trainees to attend ALSO, BLS, NRP and GCP courses, preferably in the first year of training**

(iii) LOGBOOK FAMILIARISATION

In preparation for the MRCOG (UK) examinations, we have modelled our Trainee Logbook after the updated RCOG (UK) Trainee Logbook (Sept 2016), encompassing the 19 core modules recommended by the RCOG course curriculum.

As new competencies are acquired, these have to be certified by a Specialist OR Consultant in O&G. Senior trainees (Registrar) can accredit a junior trainee to perform some clinical procedures (These will be clearly stated). The trainer certifying a trainee has to SIGN and DATE the relevant section of the logbook and clearly state his/her work DESIGNATION.

Assessment of Training

ALL the relevant compulsory core skills, as indicated in the logbook, will have to be completed and signed off before a trainee in Malaysia is deemed to have achieved competency in a particular module.

(i) LEVEL 1 Competency (Observation)

Prior to undertaking any clinical skill under direct supervision, a trainee must have observed the procedure on a number of occasions, have a thorough understanding of the principles of the procedure, the indication of the procedure and the complications. Only upon receiving accreditation for these, can a trainee move on to performing the procedure under direct supervision.

(ii) LEVEL 2 Competency (Direct Supervision)

After demonstrating sufficient theoretical knowledge on a specific procedure, a trainee will have to demonstrate competency in performing the specified procedure, under direct supervision, before he/she can be credentialed to be an independent operator.

(iii) LEVEL 3 Competency (Independent Practice)

Having received credentialing for independent practice, trainees are encouraged to keep a detailed log of the procedures/surgeries they have performed, including any complications they encounter, so that they can better audit their own practice.

*NOTE:

Trainees may find that there are some rare clinical presentations contained within the curriculum in which it proves difficult to demonstrate/develop competency. In such cases, alternative training methods e.g. drills, simulation or eLearning, may be used, together with case-based discussion assessments to assess a trainee's competency level.

(iv) **TRAINING COURSES**

Training courses in O&G are plentiful both locally and internationally. Trainees are encouraged to actively seek out and to enrol in courses they believe to be relevant to their training and clinical advancement in O&G.

The following courses are deemed mandatory to be attended by the end of year 2. Evidence of completion will need to be provided at the Annual Review Year 2, and will be a pre-requisite for entry to your 3rd year of training. (Certificates confirming attendance and satisfactory completion of each course must be kept by trainees)

- 1) Advanced Obstetric Life Support
- 2) Basic Practical skills workshop
- 3) Basic suturing course
- 4) Basic ultrasound course (to be completed by end of 1st year of training)
- 5) Breastfeeding Health Initiative Course
- 6) Good Clinical Practise Workshop
- 7) Neonatal Resuscitation Programme
- 8) 3rd and 4th degree perineal repair workshop

(v) **INDUCTION & APPRAISAL**

Induction meetings should be performed upon the commencement of each training period. Goals and objectives for the training period should be clearly defined and agreed upon, together with your assigned educational supervisor.

Trainees should review their trainee logbook and current competencies with your educational supervisor regularly and set achievable goals for further progress. Additional educational objectives, such as audit projects and study leave, should be identified with realistic timescales for completion.

Trainees will be appraised by their educational supervisor at the:

- End of 6 months
- End of 1 year
- End of 2 years
- End of 3 years
- End of 4 years, then yearly thereafter
- A board meeting will be scheduled with Trainees, after **4 or more** unsuccessful attempts at the MRCOG Part 2 & 3 Examinations.

Annual Review of Clinical Progress & Competency

Trainees must meet with their educational supervisor and complete the Educational Supervisor's Report or Annual Assessment Review together. This entails providing details of the educational achievements and the competencies that trainees have completed that year.

Deficiencies in training or poor performance may lead to further disciplinary action.

Objective Structured Assessment of Technical Skills (OSATS)

There are a small number of procedures that are so fundamental to the practice of O&G that an objective assessment tool has been developed to aid the review process. The OSATS is a validated assessment tool that is used to assess your technical competency in a particular technique. The curriculum indicate the skills that need to be assessed with an OSATS. The OSATS should be used to help you and your trainer to assess when you are ready to practice a procedure independently and when you are ready to be signed off for independent practice. The same OSATS may be used to assess increasing levels of complexity for any particular procedure.

The Following 10 OSATS are included in the Core Curriculum and have been developed to assess the procedures that are fundamental to the practice in O&G. They are:

- 1) Caesarean Section
- 2) Diagnostic Laparoscopy
- 3) Diagnostic Hysteroscopy
- 4) Fetal Blood Sampling
- 5) Manual Removal of Placenta
- 6) Opening and closing the abdomen

- 7) Operative Laparoscopy
- 8) Operative Vaginal Delivery
- 9) Perineal Repair
- 10) Uterine Evacuation

Before undertaking an OSATS assessment, trainees must be able to perform the procedure competently under direct supervision. Trainees will be required to demonstrate this on several occasions before the first OSATS assessment. It is not envisaged that trainees will complete the assessment successfully at the first attempt, and this should not be seen as a failure

**** OSATS assessment forms** have been attached under the **Appendices section (Appendices 7-16), under General and Specific OSATS.**

Trainees can photocopy more, as necessary.

Multisource Feedback

Trainees need feedback from a range of healthcare professionals. Within a calendar year, each trainee should collate written feedback from the following staff:

- (i) Educational supervisor
- (ii) At least 2 other clinical specialists
- (iii) At least 2 other trainees
- (iv) At least 2 senior staff nurses/midwives in clinical areas – outpatient clinics, early pregnancy units, operation theatres, gynaecology ward, maternity ward, labour ward

Educational supervisors will be privy to the feedback collated and advise trainees accordingly on how to address issues identified, should the feedback received be poor or unsatisfactory.

**** Multisource Feedback forms** have been attached under the **Appendices section. (Appendix 17)** Trainees can photocopy more, as necessary.

CANDIDATE ELLIGIBILITY FOR THE MRCOG (UK) EXAMINATIONS

- To be eligible to sit for the Part 2 MRCOG examinations, Malaysian O&G Trainees are required to complete **48 months of accredited training** in the field of Obstetrics and Gynaecology, at least 1 month prior to the date of the Part 2 examination.
- The Part 2 examination must be attempted within 7 years of passing Part 1. Failing to do so, Part 1 will have to be repeated.
- Upon passing the Part 2 examinations, candidates must attempt Part 3 within 7 years.
- If a candidate does not pass Part 3 within 4 attempts, the Part 2 examination will have to be repeated.
- Any O&G Specialist in Malaysia (MOG/MRCOG) can sign off a Trainee's RCOG assessment of training form.
 - o The assessment of training form has to be received by the college examinations office >3months prior to the examination date.

It is recommended that O&G Trainees undertake the designation of:

1. **Trainee Medical Officer (TMO) for at least the first 2 years of training**
2. **Registrar** when deemed suitable, after at least 2 years of training (Passing the MRCOG Part 1 Examinations is a prerequisite for the Registrar post)

Suggested Training Schedule

	Year 1	Year 2	Year 3	Year 4	Year 5 & Beyond
Clinical Skills	On call with at least 2 other seniors on site	On call with at least 1 other senior on site	Registrar On Call	Registrar On Call	Registrar On Call
Examination		Part 1 MRCOG			Part 2 & 3 MRCOG
Clinical Skills	<ul style="list-style-type: none"> - Basic Ultrasound Scans - Conducting Normal Vaginal Delivery - Fetal Blood Sampling - MRP - Uncomplicated C-Section - Non-Rotational Assisted Vaginal Delivery (Ventouse) - Surgical Management (In)complete Miscarriages - Repair of 2nd Degree Perineal Tear 	<ul style="list-style-type: none"> - Rotational Instrumental Vaginal Delivery - Diagnostic Laparoscopy - Hysteroscopy - Colposcopy/LLETZ (Under Supervision) 	<ul style="list-style-type: none"> - Vaginal Delivery of Multiple Pregnancies - Vaginal Breech Delivery (If Possible) - Complicated C-Sections (2 previous scars, 2nd Stage C-Section, Fetal Bradycardia, Abruption Placenta, Hysterotomy, Placenta Previa) - Repair of Obstetric Anal Sphincter Injuries /(OASIS) - Laparoscopic Sterilization - Laparoscopic Salpingectomy (Ectopic Pregnancy) - Gynae Procedures Under Supervision <ul style="list-style-type: none"> - TAHBSO - Salpingo-Oophorectomy - Myomectomy - Cystectomy - Acute Management of Obstetrics/Gynae Emergencies 		
Case Based Discussions	- At Least once every 2 months (6 times a year)				
Mini-Clinical Evaluations	- At Least 4 times a year (2 Obstetrics and 2 Gynaecology clinic settings)				
Reflective Practice	- At least 2 cases a year (1 Obstetrics and 1 Gynaecology Case)				
Suggested Courses	<ul style="list-style-type: none"> - Basic Suturing course - Basic Ultrasound Course - CTG training - Advanced Life Support in Obstetrics - Workshop on repairing extended perineal tears - Neonatal Resuscitation Program - Basic Life Support - Advance Cardiac Life Support - Breast Feeding Health Initiative Course - Good Clinical Practice 				
Clinical Governance (Patient Safety, Audit, Risk Management and Quality Improvement)	<ul style="list-style-type: none"> - At least 2 completed projects in 4 years. - Evidence of attendance at local risk management meetings 				
Teaching Experience	Documented evidence of teaching to Medical Students, Nurses, House Officers, or Junior Colleagues				
Leadership & Management Experience		Evidence of Department Responsibility			
Presentations & Publications	Department Presentations Eg. Caesar Audits Encouraged to publish at least 1 clinical study paper			Presentation of at least 1 case study at a conference or contribution to a paper publication	
Trainee Evaluation Form	To Be completed Yearly, With Formal Appraisal of Annual Performance.				

This core training logbook will provide a platform for assessors to recommend Malaysian O&G trainees to sit for the RCOG Part 2 and 3 examinations.

The recommended standards represent the suggested minimum required. Trainees are encouraged to exceed these expectations. Trainees will work under direct supervision until they have been credentialed to have the required competencies to work independently. Formal credentialing is required for clinical/surgical procedures e.g. Basic ultrasound scanning, LSCS, Instrumental Vaginal Delivery, MRP, Perineal Repeir, Fetal Blood Sampling, S&C, Laparotomy Salpingectomy, BTL,, Laparoscopic surgeries etc.

Trainees are expected to keep up-to-date documentations of their training logbooks and credentialing, as they progress through their training in O&G. Trainees are further encouraged to regularly audit their own practice.

Suggested Reading List

Compulsory Reading

1. **ALL** RCOG Greentop Guidelines
2. **ALL** RCOG Advice on Clinical Governance, Consent Advice and Best Practice
3. **ALL** relevant NICE guidelines
4. **ALL** Mothers and Babies – Reducing Risks through Audits and Confidential Enquiries (**MBRRACE-UK and Ireland**) Reports from at least 3 years prior to your examination date
5. **ALL** The Obstetrician and Gynaecologist (TOG) articles from at least 3 years prior to your examination date
6. **ALL** guidelines from the Faculty of Sexual and Reproductive Health (FSRH) website
7. Relevant RCOG Scientific Impact Papers (SIPs)
8. Relevant guidelines from British Association of Sexual Health and HIV (BASHH) website

Recommended

1. StratOG
 - This RCOG website offers further reading and practice questions on the core syllabus tested on the MRCOG Part 2 and 3 examinations, to supplement the available college guidelines.
 - Instructional videos on surgical procedures, as well as tutorials on soft skills are also available
2. An Evidence Based Textbook for the MRCOG – Luesley D. And Baker P.
 - Covers essential topics for the MRCOG examinations rather comprehensively, including topics like gynaecology, urogynaecology and adolescent gynaecology
3. Handbook of Obstetric Medicine; Catherine Nelson Piercy
 - Provides a good coverage of obstetric medicine

4. Tom McFarlane's free online blog and podcasts
 - Free MCQs, EMQs, tips from previous gold medal winners, as well as detailed information on topics such as diathermy, clinical risk management and audit, which can be difficult to find from other reading sources.
5. How To Read A Paper - The basics of evidence based medicine; BMJ BOOKS; Trisha Greenhalgh (2nd edition available online for free)
 - Covers statistics and appraising papers
6. Obstetrics Gynaecology & Reproductive Medicine Articles
 - Offers a comprehensive review of core topics in O&G, with articles covering latest evidence over a 3 year period
7. European Society of Human Reproduction and Embryology (ESHRE) guidance on fertility issues and endometriosis
8. Relevant guidance from the British Society for Gynaecological Endoscopic (BSGE) society website
9. Relevant Guidance from the British Society of Urogynaecology (BSUG) website
10. Relevant guidance from the British Gynaecological Cancer Society (BGCS)
11. NHS Patient UK guidance
12. RCOG Patient Information Leaflets

Supplementary Reading

1. Relevant BMJ articles (RCOG website link)
2. High Risk Pregnancy; James D. et al
3. Oxford Handbook of O&G; Arulkumaran S.
4. Emergencies in O&G; Arulkumaran S.
5. Handbook of Fetal Medicine; Sailesh Kumar
6. MRCOG and Beyond
7. Dewhurst Textbook of O&G; Edmonds
8. MRCOG Part 2 EMQ and SBA books
9. MRCOG Part 3 guide
10. BusySPR/ONExamination online subscription prior to exams

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CORE MODULES



**Malaysian MRCOG Parallel Training
Pathway Trainee Logbook 2nd Edition 2019**

Core Module 1: Clinical Skills

Learning Outcomes:

- To understand and demonstrate the appropriate knowledge, skills and attitudes to perform assessment of women by means of clinical history taking and physical examination.
- To manage problems effectively and to communicate (verbal and non verbal) well with women, relatives and colleagues in a variety of clinical situations.
- To learn to acknowledge diversity and respect patients' views.
- To demonstrate effective time management.
- To inspire confidence and trust in one's professionalism

Recommended Resources:

- (i) History Taking
 - a. StratOG.net (Communication skills e-tutorial)
 - b. GMC Website - Good clinical care guidelines
- (ii) Note Keeping
 - a. GMC Website - Management for Doctors 2006
 - b. Caldicott Committee Report on the review of patient identifiable information (Department of Health; 1997)
- (iii) Teamwork, Management and Decision Making
 - a. GMC Website – Management for Doctors 2006
- (iv) Communication and Support
 - a. RCOG Patient Information Leaflets (RCOG Website)
 - b. StratOG.net – The Obstetrician and Gynaecologist as a teacher and researcher
 - c. SANDS (Stillbirth and Neonatal Death Society) website – Guidance for professionals
 - d. GMC Website – Valuing diversity guide
 - e. Human Rights Act 1998
 - f. Disability Discrimination Acts=1995
- (v) Breaking Bad News
 - a. StratOG.net - Early pregnancy loss
 - b. Miscarriage Association website – Breaking bad news guidance
 - c. GMC Website – Treatment and care towards the end of life (Good practice in decision making)
- (vi) Clinical Examination and Investigation
 - a. GMC Website – Maintaining boundaries – including intimate examination. Guidance for doctors
 - b. GMC Website – GMC Ethical Guidance. 0-18years: public interest.
 - c. RCOG Website – RCOG Guidance. Maintaining Good Medical Practice
 - d. RCOG Website – Gynaecological examinations: Guidance for Specialist Practice.
- (vii) Clinical Reasoning: Diagnostic and Therapeutic Plans
 - a. RCOG Website – Patient Information Leaflets
 - b. RCOG Website – RCOG Recovering well series
 - c. GMC Website – Supportive self care
- (viii) Therapeutics and Safe Prescribing
 - a. NICE website (Relevant clinical guidance)
 - b. GMC Website – Good practice in prescribing medicines – guidance for doctors
 - c. British National Formulary website
 - d. Medications and Healthcare Products Regulatory Agency (MHRA) Website

Appraisal of Competencies:

Core Module 1 Logbook	Competency Level 1		Competency Level 2		Competency Level 3	
	Date	Signature	Date	Signature	Date	Signature
History Taking (Mini Clinical Evaluations/Case Based Discussions)						
Take and analyse an obstetric history						
Take and analyse a gynaecological history						
Clinical Examination						
Pregnant						
Non Pregnant						
Speculum Examination						
Cusco's						
Sim's						
PAP smear						
Pipelle/Vabra Sampling						
Conveying Diagnosis and Management Plan						
Gynaecology						
Obstetrics						
Breaking Bad News						
Gynaecology						

Obstetrics						
Others						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 1		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 2: Teaching, Appraisal and Assessment

Learning Outcomes:

- To understand and demonstrate the knowledge, skills and attitudes to provide appropriate teaching, learning opportunities, appraisal, assessment and mentorship.
- To acquire the knowledge and skills to cope with and understand the ethical and legal issues which occur during the management of obstetric and gynaecological patients.

Recommended Resources:

- (i) Medical Education
 - a. StratOG.net: The Obstetrician and Gynaecologist as a Teacher and Researcher
 - b. GMC education and training website
 - c. The Obstetrician and Gynaecologist Journal
- (ii) Appraisal and Assessment
 - a. StratOG.net
 - i. The Obstetrician and Gynaecologist as a Professional. Appraisal, Mentoring and Reflective Practice
 - ii. The Obstetrician and Gynaecologist as a Teacher and Researcher

Appraisal of Competencies

Core Module 2 Logbook	Competency Level 1		Competency Level 2		Competency Level 3	
	Date	Signature	Date	Signature	Date	Signature
Teaching						
Small Group Teaching						
Large Group Teaching						
Formal Presentation/Lecture						
Run Obstetric Drill						
Appraisal and Assessment						
Performing effective Appraisals/Assessments						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 2		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 3: Information Technology, Clinical Governance and Research

Learning Outcomes:

- To understand and demonstrate the appropriate knowledge, skills and attitudes in the use and management of health information
- To have an understanding of the context, meaning and implementation of clinical standards and governance.
- To know and understand the audit cycle, and to have knowledge of research methodology

Recommended Resources:

- (i) Use of Information Technology
 - a. StratOG.net: The Obstetrician and gynaecologist as a Teacher and Researcher. Data Handling.
- (ii) Clinical Governance: Audit
 - a. RCOG website – Understanding Audit
 - b. NICE – Principles for best practice in audit
 - c. Stratog.net: The Obstetrician and Gynaecologist as a professional.
- (iii) Clinical Governance: Clinical Standards
 - a. RCOG website – Searching for Evidence guideline
 - b. Stratog.net: The Obstetrician and Gynaecologist as a professional. Clinical governance e-tutorial
- (iv) Clinical Governance: Risk Management
 - a. RCOG Website. Clinical Risk Management for Obstetricians and Gynaecologists.
 - b. GMC Website. GMC Management for Doctors
 - c. Clinical Negligence Scheme for Trusts website
 - d. National Patient Safety Agency website
 - e. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) website
 - f. Attend a perinatal morbidity and mortality multidisciplinary meeting
- (v) Research
 - a. GMC duties of a Doctor
 - b. Malaysian Good Clinical Practise (GCP) course for those keen on clinical research
 - c. StratOG.net: The Obstetrician and Gynaecologist as a Teacher and Researcher e-tutorials

Appraisal of Competencies:

Core Module 3 Logbook	Competency Level 1		Competency Level 2		Competency Level 3	
	Date	Signature	Date	Signature	Date	Signature
Audit						
Perform an Audit						
Clinical Governance						
Prepare or revise a guideline or care pathway						
Adopt a structured Approach to handling complaints						
Risk Management						
Present at risk management meeting						
Research						
Critically appraise a scientific paper						
Presenting a paper at an accredited scientific meetings/conference/publication						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 3		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 4: Ethics and Legal Issues

Learning outcomes:

- To understand and demonstrate the appropriate knowledge, skills and attitudes in the context of taking consent and confidentiality
- To have an understanding of the context, meaning and implementation of the legal framework for practice.
- To know and understand professional, legal and ethical codes of practice.

Recommended Resources:

- (i) Consent and Confidentiality:
- a. Department of Health Guidance on consent
 - b. RCOG website
 - RCOG guidance on Obtaining Valid Consent.
 - RCOG Consent Advice Series
 - Improving Patient Safety: Risk Management for Maternity and Gynaecology (Clinical Governance Advice 2)
 - Presenting Information on Risk (Clinical Governance Advice 7)
 - RCOG guideline. Law and Ethics in relation to Court-authorized Obstetric Intervention.
 - Confidentiality and Disclosure of Health Information: RCOG Ethics Committee comments on BMA document
 - c. Department of Health website. Caldicott Committee Report on the review of patient identifiable information (DH; 1997).
 - d. StratOG.net: The Obstetrician and Gynaecologist as a professional. Ethical and legal issues e-tutorial.
 - e. Data Protection Act 1998 & Freedom of Information Act 2000
 - f. GMC Website
 - Confidentiality guidance handbook.
 - GMC Ethical Guidance. End of life care: Certification, post-mortems and referral to a coroner or procurator fiscal.
 - GMC 0-18 years guidance. Child protection
 - GMC guidance. Mental Health Act 2005.
- (ii) Legal Issues Relating to Medical Certification
- i. RCOG Website. RCOG guideline. Registration of Stillbirths and Certification for Pregnancy Loss before 24 weeks of Gestation.
 - ii. StratOG.net: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e-tutorial
- (iii) Integrity
- i. StratOG.net: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e-tutorial
 - ii. GMC Website
 - GMC fitness to practice panels online information.
 - GMC guidance on withholding and withdrawing treatment.
 - GMC guidance on patient confidentiality.
-

Appraisal Of Competencies:

Core Module 4 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
Consent and legal/ethical issues	Date	Signature	Date	Signature	Date	Signature
Understand the ethical and legal issues of consent						
Understand the ethical and legal issues of patient safety						
Understand the ethical and legal issues of consent for neonatal post-mortem examination						
Knowledge of ethical and legal issues related to Female Genital Mutilation						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 4		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 5: Core Surgical Skills

Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to basic surgical skills

Recommended Resources:

- (i) Basic Practical Skills Courses
- (ii) StratOG.net:
 - a. Abdominal surgery
 - b. Basic practical skills
 - c. Blended eLearning and Simulation Training: Basic Laparoscopic surgery
 - d. Minimal access surgery
 - e. Ethical and legal issues
 - f. Pharmacology in gynaecology and obstetric surgery
 - g. Preparation of patient for theatre (Including scientific impact paper (SIP) on Enhanced Recovery Programme)
 - h. Uterine cavity surgery

Appraisal of Competencies:

Core Module 5 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Interpret preoperative investigations						
Demonstrates understanding on principles of nutrition, water, electrolyte and acid base balance and cell biology						
Arrange preoperative management (In line with Enhanced Recovery Program (ERP) principles)						
Obtain informed consent						
Chooses appropriate operation (with due regard to degree of urgency, likely pathology and anticipated prognosis)						
Basic knowledge on anaesthesia						
Demonstrates good understanding of relevant clinical anatomy/histology						
Demonstrates knowledge on use and complications of diathermy and other energy sources						
Exhibit technical competence - OSATs assessment form (Has to demonstrate level 3 clinical competency for module to be signed)						
Make appropriate operative decisions						
Manage intraoperative problems						

Core Module 5 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Demonstrates understanding on measures to prevent intra/post-operative issues such as infection, haemorrhage and VTE						
Understands basic principles of infection control						

Training Courses or Sessions

Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 5		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 6: Postoperative Care

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to postoperative care.
 - o Recognises abnormalities
 - o Communication skills, especially when there has been a deviation from the preoperative plan
 - o Collaboration with appropriate colleagues

Recommended Resources:

- (i) NHS Improvement Programme website – Enhanced Recovery (Gynaecology) <http://www.improvement.nhs.uk/enhancedrecovery2/Gynaecology.aspx>
- (ii) SIGN/RCOG guidelines on thromboembolism
- (iii) StratOG.net:
 - a. Surgical Procedures and Postoperative Care e-tutorial
 - b. Management of postoperative complications
 - c. Abdominal surgery
 - d. Early pregnancy loss – Breaking bad news
 - e. Communication skills
- (iv) National Patient Safety Agency. Surgical Safety Checklists. Available online.
- (v) Local courses

Appraisal of Competencies:

Core Module 6 Logbook	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Conduct appropriate review of						
Fluid/electrolyte balance						
Catheter						
Surgical drainage						
Sutures						
Wound complications						
Communicate						
With colleagues						
With relatives						
Explain procedure to patient						
Advise on postoperative progress						
Manage postoperative complications, collaborating with others where appropriate:						

Gynaecological					
Non-gynaecological					
Late complications					

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 6		
I confirm that all components of the module have been successfully completed		
Date	Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 7: Surgical Procedures

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to surgical procedures.
- Knowledge of basic sciences and basic surgical instruments and sutures
- Knowledge of the NHS Enhanced Recovery principles to enhance patient safety and optimize pre and post-operative care.

Recommended Resources:

- (i) NHS Improvement Programme website – Enhanced Recovery Programme
- (ii) NICE Guidelines
 - a. Balloon catheter insertion for Bartholin's cyst or abscess
- (iii) StratOG.net:
 - a. Abdominal surgery eTutorial
 - b. Bartholin's Cyst Management eTutorial
 - c. Ectopic pregnancy eTutorial
 - d. Gynaecological emergencies eTutorial
 - e. Minimal access surgery eTutorial
 - f. Uterine cavity surgery eTutorial
 - g. Uterine and tubal factor infertility eTutorial
- (iv) Green-top Guidelines
 - a. Operative Vaginal Delivery (Green-top Guideline 26)
- (v) Obtaining valid consent for complex gynaecological surgery (Clinical Governance Advice 6b)
- (vi) Use of low fidelity (box) trainers or virtual reality (VR) simulation to enhance psychomotor skills
- (vii) Relevant The Obstetrician and Gynaecologist Journals

Appraisal of Competencies:

Core Module 7 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Evacuation of uterus						
Management of Bartholin's Abscess/Cyst						
Laparotomy for ectopic pregnancy						
Excision biopsy of benign vulval lesion (LA or GA)						
Vulval biopsy under local anaesthesia						
Abdominal hysterectomy ± bilateral salpingo-oophorectomy						
Vaginal hysterectomy						
Oophorectomy						
Ovarian cystectomy						
Adhesiolysis						
Transabdominal myomectomy						
Diagnostic laparoscopy						
Management of pelvic abscess (a) Non-surgical						

Core Module 7 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
management of pelvic abscess (i.e. conservative, interventional radiology/needle drainage)						
(b) Surgical management of pelvic abscess						
Laparoscopic sterilisation						
Diagnostic hysteroscopy						
Hysteroscopy and polypectomy						
Minor cervical procedures						
Minor perineal revision surgery						

OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off (OSATS assessment form available in ‘Appendices’)					
Diagnostic laparoscopy	Date		Date		Date	
	Signature		Signature		Signature	
Operative laparoscopy	Date		Date		Date	
	Signature		Signature		Signature	
Diagnostic hysteroscopy	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopy management of ectopic pregnancy	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 7	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 8: Antenatal Care

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to preconception and antenatal care, including:
 - The ability to explain detection rates and limitations of anomaly screening
 - Principles screening for neural tube defects, Down syndrome and haemoglobinopathies
 - Genetic disorders and their inheritance with examples such as Tay-Sachs disease, cystic fibrosis and thalassemia
 - Infections during pregnancy and effects upon the fetus and neonate (E.g. TORCHES)
- Liaising with midwives and staff from maternal and child health clinics in the management of antenatal and postnatal patients.

Recommended Resources:

- (i) NICE guidelines
 - a. Antenatal Care (CG62)
 - b. Antenatal and postnatal mental health (CG192)
 - c. Domestic violence and abuse (PH50)
 - d. Multiple Pregnancy (CG129)
- (ii) StratOG.net
 - a. Principle of antenatal care
 - b. Fetal growth restriction
 - c. Ultrasound scanning of fetal anomaly
 - d. Multiple pregnancy
 - e. Vaginal breech
 - f. Induction of labour and prolonged pregnancy
 - g. Domestic abuse and substance misuse
 - h. Infectious diseases
 - i. Preterm labour
 - j. Antepartum haemorrhage
 - k. Genetic disorders
 - l. Pre-eclampsia
 - m. Alloimmune disorders of pregnancy
 - n. Assessment of fetal wellbeing
 - o. Perinatal mental health
- (iii) Green-top Guidelines
 - a. Amniocentesis and chorionic villus sampling (Green-top Guideline 8)
 - b. Antenatal corticosteroids to reduce neonatal morbidity (Green-top Guideline 7)
 - c. Birth after previous caesarean birth (Green-top Guideline 45)
 - d. Blood transfusions in obstetrics (Green-top Guideline 47)
 - e. Chickenpox in pregnancy (Green-top Guideline 13)

- f. Management of genital herpes in pregnancy (Green-top Guideline 30)
- g. Management of gestational trophoblastic neoplasia (Green-top Guideline 38)
- h. Prevention of early-onset neonatal group B streptococcal disease (Green-top Guideline 36)
- i. The prevention of malaria in pregnancy (Green-top Guideline 54A)
- j. The diagnosis and treatment of malaria in pregnancy (Green-top Guideline 54B)
- k. Maternal Collapse in Pregnancy and the Puerperium (Green-top Guideline 56)
- l. Management of Monochorionic Twin Pregnancy (Green-top Guideline 51)
- m. Obstetric cholestasis (Green-top Guideline 43)
- n. Placenta Praevia, Placenta Praevia Accreta and Vasa Praevia: Diagnosis and Management (Green-top Guideline 27)
- o. Pregnancy and Breast Cancer (Green-top Guideline 12)
- p. Reduced Fetal Movements (Green-top Guideline 57)
- q. Shoulder Dystocia (Green-top Guideline 42)
- r. Investigation and Treatment of Couples with Recurrent Miscarriage (Green-top Guideline 17)
- s. The Investigation and Management of Small-for-Gestational-Age Fetus (Green-top Guideline 31)
- t. Reducing the Risk of Thrombosis and Embolism during Pregnancy and the Puerperium (Green-top Guideline 37a)
- u. The Acute Management of Thrombosis and Embolism During Pregnancy and the Puerperium (Green-top Guideline 37b)
- v. Umbilical Cord Prolapse (Green-top Guideline 50)
- w. The Management of Tubal Pregnancy (Green-top Guideline 21)
- (iv) Relevant The Obstetrician and Gynaecologist Journal
- (v) Fetal Anomaly Screening Programme (FASP) website
- (vi) Risk assessment meetings
- (vii) Department Perinatal morbidity and mortality meeting

Module 8 – details of knowledge criteria:

Preconception care:

- Sources of detailed information accessed by patients
- Effect of pregnancy upon disease
- Effect of disease upon pregnancy
- Principles of inheritance of disease
- Teratogenesis
- Drugs and pregnancy

Purposes and practice of antenatal care:

- Arrangements for and conduct of booking visit
- Arrangements for and conduct of follow-up visits
- Use of imaging techniques
- Screening for abnormality
- Health education
- Liaison between health professionals
- Recognition of domestic violence

Physiology and management of normal:

- Pregnancy
- Childbirth, including delivery outside specialist unit
- Puerperium, including lactation
- Neonate, including feeding
-

Placental:

- Abnormalities (shape, size, implantation)
- Chorioamnionitis
- Infarction
- Chorioangioma
- Multiple pregnancy
- Intrauterine growth retardation
- Cord abnormalities
- Trophoblastic disease

Fetal growth restriction:

- Aetiology (maternal, placental, fetal)
- Diagnosis (clinical, imaging, biochemical, genetic)
- Monitoring (ultrasound, cardiotocography)
- Delivery (timing, method)
- Prognosis (fetal, neonatal)

Genetics:

- Modes of inheritance (Mendelian, multifactorial)
- Cytogenetics
- Phenotypes of common aneuploidies (Down syndrome, Edward syndrome, Patau syndrome, Turner syndrome, Klinefelter syndrome, triple X, multiple Y)
- Translocation

Immunology:

- Immunological pregnancy tests
- Rhesus and other isoimmunisation
- Auto-immune diseases

Preterm premature rupture of membranes:

- Fetal pulmonary maturity
- Therapy (steroids, antibiotics, tocolytics)
- Infection (risks, management)
- Delivery (induction of labour, timing, mode)

Haemorrhage:

- Placental abruption
- Placenta praevia
- Vasa praevia
- Placenta accreta
- Trauma

Multiple pregnancy:

- Zygosity
- Impact of assisted reproduction techniques
- Placentation
- Diagnosis
- Management (antenatal, intrapartum, postnatal)
- Special procedures (prenatal diagnosis, monitoring)
- Feeding
- Higher order multiple pregnancies (counselling, community care)

Malpresentation:

- Types (breech, brow, face, shoulder, variable lie)
- Diagnosis
- Management (antenatal, intrapartum)
- Mode of delivery

Hypotensive disorders:

- Hypovolaemia
- Sepsis
- Neurogenic shock
- Cardiogenic shock
- Anaphylaxis
- Trauma
- Amniotic fluid embolism
- Thromboembolism
- Uterine inversion

Fetal haemolysis:

- Relevant antigen-antibody systems

- Miscarriage
- Molecular genetics (DNA transcription, DNA translation, DNA blotting techniques, gene amplification techniques, principles of gene tracking)
- Counselling (history taking, pedigree analysis)
- Population screening (genetic disease, congenital malformations)
- Antenatal diagnosis (chromosomal defects, inborn errors of metabolism, neural tube defects, other major structural abnormalities)
- Management [referral to specialist team, antenatal intervention, delivery, neonatal investigation, neonatal care (medical, surgical)]

Prolonged pregnancy:

- Risks
- Fetal monitoring
- Delivery (indications, methods)
-

Pregnancy induced hypertension:

- Definitions
- Aetiological theories
- Prophylaxis
- Assessment of severity
- Consultation
- Therapy
- Delivery (timing, method)
- Complications (eclampsia, renal, haemorrhagic, hepatic, fetal)

Congenital malformation:

- Screening
- Amniotic fluid volume (polyhydramnios, oligohydramnios)
- Management: diagnosis, consultation, viability, delivery (time, place, method), counselling
- Specific abnormalities:
 - Head (anencephaly, microcephaly, encephalocele, hydrocephalus, hydranencephaly, holoprosencephaly)
 - Skeleton (spina bifida, phocomelia, chondrodysplasia, intrauterine amputation)
 - Heart (major defects, other defects)
 - Lungs (pulmonary hypoplasia)
 - Urinary (renal agenesis, polycystic kidneys, urinary tract obstruction)
 - Genital (intersex, genital tract abnormalities, ovarian cyst)
 - Gastro-intestinal (abdominal wall defects, oesophageal atresia, duodenal atresia, diaphragmatic hernia, bowel obstruction)
 - Cystic Hygroma
 - Other fetal disorders: Non-Haemolytic hydrops fetalis, Tumours, Pleural effusion, Fetal Bleeding

- Prevention
- Fetal pathology
- Diagnosis
- Assessment of severity
- Intrauterine transfusion (indications, techniques, referral)
- Delivery (timing, method)
- Counselling

Social and cultural factors:

- Effect upon pregnancy outcome
- Single parenthood
- Teenage motherhood
- Parent-baby relationships (factors promoting, factors interfering)
- Bereavement counselling
- Counsel women appropriately about defibulation

Techniques of fetal anomaly scanning and non-invasive fetal diagnosis:

- Use of nuchal translucency measurements to identify fetuses at high risk of Down's syndrome
- Combination of ultrasound and other risk markers to create an individualised risk profile for each patient

Invasive procedures:

- Amniocentesis
- Chorionic villus sampling
- Placentesis
- Cordocentesis

Appraisal of Competencies:

Core Module 8 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Conduct a booking visit						
Conduct a follow up visit						
Arrange appropriate investigations						
Assess fetal wellbeing by interpretation of:						
Maternal history						
CTG						
Ultrasound assessment						
Manage:						
Oligohydramnios/polyhydramnios						
Growth restriction						
Multiple pregnancy						
Malpresentation						
Reduced fetal movements						

Core Module 8 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Care of woman diagnosed with a stillbirth						
Prolonged pregnancy						
Drug and alcohol problems in pregnancy						
Domestic Violence						
Common infections in pregnancy (UTI, parvovirus, varicella)						
Rarer infections (e.g. HIV, CMV)						
Preterm premature rupture of the membranes						
Antepartum haemorrhage						
External cephalic version						
Insertion of cervical cerclage						
Counsel about:						
Screening for Down syndrome						
Screening for other fetal abnormalities						

Core Module 8 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Able to discuss risks of stillbirth						
Haemolytic disease of the newborn						
Mode of delivery after caesarean section						
Cervical cerclage						
Defibulation as appropriate in cases of female genital mutilation						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
CTG Intrepretation		
Basic Ultrasound Course		

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COMPLETION OF MODULE 8	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 9: Maternal Medicine

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to maternal medicine.
- To develop the ability to recognise the normal from abnormal and to investigate and manage appropriately, modifying the plan of management as may be necessary
- To develop the skills to liaise effectively with colleagues within the discipline, as well as those in other disciplines, both clinical and non-clinical.

Recommended Resources:

- (i) NICE guidelines
 - a. Diabetes in pregnancy (CG63)
 - b. Hypertension in pregnancy (CG107)
- (ii) StratOG.net
 - a. Cardiac disease eTutorial
 - b. Neurological disorders eTutorial
 - c. Liver and gastrointestinal disease eTutorial
 - d. Haematological disorders eTutorial
 - e. Neoplasia in pregnancy eTutorial
 - f. Infectious diseases eTutorial
 - g. Diabetes and other endocrinopathies eTutorial
 - h. Pre-eclampsia eTutorial
 - i. Principles of antenatal care eTutorial
 - j. Thromboembolism eTutorial
 - k. Intrapartum management of pre-eclampsia eTutorial
 - l. Connective tissue bone and joint disease eTutorial
 - m. Perinatal mental health eTutorial
- (iii) Green-top Guidelines
 - a. Management of gestational trophoblastic neoplasia (Green-top Guideline 38)
 - b. Late Intrauterine Fetal Death and Stillbirth (Green-top Guideline 55)
 - c. The prevention of malaria in pregnancy (Green-top Guideline 54A)
 - d. The diagnosis and treatment of malaria in pregnancy (Green-top Guideline 54B)
- (iv) Relevant The Obstetrician and Gynaecologist (TOG) journals
- (v) Handbook of Obstetric Medicine – Catherine Nelson Piercy
- (vi) British Maternal and Fetal Medicine Society website
- (vii) Local and regional courses
- (viii) Antenatal clinics – reviewing patients with medical disorders, with and without medical colleagues

Module 9 – Details of Knowledge Criteria

Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the prevalence and risks associated with the conditions stated below:

Hypertension:

- Definitions
- Aetiological theories
- Organ involvement (mother, fetus)
- Diagnosis
- Drug therapy

Kidney disease:

- Urinary tract infection
- Pyelonephritis
- Chronic renal disease
- Renal stones
- Transplantation
- Acute renal failure

Pulmonary diseases:

- Asthma
- Infection
- Embolism
- Aspiration syndrome
-

Neurological disorders:

- Epilepsy
- Cerebrovascular disease
- Multiple sclerosis
- Migraine
- Neuropathies
- Myasthenia gravis
- Paraplegia

Bone and joint disorders:

- Back pain
- Pelvic girdle dysfunction
- Chronic arthritis

Perinatal mental health:

- Perinatal mental health services and the referral process and an awareness of different treatment modalities (e.g. counselling/support groups etc)

Heart disease:

- Congenital
- Rheumatic
- Ischaemic
- Cardiomyopathy
- Heart failure

Liver disease:

- Cholestasis
- Hepatitis
- Acute fatty degeneration
- Gall stones

Circulatory disorders:

- Coagulation defects
- Thrombocytopenias
- Thromboembolism
- Transfusion
- Replacement of blood constituents
- Varicose veins (legs, vulva, haemorrhoids)

Haemoglobinopathies

- Anaemia
- Sickle cell disease
- Thalassaemias

Connective tissue diseases:

- Systemic lupus erythematosus
- Rheumatoid arthritis
- Immunosuppressant drugs

Disorders of carbohydrate metabolism:

- Diagnosis
- Gestational diabetes
- Type 1 and Type 2 diabetes
- Hazards (maternal, fetal, neonatal)
- Ketoacidosis
- Drugs (insulins, oral hypoglycaemic agents and pregnancy)

- Psychiatric assessment: history taking, mental state examination and risk assessment
- Managing perinatal health emergencies
- Depression in pregnancy, postnatal depression and the relevant treatments
- Anxiety disorders including tokophobia and PTSD
- Psychotic disorders: puerperal psychosis, bipolar disorder and schizophrenia
- Eating disorders: anorexia nervosa, bulimia nervosa
- Personality disorders
- Use of medications in pregnancy: antenatal and postnatal and the benefits and risks

Gastrointestinal disorders:

- Nausea
- Vomiting
- Hyperemesis
- Gastric reflux
- Abdominal pain
- Appendicitis
- Inflammatory bowel disease
- Intestinal obstruction

Neoplasia

- Principles of pregnancy management following malignancy including breast cancer
- Principles of pregnancy management with new diagnosis of malignancy including breast cancer

Endocrinopathies:

- Thyroid (diagnosis, assessment, antibodies, therapy, fetal hazards)
- Adrenal (Addison's disease, acute adrenal failure, congenital adrenal hyperplasia, pheochromocytoma)
- Pituitary (prolactinoma, hypopituitarism, diabetes insipidus)

Infectious diseases:

- Investigation of pyrexia
- Serological tests
- Principles (prevention, detection, isolation)
- Therapy (prophylaxis, immunization, antibiotics, antiviral agents)
- Maternal (preterm premature rupture of membranes, preterm labour, chorioamnionitis, puerperal sepsis, mastitis, urinary tract infection, wound infections, septic shock, malaria, other tropical infections and infestations)
- Fetus and neonate (streptococcus, gonococcus, syphilis, toxoplasma, listeria, haemophilus, chlamydia, mycoplasma, ureaplasma, herpes hominis, rubella, cytomegalovirus, varicella, hepatitis A, hepatitis B, hepatitis C, parvovirus, influenza, human immunodeficiency virus, neonatal sepsis)

Maternal complications due to pregnancy:

- Antepartum haemorrhage
- Amniotic fluid embolism
- Sheehan's syndrome

Appraisal of Competencies

Core Module 9 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Diagnose, investigate and manage antenatally with appropriate consultation:						
Chronic hypertension						
Gestational hypertension						
Pre eclampsia						
Severe hypertension/pre-eclampsia						
HELLP syndrome						
Eclampsia						
Acute pyelonephritis						
Renal stones						
Chronic renal disease						
Renal disease – transplantation						
Cardiac disease – congenital heart disease						
Cardiac disease – rheumatic heart disease						

Core Module 9 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Cardiac disease – ischaemic heart disease						
Cardiac disease – arrhythmia						
Cardiac disease – peripartum cardiomyopathy						
Liver disease – obstetric cholestasis						
Liver disease – acute fatty liver of pregnancy						
Respiratory disease – asthma						
Respiratory disease – TB						
Respiratory disease – acute respiratory distress syndrome						
Gastrointestinal disease – chronic inflammatory bowel Disease						
Gastrointestinal disease – gallstones						
Gastrointestinal disease – reflux oesophagitis						
Gastrointestinal disease – hyperemesis gravidarum						
Gestational diabetes						

Core Module 9 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Insulin-dependent diabetes-use of sliding scale						
Insulin-dependent diabetes- complications						
Hypothyroidism						
Hyperthyroidism						
Microprolactinoma						
Neurological disease – epilepsy						
Neurological disease – migraine						
Neurological disease – multiple sclerosis						
Neurological disease – Bell’s palsy						
Neurological disease – carpel tunnel syndrome						
Systemic lupus erythematosus						
Antiphospholipid syndrome (APLS)						
Sickle cell disease & other haemoglobinopathies						

Core Module 9 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Haemophilia & von Willebrand's disease						
Thrombocytopaenias						
Previous deep vein thrombosis						
Thrombophilias						
Acute DVT						
Pulmonary embolism						
Perinatal mental health: planning of antenatal/intrapartum care including emergency						
Perinatal mental health: planning of postnatal care						
Perinatal mental health: appropriate MDT management of acute events						
Perinatal mental health: knowledge of relevant pharmacology						
Skin disease – eczema						
Skin disease – polymorphic eruption of pregnancy						
Non-gynaecological malignancy						

Core Module 9 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
HIV						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 9 I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 10: Management of Labour

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to labour.
- Demonstrate appropriate use of protocols and guidelines, to aptly prioritise cases and to supervise the goings-on in the labour ward
- Display respect and sensitivity to parturients and colleagues
- Recognise personal limitations and the need to refer appropriately
- Keep accurate contemporaneous records and to ensure prompt post-incident report is completed when necessary
- Effective communication at an intra- and inter-departmental level

Recommended Resources:

- (i) NICE Guidelines – Intrapartum care (CG190)
- (ii) StratOG.net:
 - a. Mechanisms of normal labour and delivery eTutorial
 - b. Induction of labour and prolonged pregnancy eTutorial
 - c. Assessment of progress in labour eTutorial
 - d. Introduction to emergency situations eTutorial
 - e. Assessment of fetal wellbeing eTutorial
 - f. Obstetric analgesia and anaesthesia eTutorial
 - g. Preterm labour eTutorial
 - h. Intrapartum management of pre-eclampsia eTutorial
 - i. Vaginal breech eTutorial
 - j. Antepartum haemorrhage eTutorial
 - k. Intrauterine fetal death eTutorial
 - l. Liver and gastrointestinal disease eTutorial
 - m. Electronic Fetal Monitoring online resource
- (iii) Green-top Guidelines
 - a. Birth after previous caesarean birth (Green-top Guideline 45)
 - b. Blood transfusions in obstetrics (Green-top Guideline 47)
 - c. External cephalic version and reducing the incidence of breech presentation (Green-top Guideline 20a)
 - d. Management of breech presentation (Green-top Guideline 20b)
 - e. Maternal Collapse in Pregnancy and the Puerperium (Green-top Guideline 56)
 - f. Obtaining Valid Consent to Participate in Research Whilst in Labour (Clinical Governance Advice 6a)
 - g. Placenta Praevia, Placenta Praevia Accreta and Vasa Praevia: Diagnosis and Management (Green-top Guideline 27)
 - h. Preterm Prelabour Rupture of Membranes (Green-top Guideline 44)
 - i. Shoulder Dystocia (Green-top Guideline 42)
 - j. The Management of Tubal Pregnancy (Green-top Guideline 21)

- k. Tocolytic Drugs for Women in Preterm Labour (Green-top Guideline 1B)
 - l. Umbilical Cord Prolapse (Green-top Guideline 50)
 - (iv) Relevant The Obstetrician and Gynaecologist journals
 - (v) Labour ward Emergency drills
 - (vi) Advanced Life Support in Obstetrics (ALSO) Courses
 - (vii) Perinatal mortality and morbidity meetings
 - (viii) Labour ward team drill for obstetric emergencies
 - (ix) Communication skills and Breaking bad news sessions

Module 10: Management of Labour

- Mechanisms of normal and abnormal labour
- Mechanism of spontaneous vaginal delivery
- Methods of induction of labour; indications, contraindications and complications
- Methods of augmentation of labour; indications, contra-indications and complications
- Drugs acting upon the myometrium and cervix
- Structure and use of partograms
- Fluid balance in labour
- Transfusion
- Types and methods of action of regional anaesthesia including epidural (lumbar, caudal), spinal, pudendal nerve block; indications and contra-indications
- Types and methods of action of analgesia and sedation including narcotics, hypnotics, psychotropics, non-steroidal anti-inflammatory drugs; indications, contra-indications
- Complications of anaesthesia and analgesia including cardiac arrest, respiratory arrest, aspiration, drug reactions
- Assessment of fetal wellbeing using fetal heart rate monitoring, acid/base balance, and fetal scalp blood sampling
- Causes and management of fetal compromise including cord prolapse and intra-uterine fetal death
- IUFD – legalities regarding registration and disposal of fetal tissue
- Causes and management of prolonged labour
- Causes and management of maternal collapse including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma
- Emergency guidelines and procedures
- Ante and intra partum haemorrhage including, placenta praevia, vasa praevia, ruptured uterus, coagulation defects, iatrogenic causes
- Causes, mechanisms of action and complications of pre-term labour/ premature rupture of membranes including fetal pulmonary maturity, infection risks
- Preterm labour including therapy (antibiotics, steroids, tocolysis), consultation with neonatologists, in-utero transfer, methods of delivery (induction of labour, timing, mode), outcomes, risks
- Role and types of cervical cerclage
- Multiple pregnancy in labour
- Severe pre-eclampsia and Eclampsia
- Placental abruption

Appraisal of Competencies:

Core Module 10 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Induce labour						
Manage delay in first labour						
Manage delay in second stage of labour						
Advise on pain relief						
Interpret CTG						
Perform fetal blood sampling						
Manage fetal acidaemia						
Manage preterm labour and delivery						
Manage labour after previous caesarean section						
Management of the breech in labour (excluding delivery)						
Management of transverse lie in labour (excluding delivery)						
Cord prolapse						

Core Module 10 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Manage severe pre-eclampsia in labour						
Manage eclampsia in labour						
Manage HELLP in labour						
Manage obstetric antepartum haemorrhage						
Safe use of blood products						
Manage obstetrical collapse						
Manage intrauterine infection						
Prioritise labour ward problems						
Evaluate clinical risk						
Coordinate and run labour ward						
Liaise with other staff						
Manage in utero transfer						
Manage in utero fetal death						

Objective Structured Assessment of Technical Skills (OSATS) on Fetal Blood Sampling (OSATS Assessment form available in Appendices)	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Drill for Obstetric Collapse and Obstetric Emergencies		
Advance Life Support in Obstetrics		

COMPLETION OF MODULE 10 I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 11: Management of Delivery

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to delivery.
- Make appropriate decisions in the choice of delivery in partnership with the mother and respect the views of other healthcare workers
- Be aware of cultural diversity and the emotional implications for women, families and staff.
- Respect confidentiality, privacy and individual dignity, while emphasizing on patient safety
- Ability to communicate clearly and effectively in the face of stress, demonstrating team management and leadership skills
- OSATS: Operative vaginal delivery, Caesarean section and Manual Removal of Placenta

Recommended Resources:

- (i) NICE Guidelines
 - a. Caesarean section (CG132)
 - b. Induction of labour (CG70)
 - c. Intrapartum care (CG190)
- (ii) StratOG.net
 - a. Antepartum haemorrhage eTutorial
 - b. Assessment of progress in labour eTutorial
 - c. Caesarean section eTutorial
 - d. Forceps and ventouse eTutorial
 - e. Intrapartum management of multiple pregnancy eTutorial
 - f. Introduction to emergency situations eTutorial
 - g. Mechanisms of normal labour and delivery eTutorial
 - h. The Postpartum Period eTutorial
 - i. EaSi (eLearning and Simulation for Instrumental Delivery)
 - j. MaternityPEARLS (Perineal Assessment and Repair eLearning System)
- (iii) Green-top Guidelines
 - a. Blood transfusions in obstetrics (Green-top Guideline 47)
 - b. External cephalic version and reducing the incidence of breech presentation (Green-top Guideline 20a)
 - c. Management of breech presentation (Green-top Guideline 20b)
 - d. Maternal Collapse in Pregnancy and the Puerperium (Green-top Guideline 56)
 - e. Operative Vaginal Delivery (Green-top Guideline 26)
 - f. Placenta Praevia, Placenta Praevia Accreta and Vasa Praevia: Diagnosis and Management (Green-top Guideline 27)
 - g. Preterm Prelabour Rupture of Membranes (Green-top Guideline 44)

- h. The Management of Third- and Fourth-degree Perineal Tears (Green-top Guideline 29)
- i. Umbilical Cord Prolapse (Green-top Guideline 50)
- (iv) Relevant The Obstetrician and Gynaecologist Journals
- (v) British Maternal and Fetal Medicine Society website
- (vi) Local Protocols, Labour ward drills, ALSO course

Curriculum Module 11: details of knowledge criteria

Operative/complex vaginal delivery:

- Malpresentation (brow, face, shoulder, variable lie)
- Malpositions
- Manual rotation of the fetal head
- Outlet forceps/ventouse
- Mid-cavity forceps/ventouse
- Rotational forceps/ventouse
- Pelvic floor anatomy
- Episiotomy
- Perineal trauma and repair
- Female genital Mutilation
- Assisted breech delivery
- Breech extraction
- Twin delivery
- High order multiple births
- Shoulder dystocia
- Caesarean section
 - Indications for and complications of caesarean section
 - Routine/Repeat/Acute Emergency
 - Sterilisation Procedures

Anaesthesia:

- General anaesthesia
- Regional anaesthesia
- Induction agents
- Inhalation agents
- Prophylactic measures
- Complications

The unconscious patient

Resuscitation

Intensive care

Appraisal Of Competencies:

Core Module 11 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Normal delivery						
Shoulder dystocia						
Ventouse extraction without rotation						
Uncomplicated acute/elective caesarean section						
Repeat caesarean section (two or more previous sections)						
Retained placenta						
Cord prolapse						
Forceps delivery without rotation						
Caesarean section with sterilisation						
Vaginal delivery of twins						
Preterm (< 28 weeks) caesarean section						
Rotational assisted ventouse delivery						

Core Module 11 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Procedure of defibulation in cases of female genital mutilation						
Complex emergency caesarean section						
Caesarean section for placenta praevia						
Caesarean section after failed instrumental delivery						
Caesarean section at full dilation						
Recognise undiagnosed breech						
Vaginal breech delivery						
Delivery with fetal malpresentation (a) Delivery with face presentation						
(b) Delivery with compound presentation						
(c) Delivery with shoulder presentation/transverse lie						
Uterine rupture (a) Uncomplicated uterine scar dehiscence/rupture						
(b) Complicated uterine rupture						

Objective Structured Assessment of Technical Skills (OSATS) on:	(OSATS Assessment form available in Appendices)					
Operative vaginal delivery (non-rotational forceps)	Date		Date		Date	
	Signature		Signature		Signature	
Operative vaginal delivery (non-rotational vacuum)	Date		Date		Date	
	Signature		Signature		Signature	
Operative vaginal delivery (rotational vacuum)	Date		Date		Date	
	Signature		Signature		Signature	

Caesarean Section	Date		Date		Date	
	Signature		Signature		Signature	
Manual Removal of Placenta	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Obstetric Emergencies		

COMPLETION OF MODULE 11	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 12: Postpartum Problems (The Puerperium)

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum and neonatal problems
- Demonstrate empathy and the ability to effectively communicate with, counsel and manage women with postpartum complications, including perinatal loss and perinatal mental health problems
- Understand the roles of other healthcare professionals (Social workers, psychiatrists, physiotherapists etc.
- Be familiar with Baby Friendly Hospital Initiative (BFHI) and Neonatal Resuscitation Program (NRP)

Recommended Resources:

- (i) Nice Guidelines
 - a. Postnatal care (CG37)
 - b. Weight management before, during and after pregnancy (PH27)
- (ii) StratOG.net
 - a. Assessment of the newborn and common neonatal problems eTutorial
 - b. Haematological disorders eTutorial
 - c. Infectious diseases eTutorial
 - d. Perioperative trauma eTutorial
 - e. Postpartum haemorrhage eTutorial
 - f. Postpartum sepsis eTutorial
 - g. Sequelae of hypoxia eTutorial
 - h. The postpartum period eTutorial
 - i. Thromboembolism eTutorial
 - j. Perinatal mental health - in development at time of publication
- (iii) Relevant Green-top Guidelines
 - a. Initial management of chronic pelvic pain (Green-top 41)
 - b. Long-term Consequences of Polycystic Ovary Syndrome (Green-top 33)
 - c. Management of Premenstrual Syndrome (Green-top 48)
 - d. Ovarian Cysts in Postmenopausal Women (Green-top 34)
- (iv) Relevant The Obstetrician and Gynaecologist Journals
- (v) GMC guidance. End of life care: Neonates and infants GMC website
- (vi) Surviving Sepsis Guidelines
- (vii) Labour ward team drills
- (viii) Postnatal ward Management
- (ix) Perinatal Mortality and morbidity meetings

Appendix to Module 12: details of knowledge criteria

Epidemiology, aetiology, pathogenesis, recognition, diagnosis, prevention, management, complication, prognosis regarding:

- uterine involution
- bleeding including placenta accreta, atonic uterus,
- retained placenta, retained products of conception
- pyrexia
- infections
- maternal collapse including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma
- thromboembolism
- lactation (inadequate, suppression)
- medical disorders (diabetes mellitus, renal disease, cardiac disease)
- postnatal review
- contraception

Techniques for the control of haemorrhage:

- manual removal of placenta
- bimanual compression of uterus
- exploration of genital tract
- cervical laceration (identification and repair)
- drug management
- balloon tamponade of uterus
- laparotomy including B Lynch stitch
- radiological embolisation
- ligation of internal iliac arteries
- caesarean hysterectomy

Perineal surgery:

- Repair of episiotomy, second- third- fourth- degree laceration

Postpartum complications, including pathophysiology, diagnosis, management and prognosis in puerperal psychological disorders (blues, depression), mood disorders, reactions to pregnancy loss

Puerperal sepsis, mastitis, urinary tract infection

Breast cancer

Sequelae of obstetric events:

- antenatal
- intrapartum

Recognition of normality:

- postnatal management
- clinical evaluation

Resuscitation of newborn:

- collapse
- primary apnoea
- secondary apnoea
- ventilation
- effect of maternal drugs
- cardiac massage
- umbilical catheterisation
- volume replacement
- temperature control
- acid/base status

Common problems (aetiology, management sequelae):

- respiratory distress
- hyperbilirubinaemia
- infection
- seizures
- hypoglycaemia
- hypothermia
- heart disease
- intracranial haemorrhage
- necrotizing enterocolitis
- the preterm infant
- the growth restricted infant
- congenital anomalies
- syndromes
- cerebral palsy

Feeding:

- breast (advantages, promotion, techniques)
- artificial (formulae, techniques)

Appraisal Of Competencies:

Core Module 12 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Conduct a postnatal consultation						
Bladder dysfunction						
Bowel dysfunction						
Primary postpartum haemorrhage						
Secondary postpartum haemorrhage						
Intra-abdominal haemorrhage (a) Obstetric (eg broad ligament haematoma, post C-section)						
(b) Non-obstetric (e.g. liver capsule rupture, splenic artery aneurysm)						
Management of Massive Obstetric Haemorrhage						
Acute maternal collapse						
Perineal and vaginal tears						
Damage to rectum and to anal sphincters (a) Repair 3 rd degree tears						
(b) Repair 4 th degree tears						

Core Module 12 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Immediate resuscitation of neonate						
Puerperal sepsis						
Perinatal mental health in postpartum period						
Contraceptive advice						
Breast problems						
Management of mastitis						
Management of thromboembolic problems						

Objective Structured Assessment of Technical Skills (OSATS) on:	(OSATS Assessment form available in Appendices)					
Perineal Repair	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Neonatal Resuscitation Program (Basic)		
Perineal Trauma Course		

COMPLETION OF MODULE 12 I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 13: Gynaecological Problems

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to common gynaecological disorders.
- To understand paediatric and adolescent gynaecological disorders.
- To demonstrate the ability to communicate prognosis and counsel patients sensitively about available options
- Demonstrate an understanding of the use of appropriate referral pathways and local protocols in managing gynaecological disorders
- Demonstrate the necessary skillset to explain the nature, complications and adverse effects of medical and surgical treatments

Recommended Resources:

- (i) Relevant NICE Guidelines
 - a. Heavy menstrual bleeding (CG44)
 - b. Menopause: Diagnosis and management (NG23)
- (ii) StratOG.net: Gynaecological problems and early pregnancy loss e-tutorial
 - a. Abnormal uterine bleeding eTutorial
 - b. Premenstrual disorders eTutorial
 - c. Management of climacteric problems eTutorial
 - d. Causes and management of amenorrhoea eTutorial
 - e. Uterine and tubal factor infertility eTutorial
 - f. Pelvic pain eTutorial
 - g. Benign vulval problems eTutorial
 - h. Gynaecological emergencies eTutorial
 - i. Gynaecological problems and early pregnancy loss eTutorial
 - j. Basic Laparoscopic Surgery resource
- (iii) Green-top Guidelines
 - a. Initial management of chronic pelvic pain (Green-top Guideline 41)
 - b. Ovarian Cysts in Postmenopausal Women (Green-top Guideline 34)
 - c. Long-term Consequences of Polycystic Ovary Syndrome (Green-top Guideline 33)
 - d. Management of Premenstrual Syndrome (Green-top Guideline 48)
 - e. Vulval Skin Disorders (Green-top Guideline 58)
- (iv) Relevant The Obstetrician and Gynaecologist Journals
- (v) Use of low fidelity (box) trainers or virtual reality (VR) simulation to enhance psychomotor skills
- (vi) Supervised clinic/surgical sessions
- (vii) Relevant local/international courses and workshops

Appraisal Of Competencies:

Core Module 13 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Diagnose, investigate and manage the following clinical problems:						
Menstrual disorders:						
Menstrual irregularity						
Excessive menstrual loss						
Premenstrual syndrome						
Amenorrhoea/oligomenorrhoea						
Dysmenorrhoea						
Pelvic pain:						
Dyspareunia						
Endometriosis (medical management)						
Endometriosis (surgical management)						
Pelvic inflammatory disease						

Core Module 13 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Non-gynaecological disorders						
Problems of the climacteric:						
Postmenopausal bleeding						
Hormone replacement therapy						
Others:						
Benign ovarian cysts						
Vaginal discharge						
Fibroids						
Hirsutism						
Pruritus vulvae						
Vulval pain						

Objective Structured Assessment of Technical Skills (OSATS) on:						
Diagnostic Laparoscopy	Date		Date		Date	
	Signature		Signature		Signature	
Cystectomy	Date		Date		Date	
	Signature		Signature		Signature	
Hysterectomy	Date		Date		Date	
	Signature		Signature		Signature	
Diagnostic Hysteroscopy	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Problems of Puberty/Adolescent Gynaecology		
Rape/Forensic Gynaecology		

COMPLETION OF MODULE 13	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 14: Subfertility

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to subfertility
- Shows an appreciation of the importance of psychological factors for women and their partners, demonstrating respect for a couple's dignity and confidentiality
- Shows the ability to acknowledge cultural issues and the issues relating to same sex partnerships and single parenthood
- Demonstrates the ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical

Recommended Resources:

- (i) NICE Guideline – Fertility (CG56)
- (ii) StratOG.net
 - a. Assisted reproduction eTutorial
 - b. Epidemiology, ethical and legal issues of subfertility eTutorial
 - c. Male infertility eTutorial
 - d. Ovulatory dysfunction eTutorial
 - e. Unexplained infertility eTutorial
 - f. Uterine and tubal factor infertility eTutorial
- (iii) Green-top Guideline
 - a. Management of Ovarian Hyperstimulation Syndrome (Green-top Guideline 5)
- (iv) Relevant The Obstetrician and Gynaecologist journals
- (v) ESHRE guideline on endometriosis
- (vi) Subfertility clinics and assisted reproduction sessions
- (vii) British Fertility Society Website
- (viii) Human Fertilisation and Embryology Act 1991
- (ix) Use of low fidelity (box) trainers or virtual reality (VR) simulation to enhance psychomotor skills

Appraisal of Competencies:

Core Module 14 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take history from couple						
Investigate female subfertility						
Interpret semen analysis						
Manage anovulation						
Investigate tubal function						
Counsel about management options						

Objective Structured Assessment of Technical Skills (OSATS) on:	OSATS Assessment form available in Appendices					
Laparoscopic Ovarian Drilling	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic Ablation of Endometrotic Spots	Date		Date		Date	
	Signature		Signature		Signature	
Intrauterine Insemination	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Assisted Reproduction		

COMPLETION OF MODULE 14	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 15: Sexual and Reproductive Health (Contraception, Termination of Pregnancy, Sexually Transmitted Infections (STIs) and HIV, Sexual Problems)

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to fertility control (Contraception and termination of pregnancy and management of STIs including HIV and sexual dysfunction.)
- Demonstrates empathy for patients and an understanding for the need to respect cultural and religious diversity in protecting women's rights, dignity and confidentiality whilst providing appropriate information and advice
- Understands the psychosocial impact of STIs and living with HIV and AIDS, including the support systems available for patients
- Understands the needs to work in a multidisciplinary network in managing the sexual and reproductive health of women (counsellors, social workers, GUM specialists, volunteer/support groups etc.) and demonstrates the ability to counsel women effectively on the possible long term consequences of sexually transmitted infections.
- Aware of GMC Good Medical Practice and Duties of a Doctor publications and their implications for doctors in practice, including the BMA/GMC guidance for doctors with conscientious objections to abortion

Recommended Resources:

- (i) NICE Guideline – Ectopic pregnancy and miscarriage (154)
- (ii) StratOG.net: Sexual and Reproductive Health e-tutorials
 - a. Ethical and legal issues eTutorial
 - b. Fertility control and contraception eTutorial
 - c. Psychosexual disorders eTutorial
 - d. Sexually transmitted infections (including HIV) eTutorial
 - e. Uterine and tubal factor infertility eTutorial
- (iii) Faculty of Sexual and Reproductive Health (FSRH) website
- (iv) Green-top Guideline - Female genital mutilation and its management (Green-top Guideline 53)
- (v) Relevant The Obstetrician and Gynaecologist Journals
- (vi) RCOG Best Practice Papers:
 - a. Best practice in postpartum family planning (Best Practice Paper No. 1)
 - b. Best practice in comprehensive abortion care (Best Practice Paper No. 2)
- (vii) British Association for Sexual Health and HIV (BASHH) website
- (viii) British HIV Association website
- (ix) Family Planning/GUM clinic sessions/courses/workshops

Appraisal Of Competencies:

Core Module 15 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Identify, discuss and manage the following issues:						
A sexual health risk assessment						
A request for contraception:						
Discuss and inform, regarding all options						
Provide:						
Reversible contraception						
Emergency contraception: hormonal						
Emergency contraception: intrauterine						
Permanent (female only, surgical)						
Unplanned pregnancy:						
Outpatient consultation and referral						
Early medical termination of pregnancy						
Late medical termination of pregnancy						

Core Module 15 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Early surgical termination of pregnancy						
Late surgical termination of pregnancy						
Post-procedure follow-up consultation						
STIs including HIV/AIDS:						
Diagnosis and management of the common STIs						
Chlamydia screening and treatment						
Explain the principles of partner notification						
Perform an HIV risk assessment						
Psychosexual problems						
Take a history from individual/couple						
Plan initial management/know when to refer						

Objective Structured Assessment of Technical Skills (OSATS) on:	OSATS Assessment form available in Appendices					
Mirena/IUCD Insertion	Date		Date		Date	
	Signature		Signature		Signature	
Implanon Insertion	Date		Date		Date	
	Signature		Signature		Signature	
Open Bilateral Tubal Ligation	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic Bilateral Tubal Ligation	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 15	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 16: Early Pregnancy Care

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to early pregnancy loss.
- Demonstrates the ability to counsel patients appropriately in both the acute and outpatient setting, with the use of appropriate terminology at the time of pregnancy loss. (Able to break bad news sensitively and to adequately describe the possible long term consequences to the patient)
- Exhibit technical competence surgically, in managing miscarriage and ectopic pregnancies

Recommended Resources:

- (i) Relevant NICE Guidelines
- (ii) StratOG.net: Gynaecological Problems and Early Pregnancy Loss e-tutorials
 - a. Early pregnancy loss: trophoblast diseases eTutorial
 - b. Early pregnancy loss: management eTutorial
 - c. Early pregnancy loss: breaking bad news eTutorial
- (iii) Green-top Guidelines
 - a. Investigation and Treatment of Couples with Recurrent Miscarriage (Green-top Guideline 17)
- (iv) Association of Early Pregnancy Units website

Appraisal of Competencies:

Core Module 16 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Miscarriage:						
Miscarriage: clinical assessment						
Medical management of miscarriage						
Conservative management of miscarriage						
Surgical management of miscarriage (SMM)						
Counselling						
Manage recurrent miscarriage						
Ectopic pregnancy:						
Diagnosis						
Conservative management						
Medical management						
Laparoscopic management						
Laparotomy for ectopic pregnancy						

Other conditions:						
Early management of trophoblastic disease						

Objective Structured Assessment of Technical Skills (OSATS) on:	OSATS Assessment form available in Appendices					
Laparotomy Salpingectomy	Date		Date		Date	
	Signature		Signature		Signature	
Laparotomy Salpingectomy	Date		Date		Date	
	Signature		Signature		Signature	
Outpatient Vacuum Manual Aspiration (VMA)	Date		Date		Date	
	Signature		Signature		Signature	

Surgical Evacuation of Remaining Products of Conception (ERPOC)	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 16	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 17: Gynaecological Oncology

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to Gynaecological Oncology
- Awareness of the role of multidisciplinary meetings in determining gynaecological cancer management
- Able to explain clearly and openly treatments, complications and side effects of surgery, drug treatment, chemotherapy and radiotherapy in lay language, as appropriate for the patient
- Awareness of precancer screening programmes and the role of HPV vaccination in cervical cancer prevention
- Demonstrates empathy in counselling patients and deals sensitively with issues regarding palliative care and death. (Aware of 'End of Life' policy) Respects patient's autonomy and shows tolerance to cultural/religious issues.

Recommended Resources:

- (i) NICE Guidelines – Ovarian Cancer (CG122)
- (ii) StratOG.net
 - a. Abnormal uterine bleeding eTutorial
 - b. Benign vulval problems eTutorial
 - c. Cervical cancer eTutorial
 - d. Diagnostic imaging in gynaecological oncology eTutorial
 - e. Germ cell tumours eTutorial
 - f. Malignant disease of the vulva eTutorial
 - g. Malignant disease of the uterus eTutorial
 - h. Malignant disease of the ovary and fallopian tube eTutorial
 - i. Neoplasia in pregnancy eTutorial
 - j. Pre-invasive disease of the Lower Genital Tract eTutorial
 - k. Principles of radiotherapy eTutorial
 - l. Principles of chemotherapy eTutorial
 - m. Supportive, palliative and end-of-life care eTutorial
- (iii) Relevant The Obstetrician and Gynaecologist Journals Multidisciplinary and clinical team meetings
- (iv) NHS-CSP (Cervical Screening Programme) Guidelines, incorporating HPV testing
- (v) FIGO Classifications for gynaecological cancers
- (vi) Clinic/colposcopy/surgical sessions, courses and workshops

Appraisal Of Competencies:

Core Module 17 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date		Date		Date	
Cervical cytology:						
Counsel about cytology reports						
Observe and understand the need for basic colposcopy						
Management cervical intraepithelial neoplasia						
Manage premalignant conditions (including referral as appropriate) :						
Cervical						
Endometrial						
Lower genital tract						
Recognise, counsel and plan initial management of carcinoma of:						
Cervix						
Endometrium						
Ovary						
Vulva						
Choriocarcinoma						

Rapid access clinic						
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Objective Structured Assessment of Technical Skills (OSATS) on:	OSATS Assessment form available in Appendices					
Colposcopy +/- LLETZ/Biopsy	Date		Date		Date	
	Signature		Signature		Signature	
Cystoscopy	Date		Date		Date	
	Signature		Signature		Signature	

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date
Attendance at Gynaecological Cancer MDT Meeting		

COMPLETION OF MODULE 17	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 18: Urogynaecology and Pelvic Floor Problems

Learning Outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to Urogynaecology and pelvic floor problems. (Including anatomy, physiology and pathophysiology, investigations and management).
- Be able to institute treatment of acute bladder voiding disorder and to interpret urodynamic studies
- Counsel and plan initial management of overactive bladder symptoms, stress urinary incontinence and painful bladder syndrome

Recommended Resources:

- (i) NICE Guidelines - Urinary incontinence (CG171)
- (ii) StratOG.net:
 - a. Assessment of lower urinary tract symptoms eTutorial
 - b. Management of lower urinary tract dysfunction eTutorial
 - c. Pelvic organ prolapse eTutorial
 - d. Posterior compartment pelvic floor dysfunction
 - e. Urinary tract infection eTutorial
- (iii) Relevant Greentop
 - a. Initial management of chronic pelvic pain (Green-top Guideline 41)
 - b. The Management of Post Hysterectomy Vaginal Vault Prolapse (Green-top Guideline 46)
 - c. Management of Painful Bladder Syndrome (Green-top Guideline 70)
- (iv) Relevant The Obstetrician and Gynaecologist journals
- (v) Urogynaecology clinics, surgery, workshops and courses

Appraisal of Competencies:

Core Module 18 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take urogynaecological history						
Cystoscopy						
Interpret:						
Urinary frequency volume charts						
Uroflowmetry profiles						
Cystometric investigations						
Residual volume measurement						
Manage non-surgically:						
Bladder voiding disorders						
Urgency of micturition						
Uterovaginal prolapse:						
Assess						

Core Module 18 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Manage non-surgically						
Repair of anterior prolapse						
Repair of posterior prolapse						
Vaginal hysterectomy						
Stress urinary problems:						
Minimally invasive slings/bladder neck procedures						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 18	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

Core Module 19: Developing Professionalism

Learning Outcomes:

- To understand the skills and qualities required to become a consultant
- To develop the communication, team working and team leadership skills required
- To experience challenging situations where negotiating, influencing and diplomacy are required
- To gain a thorough knowledge of administration processes with a vested interest in contributing towards the development of the service

Recommended Resources:

- (i) StratOG.net: The Obstetrician and Gynaecologist as a Teacher and Researcher, The Obstetrician and Gynaecologist as a Professional e-tutorials
 - a. Communication skills eTutorial
 - b. Ethical and legal issues eTutorial
 - c. Improving workplace behaviour eTutorial
 - d. Intrauterine fetal death eTutorial
 - e. Communication skills videos
 - f. Human factors resource
- (ii) RCOG. The Future Role of the Consultant. RCOG website
- (iii) GMC Good Medical Practice, Management for doctors, Confidentiality guidance. GMC website
- (iv) Data Protection Act 1998
- (v) Experiential learning in the workplace (Observation of and discussions with senior medical staff)
- (vi) Leadership/Management/Communication courses and workshops

Appraisal of Competencies:

Core Module 19 Logbook	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Demonstrate effective team working						
Show evidence of team leadership						
Written communication						
Leadership in acute emergency						

Training Courses or Sessions		
Title	Specialist/Consultant Signature	Date

COMPLETION OF MODULE 19	
I confirm that all components of the module have been successfully completed	
Name and Signature of Specialist/Consultant	Name and Signature of Trainee

PERSONAL DEVELOPMENT PLAN (PDP)



**Malaysian MRCOG Parallel Training Pathway
Trainee Logbook 2nd Edition 2019**

MALAYSIAN MRCOG (UK) PARALLEL TRAINING PROGRAMME

(PDP)

Training Division, Ministry of Health

INDUCTION AND APPRAISALS

TO BE APPRAISED AT

- *BEGINNING OF O&G TRAINING*
- *END OF 6 MONTHS*
- *END OF 1 YEAR*
- *END OF 2 YEARS*
- *END OF 3 YEARS*
- *END OF 4 YEARS, THEN YEARLY THEREAFTER*
- *BOARD MEETING AFTER 4 UNSUCCESSFUL ATTEMPTS AT THE MRCOG PART2/3 EXAMINATIONS*

PERSONAL DEVELOPMENT PLAN (PDP)

A Personal Development Plan (PDP) is an effective method for setting your own personal targets, and finding the best way to achieve them. It serves as a communication tool between you and your supervisor(s). Whilst the focus will be on the acquisition of the prerequisite clinical knowledge and practical skills expected of a competent Obstetrician and Gynaecologist, prudent application of a PDP can also serve to help identify generic complementary skills, that will contribute to your broader, general personal development goals.

For example, training on the management of obstetric emergencies will equip you with the necessary skillset to manage acute emergencies in the labour room. However, the development of management and communication skills will inherently translate into highly desirable soft skills that you can apply to other aspects of your personal and clinical life.

This document provides a guide to designing your PDP. You may wish to add additional items that are relevant for your circumstances. Ideally, you should draft some notes prior to meeting with your supervisor(s), revise subsequent to the meeting, and plan a follow up meeting to assess progress and/or to adjust objectives.

It is suggested that you should have a formal meeting to discuss your PDP:

- At the commencement of your O&G training Programme
- At the beginning of any transfer/change in training facility
- At least yearly, with your assigned Clinical/Educational Supervisor

Guide For PDP Appraisal

Step one	Learning needs	What are the main development and learning needs?
Step two	Learning activities	What methods will be used?
Step three	Evidence of learning	How will a Trainee know if the methods used have met his or her requirements?

Step one: Learning needs

This is a process of selecting priorities from reflection on all the areas of good medical practice. Some points to consider:

- What elements of Training do I need to address?
- How did this need arise?

Some clinical skills are easy to express specifically in a PDP E.g. “To achieve competency in performing non-rotational instrumental delivery independently”

Other activities might be more difficult to define, E.g. ‘Resolving conflicts between co-workers.’ This can be documented as ‘Developing negotiating skills’.

Clinical knowledge gaps should be defined; Rather than the broad topic of ‘Cervical cancer screening’, expressing this in a PDP is more useful to a trainee, as the knowledge gap is more clearly defined.

E.g. ‘To be familiar with the NHS Cervical Screening Program algorithm for HPV screening’.

Be realistic in setting your targets. Your Clinical/Educational Supervisors will aid you along in this. In deciding what needs to go into the PDP, the Trainee needs to find a balance between what is most important in their personal development and what is important to their O&G Training as a whole.

Step two – Learning Activities

What learning methods are most appropriate to each learning need?

- o **Knowledge gaps:** *reading journals, attending meetings and seminars, going on courses, e learning (e.g. StratOG)*
- o **Skills** *may be acquiring from training with senior colleagues or by attending courses/workshops*
- o **Tasks/Attitudes** *may be the aim to write a clinical research paper, perform an audit, or the demonstration of soft skills in a specified clinical/management setting. Multisource Feedback will be a good gauge of your attitude and the way you conduct yourself in the work place.*

Step Three – Evidence of Learning

Identify examples of evidence which could demonstrate achievement for each set of learning needs and proposed methods. Examples of evidence of learning include:

- Trainee Logbook
(CBDs, mini-CEX, OSATS etc.)
- Certificates for courses
- Passing of examinations

PERSONAL DEVELOPMENT TEMPLATE

Example of poor PDP

This plan should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

What development needs have I? (Explain the need)	How will I address them? (Demonstrate action to be taken/resources required?)	Timeline to achieve PDP (Justify timeline, taking into context your jobscope and available resources)	Outcome (How will your practice change as a result of the development activity?)	Completed (Agreement from your appraiser that the development need has been met.)
<p style="text-align: center;"><u>Knowledge</u></p> <p>1. Managing Thalassaemia in Pregnancy</p> <p>2.</p>	Reading Greentop Guidelines	1 month	Feel more confident managing thalassaemia in pregnancy	
<p style="text-align: center;"><u>Clinical Skills</u></p> <p>1. Performing Independent Caesarean Section</p> <p>2.</p>	Enter C-section OT	6 months	Sound C-section Skills	
<p style="text-align: center;"><u>Tasks/ Attitudes</u></p> <p>1. Develop clinical research skills</p> <p>2.</p>	Attend GCP Course	12 months	Equipped with skillset to publish a paper	

<p><u>Clinical Skills</u></p> <p>1.</p> <p>2.</p>				
<p><u>Tasks/Attitudes</u></p> <p>1.</p> <p>2.</p>				

<p><u>Clinical Skills</u></p> <p>1.</p> <p>2.</p>				
<p><u>Tasks/Attitudes</u></p> <p>1.</p> <p>2.</p>				

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

OBSTETRIC PROCEDURES

(1st 6 months of training)

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Ultrasound scan (abdominal) – level 1					
Ultrasound scan (vaginal) – level 1					
Ultrasound: umbilical artery doppler study					
Instrumental deliveries (ventouse)					
Interpretation of CTG					
Fetal scalp blood sampling					
1 st & 2 nd degree perineal tears repair					
Manual removal of placenta					
Lower segment caesarean sections including those with previous scars or transverse lie (excluding placenta praevia)					
Managing obstetric emergencies like massive PPH, shoulder dystocia, cord prolapse, maternal collapse					
Counseling/Soft skills for above procedures					

Signature to confirm completion of the module:

Name of the trainer:

Date:

Hospital:

Note: Please insert additional pages if required.

GYNAECOLOGICAL PROCEDURES

(1st 6 months of training)

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Ultrasound scan (vaginal) – level 1					
Ultrasound scan (abdominal) – level 1					
Laparotomy for ectopic pregnancy					
Marsupialization of Bartholin’s cyst					
Diagnostic hysteroscopy					
Colposcopy					
Dilatation & curettage (ERPOC, endometrial sampling, molar pregnancy)					
Polypectomy					
Cervical biopsy					
Laparotomy for benign gynaecological conditions					
Counseling/Soft skills for above procedures					

Signature to confirm completion of the module:

Name of the trainer:

Date:

Hospital:

Note: Please insert additional pages if required.

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

(7th -24th months of training)

OBSTETRIC PROCEDURES

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Obstetric Ultrasound (Abdomen) Level 2					
Fetal Scalp Blood Sampling					
Complicated C-sections (Second stage, 2 previous scars, placenta previa etc.)					
3 rd /4 th degree perineal tear repair					
Managing Obstetric Emergencies					
Bereavement Counselling					
Counselling/Soft Skills for above procedures					

Signature to confirm completion of the module: Name of the trainer: Hospital:	Date:
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Note: Please insert additional pages if required.

GYNAECOLOGICAL PROCEDURES

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Diagnostic Laparoscopy					
Cone Biopsy					
Laparoscopy for ectopic pregnancy					
Laparoscopy for Tubal Sterilization Procedures					
Colposcopy & LLETZ					
EUA for staging & cystoscopy					
Laparotomy for benign gynaecological conditions - cystectomy					
Laparotomy for benign gynaecological conditions - hysterectomy					
Laparotomy for benign gynaecological conditions - myomectomy					
Counseling/Soft skills for above Procedures					

Signature to confirm completion of the module:

Name of the trainer:

Date:

Hospital:

Note: Please insert additional pages if required.

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

(3rd & 4th years of training)

OBSTETRIC PROCEDURES

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Ultrasound scan (abdominal) – level 2					
Instrumental deliveries (forceps)					
Complicated Caesarean Section – Assist in cases of morbidly adherent placenta/caesarean hysterectomy					
Counseling/Soft skills for above Procedures					
Counseling skills for 'bad outcomes or complications'					
Bereavement Counseling					
Genetic counseling					

Signature to confirm completion of the module: Name of the trainer: Hospital:	Date:
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Note: Please insert additional pages if required.

GYNAECOLOGICAL PROCEDURES

Target	Level of Competency			Trainer signs when competence level achieved	
	1	2	3	Sign	Date
Laparoscopy for ovarian cystectomy/adhesiolysis					
EUA for staging & cystoscopy					
Laparotomy for benign gynaecological conditions - cystectomy					
Laparotomy for benign gynaecological conditions - hysterectomy					
Laparotomy for benign gynaecological conditions - myomectomy					
Vaginal hysterectomy					
Pelvic floor repair (anterior/posterior)					
Assessment of OSCC cases					
Cone Biopsy					

Signature to confirm completion of the module: Name of the trainer: Hospital:	Date:
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Note: Please insert additional pages if required.

SPECIFIC CLINIC SESSIONS ATTENDED

Clinics	1 st - 6 th month	6 th - 12 th month	2 nd year	3 rd year	4 th year
GENERAL GYNAECOLOGY (total ≥ 80 sessions)					
GYNAE-ONCOLOGY (total ≥ 20 sessions)					
SPECIALIST ANTENATAL (total ≥ 80 sessions)					
COMBINE ANTENATAL (total ≥ 20 sessions)					
COLPOSCOPY (total ≥ 20 sessions)					
MENOPAUSE (total ≥ 15 sessions)					
FAMILY PLANNING (total ≥ 15 sessions)					
PRE-PREGNANCY CARE (total ≥ 10 sessions)					
UROGYNAECOLOGY * (total ≥ 15 sessions)					
OUTPATIENT HYSTEROSCOPY* (total ≥ 10 sessions)					
ADOLESCENT GYNAECOLOGY* (total ≥ 10 sessions)					
ENDOCRINOLOGY* (total ≥ 5 sessions)					
SIGNATURE OF SUPERVISOR					
DATE					

Note:

The total number of sessions stated is for the duration of 4 years training. Trainees may need to provide evidence of attendance.

* Where available

SUPERVISOR'S APPRAISAL - ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system:

- A = Excellent
- B = Sufficient
- C = Weak
- D = Unacceptable
- E = Not applicable

Assessment of fulfilment of the targets defined during each block of training:					
YEAR	1 st – 6 th month	7 th - 12 th month	2 nd year	3 rd year	4 th year
INTEGRATED KNOWLEDGE					
REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA					
MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY					
TECHNICAL SKILLS					
ORGANISATORY SKILLS					
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)					
ETHICS					
RELATIONS WITH PATIENTS					
RELATIONS WITH MEDICAL AND OTHER STAFF					
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS					
SCIENTIFIC ACTIVITY					
Signature of Supervisor:					
Date:					

Supervisor's Comments

0-6th month:

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7th - 12th month:

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2nd year:

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3rd year:

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4th year:

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CUMULATIVE LIST OF SCIENTIFIC MEETINGS, WORKSHOPS AND COURSES ATTENDED

(For entire duration of training; to be up-dated yearly)¹

No.	Event	Venue	Date	Supervisor Signature
1.	Advanced Life Support in Obstetrics (ALSO) *			
2.	Basic Life Support *			
3.	Good Clinical Practice *			

* Compulsory Attendance

¹ Certificate of attendance has to be provided

CUMULATIVE LIST OF PAPERS PRESENTED **AT SCIENTIFIC MEETINGS**

(For entire duration of training; to be up-dated yearly)²

EXAMPLE: KH LEE : “Robotics assisted hysterectomies: The Sarawak Experience”. Poster presentation at the “10th RCOG International Scientific Congress”, Kuching, Malaysia, 5th – 8th June 2012

1.

2.

3.

4.

5.

6.

7.

² Abstracts have to be provided

CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN MEDICAL JOURNALS

(For entire duration of training; to be up-dated yearly)³

1.

2.

3.

4.

5.

6.

7.

8.

³Published manuscript should be provided

APPENDICES*

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145	Appendix 5 – Mini-CEX Gynaecology
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149	Appendix 7 – Specific OSATS (Perineal Repair)
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153	Appendix 9 – Specific OSATS (Operative Vaginal Delivery)
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**Appendices to be printed as required*

**Malaysian MRCOG Parallel Training
Pathway Trainee Logbook 2nd Edition 2019**

PATIENT CONSULTATION (CONSIDER TO USE IN CONJUNCTION WITH CBD/MINI-CEX)

TOPIC: _____

SKILL		ASSESSMENT		
		MORE TO BE DESIRED (Needs Further Training)	BORDERLINE (Needs Re-assessment)	GOOD (No Further Review)
Technique	Rapport with Patient			
	Time Management			
Acquiring Information	Basic History Obtained			
	Detailed, Specific History Relevant to Topic			
Imparting Information	Accuracy			
	Language			
Analysing Problems	Appropriateness			
	Explanation			
Planning Management	Effectiveness			
	Consensus			

Case-based Discussion (CBD) Supervised Learning Event – Obstetrics

Trainee Name:

Date:

Trainer Name:

Designation:

Clinical setting: Labour Ward / ANC / AN Ward / PN Ward / Assessment Unit

Clinical problem category: Antenatal care / Maternal & Fetal medicine / Intrapartum care /

Focus of clinical encounter: Clinical record keeping / Clinical assessment / Management / Professionalism

Complexity of case: Low / Average / High

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning.

There is **NO** overall judgement relating to competence for this event.

Areas to consider:

1. Clinical record keeping (completeness, legibility, information sharing)
2. Clinical assessment (interpretation of clinical findings, “putting it all together”)
3. Investigation and referrals (appropriate tests and referrals for case, rationale demonstrated)
4. Management (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate advice sought)
5. Follow up and future planning (linking current problem to future needs, rationale for follow up)
6. Professionalism (respectful, logical approach to problem-solving, diligent and self-directed approach to patient and learning needs)

Feedback (continued overleaf):

What went well?

What could have gone better?

Learning Plan

Trainee signature:

Trainer signature:

Trainee Reflection

Case-based Discussion (CBD) Supervised Learning Event – Gynaecology

Trainee Name:

Date:

Trainer Name:

Designation:

Clinical setting: Out-patient / Acute admission / In-patient / other

Clinical problem category: Benign gynaecology / Reproductive medicine / Early pregnancy / Gynaecology / Urogynaecology / Other

Focus of clinical encounter: Clinical record keeping / Clinical assessment / Management / Professionalism

Complexity of case: Low / Average / High

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning.

There is **NO** overall judgement relating to competence for this event.

Areas to consider:

1. Clinical record keeping (completeness, legibility, information sharing)
2. Clinical assessment (interpretation of clinical findings, “putting it all together”)
3. Investigation and referrals (appropriate tests and referrals for case, rationale demonstrated)
4. Management (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate advice sought)
5. Follow up and future planning (linking current problem to future needs, rationale for follow up)
6. Professionalism (respectful, logical approach to problem-solving, diligent and self-directed approach to patient and learning needs)

Feedback (continued overleaf):

What went well?

What could have gone better?

Learning Plan

Trainee signature:

Trainer signature:

Trainee Reflection

Mini-Clinical Evaluation Exercise (CEX) Supervised Learning Event – Obstetrics**Trainee Name:****Date:****Trainer Name:****Designation:****Clinical Setting:** Labour Ward / ANC / AN Ward / PN Ward / Assessment Unit**Clinical problem category:** Antenatal care / Maternal & Fetal medicine / Intrapartum care / Postpartum care / Other**Focus of clinical encounter:** History / Diagnosis/ Management / Explanation**Complexity of case:** Low / Average / High

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning.

There is **NO** overall judgement relating to competence for this event.

Areas to consider: (May be Others)

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback (continued overleaf):**What went well?**

What could have gone better?

Learning Plan

Trainee signature:

Trainer signature:

Trainee Reflection

Mini-Clinical Evaluation Exercise (CEX) Supervised Learning Event – Gynaecology**Trainee Name:****Date:****Trainer Name:****Designation:****Clinical Setting:** Out-Patient/Acute Admission/ In-Patient / Other**Clinical problem category:** Benign gynaecology / Reproductive medicine / Early pregnancy / Gynaecology / Urogynaecology / Other**Focus of clinical encounter:** History / Diagnosis/ Management / Explanation**Complexity of case:** Low / Average / High

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning.

There is **NO** overall judgement relating to competence for this event.

Areas to consider: (May be Others)

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback (continued overleaf):**What went well?**

What could have gone better?

Learning Plan

Trainee signature:

Trainer signature:

Trainee Reflection

OSATS Assessment of Performance (General)

Trainee Name:	Date:
Trainer Name:	Designation:
Procedure:	
Clinical details and complexity	
Degree of Difficulty: Basic / Intermediate / Advanced	

This assessment is a **mandatory, summative** tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed: **competent** or **working towards competence**.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed overleaf.

For the trainee considered **competent** in the observed procedure it would generally be expected that:
The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

For the trainee considered to be **working towards competence** it would generally be expected that:
The trainee required significant help throughout or with the majority of steps
The trainee was unable to perform any of the necessary procedures to be safe and competent at this stage

*Delete as appropriate

(Please provide detailed written feedback overleaf, in addition to verbal feedback)

This trainee performed this observed procedure competently* /

This trainee is working towards competence in this procedure*

The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

<ul style="list-style-type: none">• Checking equipment/environment• Peri-operative planning e.g. positioning• Technical ability• Selection of instruments and equipment• Economy of movement• Tissue handling• Completion of task as appropriate	<ul style="list-style-type: none">• Communication with patients and/or relatives• Use of assistants• Communication with staff• Forward planning• Dealing with problems and/or difficulties• Documentation• Safety considerations
--	--

Feedback

What went well

What could have gone better

Learning Plan

Trainee signature:

Trainer signature:

PERINEAL REPAIR

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Items under observation:		
Assessment of anatomical damage including rectal examination		
Ensures adequate analgesia		
Secures apex of vaginal tear		
Suture of vaginal skin		
Suture of perineal muscles		
Anatomical apposition of vaginal and perineal skin		
Subcuticular suture to perineal skin		
Checks haemostasis		
Needle and swab count		
Vaginal examination		
Rectal examination		
Comments:		

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
---	--

Delete where applicable, and date and sign the relevant box

FETAL SCALP BLOOD SAMPLING

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
Ensures patient and partner understand procedure			
Establishes level of pain relief and acts appropriately			
Supervises positioning of patient - corrects as required			
Appropriate use of assistants			
Assembles/positions equipment			
Demonstrates knowledge of equipment and can troubleshoot problems			
Operative procedure			
Assesses dilatation and position of cervix			
Obtains clear, well-lit view of fetal scalp			
Collects uncontaminated good-sized sample without air bubbles			
Applies pressure to scalp wound			
Has strategies to overcome technical difficulties such as high head, inadequate bleeding			
Correct interpretation of results			

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

OPERATIVE VAGINAL DELIVERY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					
Instrument used:					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Items under observation: opening		
Ensure patient and accompanying partner understand procedure		
Appropriate preoperative preparation: adequate analgesia, bladder empty		
Examination: engagement, position, station, caput, moulding, descent with contraction, pelvic size and shape		
Decision making: choice of instrument		
Correct assembly and checking of equipment		
Correct application of instrument		
Appropriate direction, force and timing of pull. Ensures head descends with traction		
Appropriate alteration of traction with delivery of head		
Protects perineum and assess need for episiotomy		
Checks for cord. Correct delivery of shoulders and body		
Delivery of placenta and membranes		
Checks for uterine laxity and vaginal trauma		
Estimated Blood Loss and manages blood loss		
Appropriate use of team		
Awareness of maternal and fetal wellbeing throughout		
Comments:		

Examples of minimum levels of complexity for each stage of training

Basic Training	Uncomplicated. Nonrotational
Intermediate Training	Rotational ventouse
Advanced	Rotational forceps/ventouse in theatre

GENERIC TECHNICAL SKILLS ASSESSMENT (Basic)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Intermediate)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Advanced)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
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Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

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is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

MANUAL REMOVAL OF PLACENTA

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Item under observation		
Ensures adequate analgesia		
Ensures empty bladder/catheterises		
Performs procedure with appropriate abdominal countertraction		
Ensures cavity empty		
Ensures adequate uterine contraction		
Checks blood loss and haemostasis		
Checks for trauma		
Comments:		

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * *	Competent to perform the entire procedure without the need for supervision
<i>Date</i>	Date
<i>Signed (trainer)</i>	Signed
<i>Signed (trainee)</i>	Signed

Delete where applicable, and date and sign the relevant box

OPENING AND CLOSING THE ABDOMEN

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Items under observation: opening		
Appropriate preoperative preparation: bladder empty, prepare and drape abdomen		
Appropriate skin incision (e.g. length, position) with safe use of surgical knife		
Subcutaneous fascia opened with attention to haemostasis		
Rectus sheath incised either side of linea alba, extended with scissors and dissected off rectus muscle with attention to haemostasis		
Safe entry of peritoneal cavity by either sharp or blunt dissection		
Item under observation: closing		
Identification of peritoneal edge and closure (optional) using appropriate suture material, instruments and technique		
Ensure haemostasis of peritoneum and posterior surface of rectus sheath		
Secure closure of rectus sheath using appropriate suture material, instruments and technique for knot tying and placement of sutures		
Ensure haemostasis before skin closure		
Accurate skin closure using appropriate method, instruments and technique (trainees should demonstrate competence in the full range of closure methods)		
Appropriate and safe use of needle holder: needle loaded correctly, no touch technique, no inappropriate movements		
Comments (please state skin closure method)		

Examples of minimum levels of complexity for each stage of training:

Basic Training

patient with no previous lower transverse incision

Intermediate Training

patient with previous lower transverse incision but without suspicion of severe abdominal adhesions

Advanced

patient with previous abdominal surgery and likely severe abdominal adhesions

GENERIC TECHNICAL SKILLS ASSESSMENT (Basic)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Intermediate)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
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Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Advanced)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
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Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<p><i>Needs further help with:</i> * *</p> <p><i>Date</i></p> <p><i>Signed (trainer)</i></p> <p><i>Signed (trainee)</i></p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
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Delete where applicable, and date and sign the relevant box

CAESAREAN SECTION

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Item under observation		
Appropriate skin incision (e.g. length, position)		
Safe entry of peritoneal cavity		
Careful management of bladder		
Appropriate uterine incision (e.g. length, position)		
Safe and systematic delivery of baby		
Appropriate delivery of placenta		
Check uterine cavity (e.g. intact, empty, configuration)		
Safe securing of uterine angles		
Check for ovarian pathology		
Appropriate closure of rectus sheath		
Attention to haemostasis		
Neatness of skin closure		
Appropriate management of deeply engaged head		
Comments:		

Levels of complexity for each stage of training:

Basic Training	Virgin Abdomen, with longitudinal lie
Intermediate Training	Deep Transverse Arrest/Second Stage C-section Transverse lie Twins
Advanced Training	Preterm greater than 28 weeks Preterm less than 28 weeks Placenta praevia Fibroids in lower uterine segment

GENERIC TECHNICAL SKILLS ASSESSMENT (Basic)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Intermediate)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Advanced)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
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Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

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is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

UTERINE EVACUATION

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Item under observation:		
Vaginal examination to assess uterine size and cervical size and dilatation		
Careful dilatation of cervix if appropriate		
Appropriate choice of instrument for evacuation		
Safe introduction of instrument		
Ensure cavity is empty		
Ensure adequate uterine contractions		
Check blood loss		
Careful removal of Volsellum		
Comments:		

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

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is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

DIAGNOSTIC LAPAROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
Ensures correct positioning of the patient			
Checked or observed catheterisation, pelvic examination and insertion of uterine manipulator where appropriate			
Establishing pneumoperitoneum			
Demonstrates knowledge of instruments and can trouble shoot problems			
Check patency and function of Veress (if used)			
Correct incision			
Controlled insertion of Veress (if used)			
Insufflation to at least 20 mmHg			
Controlled insertion of primary port			
Controlled insertion of secondary port under direct vision			
Operative procedure			
Maintains correct position of optics			
Clear inspection of pelvic and abdominal structures			
Movements: fluid and atraumatic			
Appropriate use of assistants (if applicable)			
Correct interpretation of operative findings			
Removal of ports under direct vision			
Deflation of pneumoperitoneum			
Appropriate skin closure			

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

OPERATIVE LAPAROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
Ensures correct positioning of the patient, catheterisation and insertion of uterine manipulator			
Patient habitus			
Laparoscopic entry:			
Safe use of Veress needle (if used)			
Safe insertion primary port			
Appropriate position of and safe insertion of secondary ports			
Operative procedure:			
Maintains good view of operative field			
Uses appropriate instruments for the task			
Knowledge and safe use of energy modalities in laparoscopic surgery			
Identifies important anatomical structures (ureter, internal iliac artery/vein)			
Shows efficiency of movement and demonstrates good three-dimensional spatial awareness			
Appropriate use of assistants (if applicable)			

Examples of minimum levels of complexity for each stage of training

Basic Training

Laparoscopic clip sterilisation

Intermediate Training

Bipolar diathermy to endometriosis
Aspiration of fluid from pouch of Douglas
Aspiration of ovarian cyst
Ectopic pregnancy - Salpingectomy

Advanced

Previous Abdominal Surgery (Adhesiolysis)
Oophorectomy
Hysterectomy

GENERIC TECHNICAL SKILLS ASSESSMENT (Basic)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

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is competent in all areas included in this OSATS.

is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Intermediate)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr

is competent in all areas included in this OSATS.

is working towards competence.

<p><i>Needs further help with:</i> * *</p> <p><i>Date</i></p> <p><i>Signed (trainer)</i></p> <p><i>Signed (trainee)</i></p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
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Delete where applicable, and date and sign the relevant box

GENERIC TECHNICAL SKILLS ASSESSMENT (Advanced)

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

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Delete where applicable, and date and sign the relevant box

DIAGNOSTIC HYSTEROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
Clinical details of complexity/ difficulty of case					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
Preparation of the patient:			
Supervises positioning of patient - correct as required			
Preps and drapes correctly			
Assembles equipment			
Chooses appropriate distension medium			
Demonstrates knowledge of equipment and can troubleshoot problems			
Operative procedure:			
Correct use of speculum and tenaculum			
Correct use of cervical dilators (if needed)			
Inserts hysteroscope into uterine cavity under direct vision			
Clear inspection of entire uterine cavity			
Correct interpretation of findings			
Correct technique to obtain endometrial biopsy if appropriate			
Careful removal of tenaculum			

GENERIC TECHNICAL SKILLS ASSESSMENT

(Assessor to circle candidate's performance level for the following)

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
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<i>Needs further help with:</i> * *	Competent to perform the entire procedure without the need for supervision
<i>Date</i>	Date
<i>Signed (trainer)</i>	Signed
<i>Signed (trainee)</i>	Signed

Delete where applicable, and date and sign the relevant box

MALAYSIAN MRCOG PARALLEL TRAINING PROGRAMME

MULTISOURCE FEEDBACK

APPENDIX 17

Please complete the question using a cross (x).

Name of Trainee	
Clinical Post	
MMC No.	

Feedback by	
Signature	
Clinical Post	
Date	

Which clinical setting have you primarily observed the doctor in?

Operating Theatre Maternity Ward Gynae Ward Labour Ward EPAU Clinics
Others

How do you rate this doctor in their:	Good	Satisfactory	Needs to improve	Unacceptable	Unable to comment
Knowledge, skills, performance					
1. Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to plan patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness of their own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to keep up to date with knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Responds to pain and distress in patients appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Technical skills [if appropriate to grade]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to multitask and work effectively in a complex environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Able to cope under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Willingness and effectiveness when teaching / training colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to take leadership role when circumstances required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Keeps clear, accurate, legible records contemporaneously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and quality					
13. Contributes constructively to audit, appraisal and clinical governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Safeguards and protects patients wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Responds promptly to risks posed by patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication, partnership and teamwork					
16. Communication with Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MALAYSIAN MRCOG PARALLEL TRAINING PROGRAMME
MULTISOURCE FEEDBACK

17. Communication with Carers or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Able to recognize and Value the contributions Of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Accessibility / reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining trust					
22. Respect for patients' privacy, right for confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Polite, considerate and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Treats patients fairly, Without discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Treats colleagues fairly, Without discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any concerns about this doctor? Yes No

If yes, please provide details

Please add any additional comments

Signature

Date