General Medical Council

Obstetrics and Gynaecology

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Obstetrics and Gynaecology. You will also need to read the Obstetrics and Gynaecology CCT curriculum.

Contents

Introduction

1. Please contact the GMC Specialist Applications team to start a Portfolio Pathway application and for advice on how to apply. The GMC will support you in starting an application and throughout the process, particularly in terms of how to upload your evidence onto the online portal.

2. GMC will also advise on gathering the structured reports to support your application. Three structured reports are required. One must be from your current Clinical Director/Head of Department/Chief of Service and two should be from Consultants/Senior SAS Doctors (acting at Consultant level). These should be from current employment (unless you have just taken a new position in the last three months prior to submission) and should have worked with you for a minimum of six months.

3. Once you are in the process of amassing your evidence, please contact the Portfolio Pathway Policy-Coordinator at the Royal College of Obstetricians and Gynaecologists (RCOG) if you have any questions regarding your evidence/how to meet the key skills/to double check any of the listed curriculum requirements. **This is particularly important for all non-UK applicants who are attempting to provide comparable evidence to RCOG approved training, such as ATSMs.** Please seek advice from the College before submitting your application to the GMC. Please refer to the Portfolio Pathway page of the RCOG website for relevant contact details.

Curriculum framework

The Obstetrics and Gynaecology curriculum is structured with four overarching professional identities, which are divided into generic and specialty-specific areas. The professional identities (PI) are supported by 14 high-level learning outcomes, known as Capabilities in Practice (CiP). Each CiP is supported by several key skills and subsequent descriptors, which are expected to be demonstrated by the applicant. The PIs and respective CiPs are outlined below and the key skills for each of these are outlined in this guide.

Further details of the descriptors can be found in the Obstetrics and Gynaecology curriculum and the curriculum training resource which includes greater detail on each of the CiPs.

The standard of which Portfolio Pathway applicants are assessed against are **Knowledge, Skills and Experience (KSE) for specialist or GP practice in the UK.** The framework for assessing KSE reflects the high-level learning outcomes (HLLOs) in O&G and there should be sufficient evidence of these HLLOs as part of your **ongoing** clinical commitment and maintenance of skill across the specialty.

Currency of evidence

Evidence of your competence should be recent as the focus is on your higher level learning outcomes (HLLOs). In general, **evidence of Knowledge, Skills or Experience drawn from longer than five (WTE) years of clinical practise ago should not be submitted**, as typically it does not demonstrate that the competences have been recently maintained. **By the end of assessment, the panel should be confident that all applicants are demonstrating ongoing competence and skill to that required for entry on to the specialist register.**

Competent summative OSATS should be submitted from the **last three years of practise** to confirm current maintenance of skill and independent clinical practice.

If applicants are less than full time (LTFT) or they have had a break in practise in the last five years, evidence can be provided from additional years or whole time equivalence (WTE). In this situation, an applicant must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave) as part of their application It should be made explicit to the panel from the outset the period of time evidence that has been drawn over, through a statement accompanying their CV.

If the last three years of practise is not consecutive due to a break in practise, OSATS can be drawn from the last five years; **however, in all cases clinical assessments (OSATS) that are over five years old will not be accepted, even if an applicant has had a break in WTE practise.**

If earlier evidence is presented, annual appraisals from that time period will also be required. Possible scenarios might be that you have had a year's maternity leave in the last five years. In this situation, we would be happy to see evidence from an extra year (prior to the last five years, with the exception of OSATS, as detailed above) if that is required to strengthen your application. Or if you are currently working at LTFT e.g. 60% and wish to extend the time period of submitted evidence, we would expect to see appraisals covering this time too.

In all scenarios, evidence of maintenance of skill must be demonstrated. If applicants have had a career break, we would like to see that they have refreshed their clinical skills subsequent to returning to practice, unless an applicant has not yet returned to practise.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our user guide when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our guidance. If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You must submit sufficient evidence to address each of the required CiPs and the associated descriptors. It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant

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To summarise;

- Each Key skill should be linked to evidence on either **Knowledge, Skills, or Experience**

- The strongest evidence for a particular key skill is when it has been linked to all three areas; **Knowledge, Skills and Experience** (however, please use your judgement regarding whether you can cover a key skill effectively – i.e. you may have a great deal of experience in one area to cover all descriptors; and courses (knowledge) are therefore not necessary. **When the evidence is written in bold, that evidence is mandatory.**

- If not listed in bold, these are suggestions to help give you some focus about what types of evidence should be submitted. These lists of evidence are not exhaustive and do not cover all key skills – they are there as 'food for thought'. You can use these examples at your own discretion, or use your own examples to fulfil each key skill.

- We are looking for quality evidence, not quantity and we have provided minimum and maximum numbers of evidence throughout the application to demonstrate this. Please provide one piece of concise evidence e.g. we do not require more than one example of each type of evidence. As part of the quality aspect, please ensure your documents are legible, particularly if hand-written scanned copies. If the panel can't read or decipher the print, the evidence can't be considered.

- WPBAs are the exception to this as we require three competent, summative OSATS for each listed procedure. However, we are only requiring procedures that are required at senior-level practice to be evidenced. Other simpler procedures (that used to be mandatory for CESR and usually feature in the earlier stages of training) are no longer required.

- The descriptors (listed in green in each CiP) are there to guide you as to what your evidence should focus on and cover. Ultimately all descriptors should be covered by the evidence provided for each CiP.

- Please upload the evidence with a file name that includes the key skill the evidence is fulfilling (in brief). For example, a file may be entitled 'Understanding human behaviour, Experience - Mini-CEX 2023' and in that file should be evidence demonstrating how that particular key skill has been met.

- In addition, please make it clear in the GMC online application 'Evidence Summary' section of each CiP what evidence you have provided to meet each key skill, as well as what relevant descriptors have been covered.

- This will allow the panel to clearly match the evidence with the key skill you are trying to demonstrate – if the panel does not have this information upfront, the panel will not know what certain documents are trying to evidence and it will be difficult for assessors to piece it together.

The Evidence Summary section of each CiP (for each key skill) may read something like;

Key skill: Women's decision making; (relevant descriptors covered; dealing with complexity, uncertainty, modified approach or informed consent, modifies approach to the patient when cultural background or personal values may have an impact on engagement and care, uses empathy, respect and compassion when communicating with a patient to build trust and independence)

1. **Knowledge** e.g. Training course, on consent (file XX or page XX)
2. **Skill** e.g. NOTSS regarding difficult or challenging communication/consent issues with patients on a busy labour ward (file XX or page XX)
3. **Experience** e.g. Letters written directly to patients regarding outcomes/diagnosis/next steps, demonstrating tailoring your communication appropriately (can be hypothetical examples of how you may write to patients) (file XX or page XX)

- You will see one or two examples of how you may approach evidencing certain key skills under each CiP (of course these are just suggestions in most cases or 'food for thought').

The examples listed differ to show how you can adapt these to match your own clinical skill set (as long as the key skills AND descriptors have been met sufficiently) i.e.

- **some may be covered by knowledge, skills and experience (ideal evidence)**
- some may be covered by just skill and experience (i.e. if your clinical experience outweighs the need for demonstrating your knowledge via a course/teaching session)
- You may be able to cover two key skills at the same time via one piece of good evidence

- You may find that one piece of evidence fulfils **more than one key skill, or that you covered a descriptor more than once. You may occasionally find that you can use evidence from another CiP. This is all fine but please cross-reference appropriately simply by confirming what file is has already been uploaded into.** Please do not submit duplicates of evidence.

- The above comes with a strong recommendation for applicants to really ensure key skills and descriptors are met. **It is unlikely an applicant will fulfil a CiP demonstrating knowledge alone – a mixture of knowledge and practical experience is therefore strongly advised, in order to be successful**.

You must ensure you follow our guidance on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application. [If you submit any hard copy evidence, you will need to create your own dividers to confirm which section of the application the hard copy evidence relates to and clearly indicate this within your online application.]

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each CiP, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents. Please see Annex C for more information about how to upload your evidence.

Mandatory evidence and the rationale

Nearly all evidence listed are suggestions and ideas, which hopefully you find help helpful. However, when the evidence is listed in bold, this indicates that particular evidence is mandatory (and without which, your application will not be successful).

Mini-CEX/CbDs	Please provide sixteen CbDs/Mini-CEX in total throughout your application. The CbD is a generic tool that formalises case discussion between trainee and trainer. They are designed to be a vehicle for direct feedback about the case under discussion. The curriculum lists the competences that can be tested using a CbD. Trainers will use a CbD to assess: Clinical decision-making, Knowledge and Application of knowledge. Each CbD should involve a different clinical situation. The Mini-CEX is a generic tool that is used to test many different and varied competences. The curriculum lists the competences that can be tested using the Mini-CEX. Trainers will use the mini-CEX to directly assess trainees in: History-taking, Clinical examination, Formulating management plans, Communicating with patients and Professional and interpersonal skills. Each mini-CEX should take around 20 minutes. The trainer should provide feedback to the trainee immediately after the assessment. Trainees should organise Mini-CEX assessments with a range of trainers. There are a few that are mandatory in CiP 1, 3, 9 and 10 as the panel wish to see a formalised assessment for some specific key skills. These are listed in bold. The other submissions can be used to strengthen any other key skill you wish. Suggestions have been made regarding how you may wish to incorporate these into your application. A good spread of Mini-CEX and CbDs throughout your application should be evidenced from the last three years, as they are both excellent ways of demonstrating your skills and abilities via a formalised assessment.

	Please only use the RCOG templates which can be downloaded directly from the RCOG website. If you are a non-UK applicant and have already amassed some assessments via a different template, please provide a reflection confirming to the panel how the process of assessment are comparable.
NOTSS	Please provide four NOTSS assessments in total throughout your application. These are mandatory in CiP 3, 5, 9 and 10 as the panel wish to see a formalised assessment for some specific key skills. These are listed in bold. The other two submissions can be used to strengthen any other key skill you wish. Suggestions have been made regarding how you may wish to incorporate these into your application. NOTSS is another excellent formalised assessment and one that would be expected by the panel, which looks at scenarios from both obstetrics and gynaecology. NOTSS (Non-technical skills) are the cognitive and interpersonal skills that complement practical and technical competences, such as decision making, leadership and team working. NOTSS is a tool to observe and rate behaviour in theatre/labour ward overall in a structured manner. It focuses on teamwork, situational awareness and leadership in a range of different situations, taking all factors into account. It is not for the assessment of your dealing with one particular patient. For a NOTSS assessment to be valid, it must be from a situation where you managed more than three patients at one time. **Please only use the RCOG template which can be downloaded directly from the RCOG website. If you are a non-UK applicant and have already amassed some assessments via a different template, please provide a reflection confirming to the panel how the process of assessment are comparable.**
Reflective practice	Please provide ten reflective practice in total throughout your application.

	These can used to demonstrate skill or experience across any key skills of your choice. Suggestions have been made regarding how you may wish to incorporate these into your application. These should not be used to provide a narrative of a situation or generic speak. **We want to hear specific examples of your own clinical experiences** and how a particular situation has impacted you, what you have learnt. e.g. • How the activity contributed to the development of your knowledge, skills or professional behaviours • Ways in which your own behaviour may change as a result of reflecting on the event • What difference this will make to patient safety and quality As the RCOG guidance states: *'The emphasis should be on the learning, not just a description of what happened. Good reflection will show evidence of insight, critical analysis and evaluation of the experience from a personal perspective and the outcome of the learning. Reflection may be triggered by some sort of internal discord, and focus on the individual at the centre of the experience'.* **Please only use the RCOG template which can be downloaded directly from the RCOG website. If you are a non-UK applicant and have already amassed some assessments via a different template, please provide a reflection confirming to the panel how the process of assessment are comparable.**
OSATS	For independent clinical practice to be sufficiently evidenced, three summative OSATS for each procedure are required. Here are some pointers regarding how to ensure your OSATS are correctly completed and sign-off and ultimately, for the documents to be accepted by the panel as evidence of independent competency and skills:

	• For an OSATS to be summative, it must be requested in advance. As the RCOG guidance on OSATS confirms: *'You must declare in advance whether an OSATS is summative or formative and there must always be a distinction between the two – you won't be able to 'upgrade' a formative assessment that's gone well'.*
	• The three OSATS for the same procedure should not all be signed by the same assessor. There must be at least two different assessors signing off the OSATS.
	• Summative OSATS must be observed and subsequently signed-off by assessors;
	  ○ Providing sufficient information/comments/detail of what the procedure specifically entailed, what particularly the applicant did particularly well and any obstacles.
	  ○ These cannot be generic signoffs, these cannot be signed off retrospectively, they cannot be used as a tick-box exercise by those who already support their competency (but haven't actually witnessed the procedure). Generic comments such as 'satisfactory' without any proper assessor feedback will not be accepted.
	  ○ Sign-off must be completed by the trainer and not via the applicant, on their behalf.
	• Summative OSATS must be used to determine your independent competency. Therefore, an assessment of you supervising junior doctors to undertake the procedure will not be accepted.
	
	Please only use the RCOG template which can be downloaded directly from the RCOG website. If you are a non-UK applicant and have already amassed some assessments via a different template, please provide a reflection confirming to the panel how the process of assessment are comparable.

Other	There are a few other areas of evidence required from Skills and Experience that you will note are listed in bold. Knowledge on its own would not suffice. However, there are several ways an applicant may be able to demonstrate this particular area. These are listed for you to choose one appropriate option.

Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your Portfolio Pathway capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	**If you hold full registration with us, you do not need to submit your PMQ** as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	Applicants must demonstrate an appropriate test of knowledge to that required for the CCT, which is the **Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG)** **Qualifications considered and accepted as comparable to the MRCOG are as follows:** • American Board of Obstetrics and Gynaecology (Part I and II) • Membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – must include a pass in the written, clinical and oral examinations • Fellowship of Obstetricians and Gynaecology from the Royal College of Physicians and Surgeons of Canada • Fellowship of the College of Surgeons South Africa (FCOG)

	If applicants do not hold the MRCOG or a comparable qualification as above, they can aim to demonstrate the same level of knowledge by providing: • A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every MRCOG competency (Part 1, 2 and 3) has been covered in their own qualifications. The panel will not undertake this work on behalf of the applicant. This should be a portfolio of evidence in itself, submitted in this section of the application. Please make it clear what evidence you are providing to meet each individual competency via a cover sheet for this section of the application i.e. *Aetiology and pathology of congenital and bone malformations of the genital tract – cross reference to page XX or file XX.* It will then be at the RCOG's discretion to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as the MRCOG. Applicants must be aware that as no other qualifications are considered directly comparable (apart from those listed above), it will be assessed on a case by case basis and will require the applicant to produce an extensive, detailed and complex portfolio of evidence. • An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision. • **Undertaking the MRCOG is the best way to demonstrate appropriate knowledge.**
Recent specialist training	If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past three years, please provide a of the curriculum or syllabus that was in place when you undertook your training. If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination. You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A

	detailed letter of verification from an educational supervisor would satisfy this requirement. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. If you have undertaken approved specialty training in O&G in the UK in the past three years, you should provide a copy of your ARCPs. Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been **reviewed and signed off through an ARCP from completed years in training.** **However, you still need to provide the following primary evidence.*
Advanced Training Skills Modules – ATSMs	Applicants must complete the required competences for a minimum of **two** ATSMs. If you have completed RCOG ATSMs, please provide the completion certificates only (BSCCP accreditation is considered equivalent to one RCOG ATSM. Therefore, if you have a BSCCP accreditation, please provide your accreditation certificate.) If you have **not** completed RCOG ATSMs, you must provide other evidence to meet the requirements of the specific ATSM curricula as outlined on the RCOG website (both theory and practical). • Full primary evidence is required, presented in two consolidated files (one for each ATSM). These should be considered as two separate portfolios of evidence, **in addition** to your required core evidence, even if there is some overlap or repetition. Your evidence should be clearly mapped/cross-referenced to each individual item of the curriculum, for assessor navigation and ease i.e. you may provide a cover sheet or use the GMC's 'Evidence Summary' section confirming what evidence you have provided to meet each key skill, the same approach that should be taken to present your core evidence. • RCOG ATSM Theoretical Courses are usual practice for most ATSMs and strongly recommended. Overall, the knowledge criteria for each CiP make clear what level of theoretical understanding and foundation knowledge is expected of an RCOG ATSM holder. This will be at a higher level than the knowledge base expected for the MRCOG examinations. Trainees/doctors who do not witness the range of problems covered by this ATSM should, at the very least, have working knowledge of them all.

	• If you have not completed RCOG ATSMs, you must provide other evidence of to meet the requirements of the specific ATSM curricula as outlined on the RCOG website. **The RCOG ATSM Definitive Document provides a comprehensive checklist of evidence, of which you can use to compile your evidence.**

Evidence of employment in posts and duties (including training posts)

Evidence of employment in posts and duties (including training posts)	
CV	Please provide a CV created in line with our guidance. Please provide an accompanying statement to your CV articulating the period of time you are drawing your evidence from and any breaks in practise.
Employment letters and contracts of employment	The information in these letters and contracts **must** match your CV. They will confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These must match the information in your CV. They will usually confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment

	• your involvement in teaching or training.
Rotas	• Consecutive samples of your rota for an annual cycle to cover the **last three years**, demonstrating your weekly clinical and non-clinical activity across both Obstetrics and Gynaecology. O e.g. if you're working a 1:8 rota, you should submit 8 consecutive weeks' rota per year
Departmental annual caseload statistics	• Departmental annual caseload statistics and hospital data**, from the last twelve months** including information on: ○ Delivery rate broken down into caesarean section, instrumental deliveries and including major complications ○ Total number of outpatient clinic attendances, day case and inpatient admissions and number of surgical procedures undertaken
Appraisal	Sequential annual appraisals ideally from the last five years should be provided. You must include your most recent appraisal document from the last twelve months. Please note: *Earlier appraisals must also be submitted if you choose to provide evidence outside of the last five years due to a career break. *If you have had a career break in the last five years, but choose not to provide any additional evidence from outside this timeframe, please provide appraisals from the years you have been practising, even if the total number of appraisals is less than five. However, a minimum of three appraisals from the last five years, including your most recent appraisal from the last twelve months must be submitted. ○ **Summaries of appraisals can be presented for past years, except for the most recent one, which should be submitted in full.** ○ If you have had an outcome 4 on an ARCP, or equivalent appraisal feedback, the applicant should provide details of how past concerns/issues have been rectified, confirmed and validated in detail by a current supervisor.

- For those working outside the UK, please refer to the NHS England appraisal template, which details what should ideally be covered in alternative/non-UK appraisals/reviews.

Curriculum requirements

CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provisions of high quality patient-centred care

CiP 1	Facilitates discussion	Able to take history	Ability to facilitate women's decision making	Provides treatment
Descriptors	➢ Able to take history, conduct an examination and use appropriate investigations to reach a differential diagnosis ➢ Documents clinical encounters in an appropriate and timely manner ➢ Modifies their approach to the patient when cultural background or personal values may have an impact on engagement and care ➢ Uses empathy, respect and compassion when communicating with a patient to build trust and independence and establish patient-centred management plan ➢ Recognises limitations and escalates care where appropriate ➢ Demonstrates a commitment to high quality care, which is safe and effective and delivers a good patient experience ➢ Prescribes correctly, accurately and unambiguously in accordance with GMC and other guidance. ➢ Demonstrates ability to deal with complex situations including drug contra-indications and side effects ➢ Determines responsibility for follow up and can make referrals for complex cases ➢ Works effectively within a multiprofessional team to meet the needs of the individual ➢ Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment			

Knowledge (recommended courses)	Evidence suggestions: • Communication Skills • Breaking Bad News (this should ideally be face-to-face, class-based training OR online will be accepted if it has an interactive element i.e. run by an online instructor i.e. Teams, Zoom etc). • Consent
Skill	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Mini-CEX evidencing communication skills in difficult circumstances observed by senior colleague i.e. dissatisfied patient, learning difficulties, language difficulties, hearing impairment** • **A Mini-CEX evidencing breaking bad news to a patient, such as informing the patient of either a miscarriage or unexpected intrauterine fetal death. The discussion should demonstrate appropriate language and delivery with different management options. If this is not possible, please provide a reflection on a hypothetical scenario** • CbD to demonstrate managing difficult conversations/difficulty in gaining consent and/or how you have modified your approach to the patient when cultural background or personal values are at play • WPBAs to demonstrate interaction with challenging patients re consent/home birth request when the patient's preferences are considered to increase their risk • Reflective practice to demonstrate your experiences of taking a multidisciplinary approach in determining a specific patient management plan • Reflective practice regarding a particular complex referral and how the case was managed by a multidisciplinary team
Experience	Evidence suggestions: • At least one detailed letter written directly to patient(s) regarding outcomes/diagnosis/next steps, demonstrating tailoring your communication appropriately and demonstrating your ability to communicate risk to the patient appropriately (maximum five examples)

	○ If you have not written directly to patients, please provide hypothetical examples of how you may write to patients in this capacity • At least two detailed referral letters with the linked replies to show a trail of correspondence of complex patient cases and their history – including management plans and through to patient outcome i.e. what specifically was the outcome of the referral. Ability to both make and receive referrals should be clear (maximum five examples with corresponding responses) ○ Include a mix of correspondence you have written to colleagues, as well as the linked, corresponding letters they have written to you, either referrals, or as a response to your referrals • Multidisciplinary management and evidence of being involved in determining specific patient management plans as part of a formalised multidisciplinary process i.e. At least one full set of MDT minutes (with clear attendance and participation), LW ward round notes or ICU patient summaries (maximum three examples) ○ Clinical governance/risk assessment/audit meeting evidence will not be accepted. Referral letters are also not sufficient for MDT evidence and retrospective patient cases are not acceptable
Notes/Examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples: Example 1: **Ability to facilitate women's decision making** (relevant descriptors covered; Modifies their approach to the patient when cultural background or personal values may have an impact on engagement and care; Uses empathy, respect and compassion when communicating with a patient to build trust and independence and establish patient-centred management plan; Recognises limitations and escalates care where appropriate, demonstrates a commitment to high quality care, which is safe and effective and delivers a good patient experience; Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment

	Example 1: 1. **Knowledge** e.g. Training course, on consent 2. **Skill** e.g. CbD to demonstrate managing difficult conversations/difficulty in gaining consent and/or how you have modified your approach to the patient when cultural background or personal values are at play 3. **Experience** e.g. 3 x hypothetical letters written directly to patients regarding outcomes/diagnosis/next steps, demonstrating tailoring your communication appropriately Example 2: **Able to take history;** (relevant descriptors covered; Able to take history, conduct an examination and use appropriate investigations to reach a differential diagnosis; Documents clinical encounters in an appropriate and timely manner; Determines responsibility for follow up and can make referrals for complex cases 1. **Knowledge** e.g. a course, on Communication Skills 2. **Skills** e.g. reflective practice on a particular complex referral and how the case was managed by a multidisciplinary team 3. **Experience** e.g. 5 x referral letters with the corresponding replies, providing a trail of correspondence of complex patient cases and their history – including management plans and through to patient outcome Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 2: The doctor is able to successfully work within health organisations

CiP 2	Aware of healthcare systems and digital environment	Aware of and adheres to legal principles and professional requirements	Aware of ethical principles	Participates in clinical governance processes
Descriptors	➢ Follows GMC guidance on professionalism and confidentiality (Adheres to GMC Good Medical Practice) ➢ Understands the principles of data governance and the legislation around data protection and maintains an appropriate digital persona ➢ Understands the NHS constitution and the interactions with social care ➢ Demonstrates an awareness of budget and resource management ➢ Understands the human rights principles and legal issues surrounding informed consent and respectful care– including key legal rulings ➢ Understands ethical principles and how these underpin practice and acts professionally in difficult ethical situations ➢ Follows safety processes that exist locally and nationally ➢ Understands the principles of and participates in incident investigations and links recommendations to quality improvement. ➢ Discloses harmful patient safety incidents to patients and their families accurately and appropriately (exercises within the Duty of Candour) ➢ Demonstrates humanity and empathy for both first and second victims of adverse incidents ➢ Understands the need for proactive and responsible interaction with digital platforms ➢ Effectively signposts patients and health professionals to patient support websites and newsletters ➢ Is able to work with patients to interpret information in the public domain ➢ Demonstrates ability to interact appropriately with women's concerns and public campaigns			

Knowledge (recommended courses otherwise stated with **)	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Information governance/data protection**. **Mandatory training from the last 12 months must be submitted.** If this is not regularly maintained at your trust/hospital, please complete via eLfH training/eIntegrity or comparable • **Management in the NHS (Mandatory for non UK applicants)** e.g. Keele University course or comparable • Duty of Candour training, which can be undertaken via NHS Professionals or comparable • Complaint handling • Clinical governance
Skill	Evidence suggestions: • Reflective practice discussing adverse events or patient safety issues where you have been proactive, or reflection on clinical governance processes/meetings that had an impact on you • Relevant CbD/Mini-CEX demonstrating your active involvement in protecting patients from harm, confidentiality breaches • Patient information leaflet you have contributed to, that has either been approved for publication, or already in use in the hospital, demonstrating use of appropriate medical jargon/terminology and digital platforms (maximum two examples)
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Evidence of contribution to investigating at least one adverse incident, with a recommendation that links directly to quality improvement** (maximum three examples) • **Reflective practice on your understanding and insight into NHS working principles. (Mandatory for non-UK applicants) - please ensure you include a reflection on of your understanding of the different workings of the NHS and your own country's healthcare system**

	• Clinical governance/quality improvement involvement i.e. at least one full set of minutes of meetings attended (with clear attendance/participation) or service improvement involvement in alternative ways (maximum three examples) • Managing patient safety concerns, and how the patient has been directly and appropriately addressed (maximum three examples) • At least one detailed letter you have written directly to patients, in response to complaints you have been involved in i.e. real or hypothetical– demonstrating empathy and reflection on the incident (*generic hospital statement of account will not be sufficient) (maximum two examples). The purpose of this evidence would be to show you can communicate with an unsatisfied or upset patient, showing that you have listened and address these issues.
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Legal principles and professional requirements/aware of ethical principles** (Relevant descriptors covered: Follows GMC guidance on professionalism and confidentiality (Adheres to GMC Good Medical Practice), Understands the principles of data governance and the legislation around data protection and maintains an appropriate digital persona, Understands the NHS constitution and the interactions with social care, Demonstrates an awareness of budget and resource management, Understands the human rights principles and legal issues surrounding informed consent and respectful care– including key legal rulings, Understands ethical principles and how these underpin practice and acts professionally in difficult ethical situations, Follows safety processes that exist locally and nationally, Understands the principles of and participates in incident investigations and links recommendations to quality improvement, Discloses harmful patient safety incidents to patients and their families accurately and appropriately (exercises within the Duty of Candour).

	1. **Knowledge** e.g. a course, on data protection/information governance and Management in the NHS course (non-UK applicant) 2. **Skill** e.g. Relevant CbD/Mini-CEX such as your active involvement in protecting patients from harm, confidentiality breaches 3. **Experience** e.g. Evidence of contribution to investigating two separate adverse incidents, with recommendations that links directly to quality improvement Example 2: **Clinical governance processes.** (Relevant descriptors covered: Understands the principles of and participates in incident investigations and links recommendations to quality improvement, Discloses harmful patient safety incidents to patients and their families accurately and appropriately (exercises within the Duty of Candour), Demonstrates humanity and empathy for both first and second victims of adverse incidents. 1. **Skill** e.g. Reflective practice such as adverse events or patient safety issues where you have been proactive, or reflection on clinical governance processes/meetings that had an impact on you 2. **Experience** e.g. Clinical governance/quality improvement involvement via three sets of meeting minutes attending or service improvement involvement 3. **Experience** e.g. Managing patient safety concerns, and how the patient has been directly addressed OR two written communication directly to patients, in response to complaints you have been involved in i.e. real or hypothetical– demonstrating empathy and reflection on the incident (generic hospital statement of account will not be sufficient) Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results

CiP 3	Comfortable influencing and negotiating	Effective use of resources for time management and managed stress and fatigue	Demonstrates insight	Understand human behaviour when leading a team and manages conflict
Descriptors	➢ Evaluates own preferred negotiation style, handles a variety of negotiation challenges. Understands and is able to secure and consolidate agreements ➢ Understands the challenges and negative effects of conflict within teams and organisations and implements the methods and tools used to manage conflict and its resolution ➢ Actively contributes to culture and respectful care by role modelling appropriate language and behaviour ➢ Understands the basic principles and importance of emotional intelligence ➢ Reflects on own leadership style and how this can impact on patient and colleague interactions. Continues to enhance leadership skills and demonstrates the ability to adapt leadership style to different situations ➢ Demonstrates insight into own knowledge and performance ➢ Understands stress, its impact on personal wellbeing and its potential effect on delivering high quality patient care ➢ Develops personal strategies to maintain/improve mental strength and resilience ➢ Recognise the impact of stress and fatigue in their team and offer / signpost to support ➢ Can prioritise effectively and can demonstrates effective time management in clinical settings ➢ Effectively delegates tasks to other members of the multiprofessional team			
Knowledge (recommended	Evidence suggestions: • **Leadership and management. A good example of L&M training can be found via eLfH/eIntegrity (mandatory for all applicants)**			

courses and supplementary reading)	• Conflict resolution. An example of training can be found via eLfH/eIntegrity • Resilience – can be accessed via the RCOG **All applicants are recommended to complete the following reading:** • **RCOG: Roles and Responsibilities of a Consultant and provide a reflection on what you have learnt**
Skill	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **NOTSS OR Mini-CEX to evidence consolidating agreements, multidisciplinary team-work issues and leading service change, or how your leadership style has to quickly adapt and change due to external factors, or in direct response to staff around you** • Reflective practice to demonstrate managing staff wellbeing, sickness and absence in the service or of an individual, effective time management, insight into own leadership skills and style and areas of improvement or how you have managed your own levels of stress and fatigue in the midst of a particularly challenging situations • Reflective practice regarding managing conflict resolution, personal management of negative staff behaviours in the workplace
Experience	Evidence suggestions: • Organising teaching sessions, multidisciplinary team-based simulation training, rota coordination, or similar • Chairing meetings (MDT, clinical governance or similar) or evidence of mediating formal discussions/consolidating outcomes • Leading service improvement projects, or critical incident review – leading to change

	• Leadership questionnaire • Personal negotiation; evidence of influencing service change for quality improvement such as negotiating resource, whilst being aware of available budgets and resources for a patient involvement project or similar
Notes/examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Understand human behaviour when leading a team and manages conflict** (Relevant descriptors covered; Understands the basic principles and importance of emotional intelligence, Understands the challenges and negative effects of conflict within teams and organisations and implements the methods and tools used to manage conflict and its resolution, Can prioritise effectively and can demonstrates effective time management in clinical settings, Effectively delegates tasks to other members of the multiprofessional team 1. **Knowledge** e.g. a course, on conflict resolution 2. **Skill** e.g. NOTSS OR Mini-CEX to evidence how your leadership style has to quickly adapt and change due to external factors, or in direct response to staff around you 3. **Skill** e.g. Reflective practice regarding managing conflict resolution, personal management of negative staff behaviours in the workplace Example 2:

	Comfortable influencing and negotiating (Relevant descriptors covered; Evaluates own preferred negotiation style, handles a variety of negotiation challenges. Understands and is able to secure and consolidate agreements, Actively contributes to culture and respectful care by role modelling appropriate language and behaviour, Effectively delegates tasks to other members of the multiprofessional team 1. **Knowledge** e.g. a course, on leadership skills 2. **Skill** e.g. Mini-CEX to evidence consolidating agreements, multidisciplinary team-work issues and leading service change 3. **Experience** e.g. Organising teaching sessions, multidisciplinary team-based simulation training, rota coordination, or similar or evidence of influencing service change for quality improvement such as negotiating resource, whilst being aware of available budgets and resources for a patient involvement project or similar Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 4: The doctor is able to design and implement quality improvement projects or interventions

CiP 4	Understands quality improvement (quality is safety, experience and efficacy)	Undertakes and evaluates impact of QI interventions
Descriptors	• Understands the difference between quality improvement and research. • Understands QI methodology such as Plan, Do, Study, Act cycles (PDSA) • Understands the concepts of big data and national clinical audit • Appreciates the importance of stakeholders in QI work encouraging involvement with patient groups eg Maternity Voices Partnership • Is actively involved in QI initiatives (examples include: clinical audit, guideline development, implementation of national guidance, service improvement) • Considers the best way to share learning • Evaluates quality improvement projects and how these can work at a local, regional and national level	
Knowledge (recommended courses and supplementary reading)	Evidence suggestions: • Quality improvement (Plan, Do, Study, Act cycles (PDSA). This training can be accessed by eLfH/eIntegrity • Understanding of the concepts of national clinical audit, such as NCEPOD and MBRRACE-UK, accompanied by a reflection on what you learnt and understood from your reading	
	Evidence suggestions:	

Skill	• Reflective practice evaluating the development of quality improvement projects/service change issues, consulting relevant stakeholders/following appropriate approval processes and perhaps referencing national clinical audit • At least one set of clinical guidelines/SOPS you have contributed to, that have either been approved for publication, or already in use in the hospital (maximum three examples). Information on clinical guidelines can be found here - https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **At least one example of Plan, Do, Study, Act cycle you have undertaken (PDSA) such as audit/re-audit or quality improvement project/service development project with stakeholder involvement in which you have been involved. Maximum of three examples.** o This evidence should demonstrate a series of steps that is used when trying to make an improvement against a specific set of standards. PDSA cycles allow for new improvement ideas to be tested and evaluated based on data collected. This evidence must include full detail of the steps taken. They may also reference larger scale national audits such as MBRRACCE-UK or other o Certificates of completion for example will not be sufficient o Please find below two helpful links - on the PSDA cycle and how to undertake a clinical audit ✓ https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf ✓ https://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/ o Business cases or bids you have written, to improve clinical services (maximum two examples)
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below:

	Example 1: **Understands quality improvement AND Undertakes and evaluates impact of QI interventions** (covers all relevant descriptors) 1. **Knowledge** e.g. course in Good Clinical Practice 2. **Skill** e.g. Reflective practice such as evaluating the development of quality improvement projects/service change issues, consulting relevant stakeholders/following appropriate approval processes 3. **Experience** e.g. Plan, Do, Study, Act cycles (PDSA) via two audits and a re-audit OR two quality improvement projects/service development projects with stakeholder involvement in which you have been involved. (This evidence should demonstrate a series of steps that is used when trying to make an improvement. PDSA cycles allow for new improvement ideas to be tested and evaluated based on data collected). This evidence must include full detail of the steps taken. Certificates of completion for example will not be sufficient. Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels

CiP 5	Maintains situational awareness	Demonstrates insight and decision making	Ability to respond to human performance within adverse clinical events	Team-working	Understands systems and organisational factors
Descriptors	➢ Understands and applies the techniques as a team and an individual to maintain situation awareness in safety-critical environments ➢ Demonstrates insight into own decision-making process ➢ Can review and analyse the decisions of others ➢ Reflects on unconscious biases which may influence human interaction and behaviour ➢ Demonstrates knowledge and effects of various types of human error/violations on outcomes ➢ Understands team working in complex dynamic situations and ability to adapt to changing teams ➢ Demonstrates appropriate assertiveness and challenges constructively ➢ Reflects on breakdowns in team working and communication ➢ Recognises how equipment and environment contribute to outcomes and patient safety				
Knowledge (recommended courses and supplementary reading)	Evidence suggestions: • Human Factors – StratOG or eLfH/eIntegrity training would both be accepted, or comparable • PROMPT (PRactical Obstetric Multi-Professional Training) or comparable i.e. https://www.promptmaternity.org/ **All applicants are required to complete the following learning modules and provide evidence of completion:**				

	• **RCOG: Workplace Behaviour Toolkit**
Skill	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **NOTTS demonstrating techniques used for situational awareness, covering both team and individual factors, issues or breakdowns in team-working and communication, whilst also liaising/reassuring patients** • Mini-CEX reviewing the situations of others, assessment of decision-making process – both yours and others, personal management of negative staff behaviours • Reflective practice regarding time management, management of personal stress and fatigue, the different types of decision making and appropriate personal insight to adapt in that particular situation • CbD demonstrating when making clinical decisions, the ability to consider a person's perspective and the reasons for choices and perception of safety i.e. convincing difficult patient re consent/home birth request when the risks outweigh the patient's preferences
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): **Multisource feedback (both colleagues and patients) demonstrating your communication skills, behaviours and relationships** **This evidence should either be via:** ○ **One complete 360 degree multisource feedback report (covering both patients and colleagues). Tool suggestions are the GMC's multisource feedback tool or the NHS Leadership Academy's 360 degree feedback tool** **OR** ○ **Two separate TO2 forms (a year apart from each-other) AND accompanied completed patient questionnaires** **Minimum of ten responses from patients and ten responses from colleagues, of all levels – please see here for the types of colleagues you should gain feedback from**

	• Statement of account/email to Trust/Risk Leads or comparable, regarding safety concerns and escalation • Submitted incident reports, or comparable (can cross-reference CiP 2) (maximum two examples) • Any further examples of understanding teamwork in complex situations i.e. commendations, thank you emails citing specific examples of good practice (maximum five examples)
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Maintains situational awareness** (Relevant descriptors covered: Understands and applies the techniques as a team and an individual to maintain situation awareness in safety-critical environments, Can review and analyse the decisions of others, Reflects on unconscious biases which may influence human interaction and behaviour, Demonstrates knowledge and effects of various types of human error/violations on outcomes, recognises how equipment and environment contribute to outcomes and patient safety) 1. **Knowledge** e.g. course in Human Factors 2. **Skill** e.g. NOTTS, such as techniques used for situational awareness, covering both team and individual factors, issues or breakdowns in team-working and communication, whilst also liaising/reassuring patients 3. **Experience** e.g. Statement of account/email to Trust/Risk Leads or comparable, regarding safety concerns and escalation Example 2:

	Demonstrates insight and decision making (relevant descriptors covered: Demonstrates insight into own decision-making process, Understands team working in complex dynamic situations and ability to adapt to changing teams, Demonstrates appropriate assertiveness and challenges constructively) 1. **Knowledge** e.g. Resilience (step up or comparable) (cross reference to CiP 3) 2. **Skill** e.g. Reflective practice regarding time management, management of personal stress and fatigue, the different types of decision making and appropriate personal insight to adapt in that particular situation 3. **Experience** e.g. Five examples of understanding teamwork in complex situations i.e. commendations, thank you emails citing specific examples of good practice and decision-making Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 6: The doctor takes an active role in helping self and others to develop themselves

CiP 6	Demonstrates a commitment to continued learning	Develops people and provides pastoral care	Promotes excellence and demonstrates performance management	Provides support to second victims
Descriptors	➢ Understands own learning styles ➢ Implements personal development plans to enhance and progress professional practice ➢ Acts as a supportive colleague and critical friend and encourages career development in others ➢ Understands concepts of formal mentoring and coaching ➢ Signposts to professional networks to promote high quality and innovative practice ➢ Demonstrates an awareness of the characteristics of a colleague in difficulty, supporting and guiding them using the processes which exist within the NHS ➢ Sensitively debriefs after an adverse incident with an awareness that traumatic events may lead to psychological effects which may need professional intervention and support ➢ Understands the importance of signposting colleagues to psychological support services either through employer or doctors support service ➢ Understands the basic principles of performance management. Uses SMART objectives to set personal development goals ➢ Understands the use of competency frameworks as a performance management and development tool			
Knowledge (recommended courses)	Evidence suggestions: • Cross reference to CPD Diary (experience) • Evidence of career coaching/mentoring			

Skill	Evidence suggestions: • Reflective practice on any particular courses or events that had a positive (or negative) impact on you and how this may improve your clinical practice, the importance of maintenance of knowledge • Reflective practice or other confirmation of providing support to a colleague in difficulty or staff development you were personally responsible for i.e. encouraging them to undertake certain developmental steps for their own continuing development
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): ***An overview of continuing your professional development must be provided. Evidence from a minimum of 20 hours per year from the last three years of clinical practise (WTE) should be provided. To be demonstrated either via:** • **RCOG CPD Diary OR** • **Sample of CPD record certificates of attendance at workshops and local, national and international meetings (examples as above from the last three years only)** • Participation in staff support projects, such as buddying/mentoring schemes • Leading a debrief after an adverse incident • Cross reference to Curriculum Vitae- demonstrating competitiveness for job applications and including a personal development plan of targets for the next year
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1:

	Promotes excellence and demonstrates performance management/Develops people and provides pastoral care (relevant descriptors covered: understands the basic principles of performance management. Uses SMART objectives to set personal development goals, implements personal development plans to enhance and progress professional practice, Acts as a supportive colleague and critical friend and encourages career development in others, Understands concepts of formal mentoring and coaching, Demonstrates an awareness of the characteristics of a colleague in difficulty, supporting and guiding them using the processes which exist within the NHS, Understands the importance of signposting colleagues to psychological support services either through employer or doctors support service, Understands the use of competency frameworks as a performance management and development tool. 1. **Knowledge** e.g. Consultant Interview course 2. **Skill** e.g. Reflective practice or other confirmation of providing support to a colleague in difficulty or staff development you were personally responsible for i.e. encouraging them to undertake certain developmental steps for their own continuing development 3. **Experience** e.g. Participation in staff support projects, such as buddying/mentoring schemes Example 2: **Demonstrates a commitment to learning** (relevant descriptors covered: Understands own learning styles, identifies opportunities for learning and development through regular reflection and feedback, implements personal development plans to enhance and progress professional practice, applies learning to professional practice) 1. **Knowledge AND Experience** e.g. RCOG CPD Diary OR a sample of CPD record certificates of attendance at workshops and local, national and international meetings (examples from the last three years only) 2. **Skill** e.g. Reflective practice on any particular courses or events that had a positive (or negative) impact on you and how this may improve your clinical practice, the importance of maintenance of knowledge

	3. **Experience** e.g. cross reference to Curriculum Vitae- demonstrating competitiveness for job applications and including a personal development plan of targets for the next year Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 7: The doctor is able to engage with research and promote innovation

CiP 7	Demonstrates research skills	Demonstrates critical thinking	Innovates
Descriptors	➢ Understands principles of healthcare research and different methodologies ➢ Understands and applies the principles of ethics and governance within research ➢ Performs literature searches, interrogates evidence and communicates this to colleagues and patients ➢ Critically evaluates arguments and evidence ➢ Can communicate and interpret research evidence in a meaningful, unbiased way to support informed decision making ➢ Shows initiative by identifying problems and creating solutions ➢ Supports change by ability to reach a consensus ➢ Understands the value of failure in innovation		
Knowledge (recommended courses)	Evidence suggestions: • Good Clinical Practice • Research Methodologies		
Skill	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **At least one demonstration of equivalent effective formalised writing skills must be provided (maximum three examples) including literature searches and evidence based medicine, producing documentation as if for publication, <u>either</u> via:** o Critical appraisal of published research e.g. journal club presentations and reviews		

	○ Peer-reviewed publication that have either been published or that have been accepted for publication, including a clear demonstration of contribution to the writing of these publications. Your contribution to each component of the research these must be clear i.e. writing the proposal, submitting ethics, developing methodology, collecting results etc. ○ A formalised case history, written as if for publication. This should include detailed discussion regarding diagnosis and patient background, nature of your involvement in the management of the case (including discussion on the patient management plan, the rationale for this management, alternative management plans considered and your own reflections on the case). Backed by some theory behind the decisions made, with publications listed to support this i.e. referencing appropriately.
Experience	Evidence suggestions: • At least one research abstract or critical appraisal that have been accepted for presentation and/or • Presentations that have been delivered at national and international meetings – this may include poster presentations or presentation slides from oral presentations (maximum three examples of the above in total) • Personal contribution to clinical research such as recruitment to multicentre studies
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Demonstrates research skills** (relevant descriptors covered: Understands principles of healthcare research and different methodologies, Understands and applies the principles of ethics and governance within research, Performs literature searches, interrogates evidence and communicates this to colleagues and patients 1. **Knowledge** e.g. course in Research Methodologies

	2. **Skill** e.g. One peer-reviewed publication that have either been published or that have been accepted for publication, including a clear demonstration of contribution to the writing of these publications. Your contribution to each component of the research must be clear. 3. **Experience** e.g. Presentations that have been delivered at national and international meetings – this may include poster presentations or presentation slides from oral presentations Example 2: **Demonstrates critical thinking AND Innovates** (relevant descriptors covered: Critically evaluates arguments and evidence, Can communicate and interpret research evidence in a meaningful, unbiased way to support informed decision making, Shows initiative by identifying problems and creating solutions, Supports change by ability to reach a consensus, Understands the value of failure in innovation 1. **Knowledge** e.g. course in Good Clinical Practice 2. **Skill** e.g. One critical appraisal of published research 3. **Experience** Three posters that have been delivered at national and international meetings Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 8: The doctor is effective as a teacher and supervisor of healthcare professionals

CiP 8	Delivers effective teaching	Embraces inter-professional learning	Supervises and appraises
Descriptors	➢ Plans and delivers effective learning strategies and activities ➢ Promotes a safe learning environment and ensures patient safety is maintained ➢ Understands techniques for giving feedback and can provide it in a timely and constructive manner ➢ Evaluates and reflects on the effectiveness of their educational activities ➢ Facilitates and participates in interprofessional learning ➢ Commits to learning from patients ➢ Demonstrates commitment to patient education ➢ Contributes towards staff development and training, including supervision, appraisal and workplace assessment ➢ Demonstrates ability to act as a Clinical Supervisor ➢ Understands the appraisal and revalidation process		
Knowledge (recommended courses)	Evidence suggestions: • Teaching Skills e.g. Train the Trainer • Presentation Skills • Appraisal (can be undertaken via StratOG) • Assessment (can be undertaken via StratOG)		
	Evidence suggestions:		

Skill	• Reflection practice regarding assessment of training needs of others, your reflections and insights on being a Clinical Supervisor • References you have written for colleagues • NOTSS demonstrating effective facilitation of bedside learning and provide on-the-job feedback • CbD/Mini-CEX such as your experience as a Clinical Supervisor and techniques used to provide feedback • Observed teaching by senior supervisor and the associated feedback • Attendance/observation of any assessment process • Involvement in selection and recruitment processes
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): 1) **Experience as a Clinical Supervisor must be evidenced by <u>two</u> examples from the following options:** ○ WPBAs that you have undertaken for trainees as an assessor (maximum of five examples of separate assessments undertaken) ○ Evidence of appraisal of colleagues e.g. references you have written, colleague appraisals you have attended (maximum of three examples) ○ Assessment in undergraduate/postgraduate examinations (maximum three examples) **2) Experience to plan, structure and facilitate an educational session or lecture must be evidenced by <u>all</u> the following evidence:** ○ Three examples of content of planned educational lectures/presentations/training events (journal clubs/clinical governance presentations not accepted) you have delivered **AND** ○ The relevant, corresponding formalised delegate feedback from these three different events i.e. via completed delegate feedback questionnaires. Feedback must be pertaining directly to you, your presentation style, delivery and content; not group feedback. There must be a minimum of three completed forms/delegate feedback from each of the three teaching sessions.
Notes and examples	<u>Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below:</u>

	Example 1: **Supervises and appraises** (relevant descriptors covered: Promotes a safe learning environment and ensures patient safety is maintained, Understands techniques for giving feedback and can provide it in a timely and constructive manner, Evaluates and reflects on the effectiveness of their educational activities. Contributes towards staff development and training, including supervision, appraisal and workplace assessment, Demonstrates ability to act as a Clinical Supervisor, understands the appraisal and revalidation process) 1. **Knowledge** e.g. Appraisal and Assessment (StratOG tutorials) 2. **Skill** e.g. CbDs/Mini-CEX such as your experience as a Clinical Supervisor and techniques used to provide feedback 3. **Experience** e.g. Log of five separate WPBAs that you have undertaken for trainees as an assessor Example 2: **Delivers effective teaching AND embraces interprofessional learning** (relevant descriptors covered: Plans and delivers effective learning strategies and activities, promotes a safe learning environment and ensures patient safety is maintained, evaluates and reflects on the effectiveness of their educational activities, facilitates and participates in interprofessional learning, commits to learning from patients, demonstrates commitment to patient education) 1. **Knowledge** e.g. courses in teaching skills and presentation skills 2. **Skill** e.g. NOTSS demonstrating effective facilitation of bedside learning and provide on-the-job feedback 3. **Experience** e.g. Content of three lectures/presentations you have delivered and the relevant delegate feedback on education/training events personally planned and delivered. Feedback must be pertaining directly to you, not group feedback

	Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy

CiP 9	Manages acute pelvic pain and vaginal bleeding in the non-pregnant woman	Manages acute infections and acute complications of gynaecological treatment	Manages vaginal bleeding and pain in early pregnancy and other early pregnancy complications	Manages the acute gynaecological workload
Descriptors	Pelvic pain, vaginal bleeding, acute infections (in the non-pregnant woman) and complications of gynaecological treatment ➢ Performs a focused history, appropriate examination and orders appropriate investigations. ➢ Formulates a differential diagnosis. ➢ Discusses diagnosis in a sensitive manner. ➢ Formulates an appropriate individualised management plan taking into account a person's preferences and the urgency required. ➢ Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. ➢ Performs surgery where appropriate. ➢ Ensures continuity of care, effective handover and appropriate discharge plan. ➢ Ensures appropriate risk management procedures are undertaken Manages vaginal bleeding and pain in early pregnancy and other pregnancy complications ➢ Performs focused history, appropriate examination and orders appropriate investigations. ➢ Formulates a differential diagnosis. ➢ Discusses diagnosis in a sensitive manner. ➢ Formulates an appropriate and individualised management plan taking into account a person's preferences and the urgency required. ➢ Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. ➢ Performs surgery where appropriate. ➢ Ensures continuity of care, effective handover and appropriate discharge plan.			

	➢ Demonstrates understanding of the psychological impact of pregnancy loss OR ensures continuity of care, effective handover and appropriate discharge plan. Manages the acute gynaecological workload ➢ Is able to delegate appropriately to other members of the team. ➢ Is able to prioritise and escalate acute gynaecological workload according to clinical need ➢ Demonstrates prompt assessment of the acutely deteriorating patient. ➢ Is able to give a gynaecological opinion for another specialty. ➢ Makes safeguarding referrals where appropriate.
Knowledge (recommended courses)	Key skills can be via your skill and experience alone or you may wish to include teaching sessions you have delivered on various aspects of these key skills.
Skill Reflective practice cannot be used to demonstrate	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Three summative competent OSATS for Ovarian cystectomy (can be laparoscopic or open)** • **Three summative competent OSATS for Surgical management of miscarriage or surgical termination of pregnancy** • **Three summative competent OSATS for Management of ectopic pregnancy (laparoscopic or open)** • **Three summative competent OSATS for transabdominal ultrasound for pregnancy location in early pregnancy (each OSAT to include assessment of viability and location of pregnancy)** • **Mini-CEX/CbD demonstrating your management of early pregnancy complications** • **Mini-CEX/CbD demonstrating your management of acute pelvic pain in the non-pregnant woman** • **NOTSS such as escalating and delegating appropriately, teamwork including other specialties and prompt assessment in emergency gynaecology**

skill for clinical CiPs	Submitted OSATS must be: From the last three years (unless working at LTFT – please refer to 'currency of evidence' section) Each procedure should be completed and signed off by at least two different assessors (i.e. one assessor cannot sign off all three OSATS for a certain procedure) at consultant level, including Senior SAS Doctor (acting at Consultant level); confirming observed independent practice (please note - ultrasound OSATS can be signed off by Sonographer, but at least one OSATS must be signed off by assessor at Consultant level) OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place) Please refer to the OSATS guidelines section for full details
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Personal log of emergency gynaecology experience covering the last five years, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents. Your logbooks must demonstrate your ongoing progression and maintenance of skill and competence. Ideally, this log must be fully verified and validated by RCOG member or RCOG affiliated Educational Supervisor.** • Reflective practice demonstrating your understanding of the psychological impact of pregnancy loss and discussion in a sensitive manner • Cross-reference to any relevant formalised case-histories or publications you have written (CiP 7)
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1:

	➢ **Manages acute pelvic pain and vaginal bleeding in the non-pregnant woman** (Relevant descriptors covered: Performs a focused history, appropriate examination and orders appropriate investigations, formulates a differential diagnosis, discusses diagnosis in a sensitive manner, formulates an appropriate individualised management plan taking into account a person's preferences and the urgency required, recognises limitations and escalates care to senior colleagues and other specialities when appropriate, performs surgery where appropriate, ensures continuity of care, effective handover and appropriate discharge plan, ensures appropriate risk management procedures are undertaken) 1. **Skill** e.g. Mini-CEX/CbD demonstrating your management of acute pelvic pain in the non-pregnant woman 2. **Experience** e.g. cross-reference to any relevant formalised case-histories or publications you have written (CiP 7) Example 2: **Manages vaginal bleeding and pain in early pregnancy and other early pregnancy complications; <u>caused by ectopic pregnancy</u>** (Relevant descriptors covered: Performs focused history, appropriate examination and orders appropriate investigations, formulates a differential diagnosis, discusses diagnosis in a sensitive manner, formulates an appropriate and individualised management plan taking into account a person's preferences and the urgency required, recognises limitations and escalates care to senior colleagues and other specialities when appropriate, performs surgery where appropriate, ensures continuity of care, effective handover and appropriate discharge plan, demonstrates understanding of the psychological impact of pregnancy loss) 1. **Skill** - Three summative OSATS for transabdominal ultrasound for pregnancy location in early pregnancy **AND** Three summative OSATS for the management of ectopic pregnancy (laparoscopic or open) 2. **Skill** - Mini-CEX/CbD demonstrating your management of early pregnancy complications 3. **Experience** - Personal log of emergency gynaecology experience, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents, specifically demonstrating regular exposure to management of ectopic pregnancies, accompanied by any specific reflective practice/CbDs/Mini-CEX on your management of this specific complication/procedure

	Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics

CiP 10	Manages pain and bleeding in the obstetric person	Manages suspected preterm labour/ruptured membranes	Manages labour	Manages emergency birth and immediate postpartum problem	Manages concerns about fetal wellbeing prior to labour	Manages intrapartum fetal surveillance	Manages labour ward and	Manages maternal collapse and people who are acutely unwell in pregnancy
Descriptors	Manages pain and bleeding in an obstetric person ➢ Performs focused history, appropriate examination and orders appropriate investigations ➢ Establishes maternal and fetal wellbeing ➢ Formulates a differential diagnosis ➢ Discusses diagnosis in a sensitive manner ➢ Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required Manages suspected pre-term labour/ruptured membranes ➢ As above ➢ Aware of additional issues at extremes of viability including ethical concerns and additional therapies which may be of benefit Manages concerns about fetal wellbeing prior to labour ➢ Appropriately assesses concerns regarding fetal movements ➢ Can use appropriate investigations to confirm the loss or death of a baby ➢ Discusses the diagnosis in a sensitive manner and recognises in cases where a baby has died the psychological impact on an individual and their family ➢ Is able to sensitively discuss management options where the death of a baby has occurred							

	➢ Can provide a supportive environment and signpost to relevant support services for an individual and her partner who have suffered the loss of a baby Manages labour ➢ Demonstrates understanding of the physiology of labour ➢ Is aware of situations where labour may be more complex such as multiple pregnancy ➢ Uses history and clinical signs to anticipate possible problems ➢ Can formulate safe management plans taking into account the woman's preferences ➢ Can succinctly explain management plans to women and birthing partners Manages intrapartum fetal surveillance ➢ Can use intrapartum fetal surveillance strategies to help assess risk ➢ Can recognise abnormal fetal heart rate patterns, perform and interpret related tests ➢ Communicates concerns effectively and sensitively with colleagues, women and birthing partners Manages induction and augmentation of labour ➢ Can formulate safe management plans for induction and augmentation taking into account the woman's preferences Manages emergency birth and immediate postpartum problems ➢ Can recognise when birth may need to be expedited ➢ Communicates concerns and recommendations effectively and sensitively with colleagues, women and birthing partners ➢ Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required ➢ Demonstrates the skills needed to facilitate safe operative birth ➢ Demonstrates skills in managing problems arising immediately postpartum Manages maternal collapse and people who are acutely unwell in pregnancy ➢ Demonstrates prompt assessment of acutely deteriorating patient ➢ Performs procedures necessary in emergency situations ➢ Escalates to senior colleagues and other specialities Manages labour ward ➢ Demonstrates leadership skills within the multidisciplinary team, anticipating problems, prioritising and managing obstetric care

	➢ Recognises limitations and escalates care to senior colleagues and other specialities when appropriate ➢ Ensures continuity of care, effective handover and appropriate discharge plan ➢ Manages complex problems, including liaison with, and referral to, other specialties where appropriate ➢ Demonstrates the skills to sensitively explain unexpected events of labour and birth and anticipates where later debrief may be necessary
Knowledge (recommended courses)	Evidence suggestions: • CTG training. This can be accessed electronically e.g. eLfH/eIntegrity or K2 • Perineal repair course • Obstetric simulation course e.g. ROBUST or comparable multidisciplinary obstetric simulation training (PROMPT not considered comparable) • You may wish to include teaching sessions you have delivered on various aspects of these key skills
Skill Reflective practice cannot be used to demonstrate skill for clinical CiPs	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Three summative competent OSATS for perineal repair – 3rd/4th degree tear** • **Three summative competent OSATS for rotational assisted vaginal delivery (any method)** • **Three summative competent OSATS for complex caesarean section (as defined by the current RCOG training matrix)** • **Three summative competent OSATS for the surgical management of retained products of conception, for obstetrics (surgical evacuation of retained products of conception after 16 weeks gestation using suction curettage or a surgical curette)** • **Three summative competent OSATS for the surgical management of postpartum haemorrhage (PPH) including intra-uterine balloons, brace sutures, uterine packing, placental bed compression sutures and hysterectomy** • **CbD/Mini-CEX demonstrating ability to manage an emergency obstetric situation** • **CbD/Mini-CEX demonstrating respect for maternal wishes and consent in difficult circumstances, or postpartum challenges and management** • **NOTSS evidencing prompt assessment and situational awareness in complex situations, escalating and delegating appropriately, teamwork including other specialties on an acute obstetric unit**

	Submitted OSATS must be: From the last three years (unless working at LTFT – please refer to 'currency of evidence' section) Each procedure should be completed and signed off by at least two different assessors (i.e. one assessor cannot sign off all three OSATS for a certain procedure) at consultant level, including Senior SAS Doctor (acting at Consultant level); confirming observed independent practice OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place) Please refer to the OSATS guidelines section for full details
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Personal log of emergency obstetrics experience, covering the last five years, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents. Your logbooks must demonstrate your ongoing progression and maintenance of skill and competency across the breadth and depth of emergency obstetrics. Ideally, the log must be fully verified and validated by RCOG member or RCOG affiliated Educational Supervisor.** • Reflective practice regarding a debrief after poor outcome • Reflective practice on your experiences of extremes of viability, or managing the challenging discussion with a patient on the loss or death of a baby • Cross-reference to any relevant formalised case-histories or publications you have written (CiP 7)
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1:

	Manages labour AND manages emergency birth and immediate postpartum problems <u>resulting in PPH</u> (Relevant descriptors covered: Manages labour, demonstrates understanding of the physiology of labour, is aware of situations where labour may be more complex such as multiple pregnancy, uses history and clinical signs to anticipate possible problems, an formulate safe management plans taking into account the woman's preferences, can succinctly explain management plans to women and birthing partners, demonstrates skills in managing problems arising immediately postpartum) 1. **Knowledge** e.g. Course in ROBUST or comparable multidisciplinary obstetric simulation training 2. **Skill** e.g. Three summative OSATS for the surgical management of postpartum haemorrhage (PPH) including intra-uterine balloons, brace sutures, uterine packing, placental bed compression sutures and hysterectomy 3. **Experience** e.g. Personal log of emergency obstetrics experience, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents – specifically demonstrating regular exposure to managing PPH Example 2: **Manages suspected preterm labour/ruptured membranes** (Relevant descriptors covered: performs focused history, appropriate examination and orders appropriate investigations, establishes maternal and fetal wellbeing, formulates a differential diagnosis, discusses diagnosis in a sensitive manner, formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required, aware of additional issues at extremes of viability including ethical concerns and additional therapies which may be of benefit 1. **Knowledge** e.g. Teaching session delivered 2. **Skill** e.g. 1 x summative OSATS for complex caesarean section (specifically preterm less than 28 weeks) 3. **Experience** i.e. Logs of experience including pre-term labour and ruptured membranes, accompanied by reflective practice such as your experiences of extremes of viability, such as pre-term labour

	Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.

CiP 11	Manages abnormal bleeding	Manages pelvic and vulval pain and pelvic masses	Manages the abnormal cervical smear	Manages suspected gynaecological cancer symptoms	Manages urogynaecological symptoms	Manages menopause and postmenopausal care	Manages subfertility	Manages sexual wellbeing
Descriptors	In all cases (including managing abnormal bleeding) we would expect: ➢ Performs focused history, appropriate examination and orders appropriate investigations. ➢ Formulates a differential diagnosis. ➢ Discusses diagnosis in a sensitive manner and recognise the psychological impact of condition ➢ Formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required. ➢ Recognises limitations and escalates care to senior colleagues and other specialities when appropriate. ➢ Performs surgery where appropriate. ➢ Ensures appropriate follow up. ➢ Demonstrates awareness of the quality of patient experience. Manages the abnormal cervical smear ➢ Demonstrates ability to counsel about cytology reports and HPV testing.							

	➢ Refers to colposcopy services in accordance with national guidelines. Manages suspected gynaecological cancer symptoms ➢ Demonstrates knowledge of when referral to a tertiary gynaecological oncology centre will be required. ➢ Can counsel about surgical and non-surgical treatment options, taking into account the individual woman's background health and preferences. ➢ Ensures appropriate follow up in line with national guidance. Manages urogynaecological symptoms ➢ Can counsel about surgical and non-surgical treatment options, taking into account the individual woman's background health and preferences. ➢ Ensures appropriate follow up. ➢ Demonstrates awareness of the quality of patient experience. Manages pelvic and vulval pain and pelvic masses ➢ Recognise common vulval disorders ➢ Recognise when to refer to allied specialties and the importance of the multidisciplinary team Manages menopause and postmenopausal care ➢ Formulates an appropriate and individualised management plan taking into account patient preferences including complimentary therapies and lifestyle modifications. ➢ Appreciates the impact that the menopause may have on other aspects of wellbeing.

	Manages subfertility ➢ Is able to interpret results in order to plan effective care and counsel about management options, including local referral pathways and alternatives for conceiving. ➢ Understands the ethical issues surrounding IVF treatment. Manages sexual wellbeing ➢ Offers advice regarding all contraceptive methods and understands the factors affecting choice of contraception, including comorbidities, patient preference, failure rates, etc. ➢ Demonstrates ability to administer/fit different contraceptive methods ➢ Demonstrates the ability to manage unplanned pregnancies (including medical and surgical abortion)* ➢ Is aware of alternative sources of support and follow-up for patients, particularly in cases of unplanned pregnancy and termination of pregnancy. ➢ Offers sexual health screening advice and provides appropriate referral to genitourinary medicine (GUM) services for management of sexually transmitted infections. ➢ Identifies psychosexual problems, explores and can initiate referral to specialist services where available. ➢ Recognises the interactions between gynaecological problems and psychosexual problems. * Applicants who have personal beliefs that conflict with provision of abortion or for those undertaking training in a region where there are legal restrictions to provision of abortion, please outline this in a cover sheet
Knowledge (recommended courses)	Evidence suggestions: • Basic Ultrasound Scanning – to cover gynaecology scanning • Reproductive Medicine (not health) (Reproductive Health training on its own is not sufficient as it should cover all areas of subfertility and reproductive endocrinology). Any missing components, such as Subfertility and Assisted Conception can be accessed (in addition) via StratOG

	• Institute of Psychosexual Medicine training certificate, or comparable (eLearning is acceptable) • You may wish to include teaching sessions you have delivered on various aspects of these key skills
Skill Reflective practice cannot be used to demonstrate skill for clinical CiPs	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Three summative competent OSATS for operative laparoscopy (these must be separate submissions to those in CiP 9 and should pertain only to non-emergencies. Management of ectopic pregnancy is not acceptable as a non-emergency procedure)** • **Three summative competent OSATS for hysteroscopy** • **Three summative competent OSATS for the insertion of IUS or IUCD and/or endometrial biopsy** • Mini-CEX/CbD covering the range of non-emergency gynaecological issues • Mini-CEX/Cbd regarding counselling a patient following abnormal smear and referring appropriately Submitted OSATS must be: From the last three years (unless working at LTFT – please refer to 'currency of evidence' section) Each procedure should be completed and signed off by at least two different assessors (i.e. one assessor cannot sign off all three OSATS for a certain procedure) at consultant level, including Senior SAS Doctor (acting at Consultant level); confirming observed independent practice OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place) Please refer to the OSATS guidelines section for full details
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Personal log of non-emergency gynaecology experience, covering the last five years, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents. Your logbooks must demonstrate your ongoing progression and maintenance of skill and competence. Ideally, this log must be fully verified and validated by RCOG member or RCOG affiliated Educational Supervisor.**

	• Evidence of attending/leading gynaecology clinics, managing a range of issues i.e. fertility clinics • Cross-reference to any relevant formalised case-histories or publications you have written (CiP 7) • Reflective practice demonstrating your insight and management of psychosexual problems or possible diagnosis of gynaecological cancer and your appropriate actions/referral to specialist for further investigation • Reflection on a particular patient investigation for abnormal bleeding, with clear patient outcome
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Manages sexual wellbeing** (relevant descriptors covered: offers advice regarding all contraceptive methods and understands the factors affecting choice of contraception, including comorbidities, patient preference, failure rates, etc, demonstrates ability to administer/fit different contraceptive methods, demonstrates the ability to manage unplanned pregnancies (including medical and surgical abortion), is aware of alternative sources of support and follow-up for patients, particularly in cases of unplanned pregnancy and termination of pregnancy, offers sexual health screening advice and provides appropriate referral to genitourinary medicine (GUM) services for management of sexually transmitted infections, identifies psychosexual problems, explores and can initiate referral to specialist services where available, recognises the interactions between gynaecological problems and psychosexual problems) 1. **Knowledge** e.g. Course in Institute of Psychosexual Medicine training certificate, or comparable (eLearning is acceptable) 2. **Skill** e.g. 3 x summative OSAT for the insertion of IUS or IUCD and 1 x Mini-CEX Mini-CEX/CbD such as discussing sexual wellbeing issues with the patient, offering appropriate advice and providing treatment

	3. **Experience** e.g. Personal log of non-emergency gynaecology experience, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents – demonstrating regular exposure OR separate evidence of leading sexual health clinics Example 2: **Manages abnormal bleeding** (relevant descriptors covered: performs focused history, appropriate examination and orders appropriate investigations, formulates a differential diagnosis, discusses diagnosis in a sensitive manner and recognise the psychological impact of condition, formulates an appropriate and individualised management plan taking into account patient preferences and the urgency required, recognises limitations and escalates care to senior colleagues and other specialities when appropriate, performs surgery where appropriate, ensures appropriate follow up, demonstrates awareness of the quality of patient experience) 1. **Knowledge** – can be demonstrated via skill and experience 2. **Skill** e.g. 1 x summative OSAT for cervical smear and 1 x summative OSAT for hysteroscopy (both may have been carried out to determine abnormal bleeding in one patient) 3. **Experience** e.g. cross-reference to any relevant formalised case-histories or publications you have written (CiP 7) or a reflection on a particular patient investigation for abnormal bleeding, with clear patient outcome Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics

CiP 12	Manages medical conditions including pre-existing conditions in pregnant women	Manages fetal concerns	Supports antenatal decision making	Manages the postnatal period	Manages mental health conditions in pregnancy and the postnatal period	Manages complications in pregnancy affected by lifestyle
Descriptors	In all cases we would expect: ➢ Demonstrates ability to discuss concerns and clinical uncertainties in a sensitive manner. ➢ Formulates appropriate and individualised management plans for pregnancy, birth and the postnatal period in consultation with other specialties. ➢ Demonstrates knowledge and ability to work within local clinically managed networks. ➢ Identifies risk factors relating to previous pregnancy outcomes to support antenatal decision making ➢ Effectively estimates risks to advise and inform decision making for individuals and their families. ➢ Manages the postnatal period Manages pre-existing medical conditions in the pregnant woman ➢ Demonstrates the ability to provide preconception advice to women and sensitively discuss risks during pregnancy to create tailored management plans with liaison with other specialties where appropriate. ➢ Identifies, assesses and manages pre-existing medical conditions in the pregnant or postnatal woman. Manages medical conditions arising in pregnancy ➢ Demonstrates the ability to recognise when conditions related to pregnancy develop.					

	➢ Identifies, assesses and manages pregnancy-specific conditions, and considers the impact on both maternal and fetal health. ➢ Demonstrates the ability to order and interpret appropriate investigations to monitor conditions during pregnancy. Manages fetal concerns ➢ Facilitates timely and appropriate investigation, management and referral to tertiary centres if required. Manages mental health conditions in pregnancy and the postnatal period ➢ Demonstrates ability to effectively and sensitively screen for mental health concerns arising in pregnant people. ➢ Demonstrates ability to formulate the initial diagnosis and management of mental health conditions with appropriate liaison and involvement of mental health services. ➢ Manages perinatal mental health emergencies in the antenatal and postnatal period effectively. ➢ Understands the impact that birth, birth trauma and adverse outcomes may have on future mental health and is able to signpost women and their families to support services Manages complications in pregnancy affected by lifestyle ➢ Understands the significant impact that lifestyle factors may have on maternal and fetal health. ➢ Sensitively enquires about lifestyle factors to facilitate disclosure. ➢ Understands and demonstrates ability to manage pregnancies where lifestyle factors cause complications. ➢ Uses support services appropriately according to local provision and taking into account the wishes of the woman and the needs of the fetus/neonate. Manages the postnatal period ➢ Demonstrates ability to sensitively debrief women and their families after an unexpected birth experience or when a baby is admitted to the neonatal unit. ➢ Advises on the impact of events in this pregnancy on future health and pregnancies. ➢ Demonstrates ability to discuss and advise on postnatal contraception and administer/fit different contraceptive methods ➢ Uses support services appropriately according to local provision, taking into account the wishes of the woman and her family. ➢ Ensures effective handover and discharge to primary care
	Evidence suggestions: • Basic Ultrasound Scanning – to cover obstetric scanning

Knowledge (recommended courses)	• You may wish to include teaching sessions you have delivered on various aspects of these key skills
Skill Reflective practice cannot be used to demonstrate skill for clinical CiPs	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **3 x summative competent OSATS for transabdominal ultrasound examination of late pregnancy (each OSAT to include assessment of placental localisation; liquor volume; fetal lie, cardiac activity and presentation)** • Mini-CEX evidencing effective and sensitive screening for mental health concerns and supporting patients with perinatal mental health issues/emergencies in the antenatal and postnatal period effectively • CbD evidencing managing medical conditions arising in pregnancy Submitted OSATS must be: From the last three years (unless working at LTFT – please refer to 'currency of evidence' section) Each procedure should be completed and signed off by at least two different assessors (i.e. one assessor cannot sign off all three OSATS for a certain procedure) at consultant level, including Senior SAS Doctor (acting at Consultant level); confirming observed independent practice (please note - ultrasound OSATS can be signed off by Sonographer, but at least one OSATS must be signed off by assessor at Consultant level) OSATS must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place) Please refer to the OSATS guidelines section for full details
Experience	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Personal log of non-emergency obstetric experience, covering the last five years, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents. Your logbooks must demonstrate your ongoing progression and maintenance of skill and competence. Ideally, this log must be fully verified and validated by RCOG member or RCOG affiliated Educational Supervisor.** • Cross-reference to any relevant formalised case-histories or publications you have written (CiP 7)

	• Reflective practice/NOTSS demonstrating experience of working on a maternity ward to include undertaking postnatal consultations, advising on the impact of events in this pregnancy on future health and pregnancies, advise on postnatal contraception and ensures effective handover and discharge to primary care • Reflective practice demonstrating your insight into lifestyle factors may have on maternal and fetal health and how you put this knowledge into practice or appropriately diagnosing and managing a woman with specific mental health conditions during pregnancy
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Manages fetal concerns** (relevant descriptors covered: demonstrates ability to discuss concerns and clinical uncertainties in a sensitive manner, formulates appropriate and individualised management plans for pregnancy, birth and the postnatal period in consultation with other specialties, demonstrates knowledge and ability to work within local clinically managed networks, identifies risk factors relating to previous pregnancy outcomes to support antenatal decision making, effectively estimates risks to advise and inform decision making for individuals and their families, manages the postnatal period, facilitates timely and appropriate investigation, management and referral to tertiary centres if required) 1. **Knowledge** e.g. a course in obstetric basic ultrasound 2. **Skill** e.g. 3 x 3 x summative OSATS for transabdominal ultrasound examination of late pregnancy (each OSAT to include assessment of placental localisation; liquor volume; fetal lie, cardiac activity and presentation) 3. **Experience** e.g. Personal log of non-emergency obstetric experience, confirming the date and full name of procedure, your exact role in each individual procedure and detail of any critical incidents – demonstrating regular exposure

	Example 2: **Manages mental health conditions in pregnancy and the postnatal period** (relevant descriptors covered: demonstrates ability to effectively and sensitively screen for mental health concerns arising in pregnant people, demonstrates ability to formulate the initial diagnosis and management of mental health conditions with appropriate liaison and involvement of mental health services, manages perinatal mental health emergencies in the antenatal and postnatal period effectively, understands the impact that birth, birth trauma and adverse outcomes may have on future mental health and is able to signpost women and their families to support services 1. **Knowledge** – course in Perinatal Mental health (cross-reference to CiP 13) 2. **Skill** e.g. Mini-CEX evidencing effective and sensitive screening for mental health concerns and supporting patients with perinatal mental health issues/emergencies in the antenatal and postnatal period effectively 3. **Experience** e.g. Reflective practice in appropriately diagnosing and managing a woman with specific mental health conditions during pregnancy Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 13: The doctor is able to champion the healthcare needs of people from all groups within society

CiP 13	Promotes non-discriminatory practice	Aware of broader social and cultural determinants of health	Aware of individual's social wellbeing	Aware of the interaction between mental health and physical health
Descriptors	➢ Possesses knowledge of ethical and legal issues and an awareness of the situations where discrimination might occur. ➢ Recognises how health systems can discriminate against patients with protected characteristics and works to minimise this discrimination and must not allow their personal beliefs to lead to discrimination. ➢ Adopts patient-centred assessments and interventions that are inclusive and respectful of diversity. ➢ Is able to perform consultations addressing the specific needs of a disabled person and being mindful that not all disabilities are visible. ➢ Understands the specific needs of transgender and non-binary individuals and is able to perform consultations and refer appropriately to specialist services. ➢ Understands the impact of a patient's social, economic and environmental context on their health. ➢ Interacts with appropriate patient representatives and engages with colleagues from different professional and personal backgrounds when working in multidisciplinary teams to promote the health of patients and the public. ➢ Must be aware of and adhere to the legislation regarding certain cultural practices (e.g. FGM, modern slavery) within the UK. ➢ Takes an appropriate social history to identify any pertinent social issues and can signpost patients to appropriate services. ➢ Considers the interaction between medical conditions, care and a woman's broader work and family life. ➢ Understands that people who care for dependents may face barriers in engaging with healthcare services or as a result have delayed engagement with healthcare providers which could impact on their health ➢ Understands the principles of safeguarding and their responsibility in protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.			

	➢ Understands how mental health issues can affect a woman's reproductive health. ➢ Knows how reproductive health issues can significantly impact on the mental health of a woman and her partner.
Knowledge (recommended courses)	Evidence suggestions (unless stated in bold and then the evidence is mandatory): • **Equality and Diversity** (mandatory training from the last 12 months). This is usually accessed via your trust or hospital. It can be accessed via eLfH/eIntegrity • **Safeguarding Children and Young People Level 3.** This is usually accessed via your trust or hospital. It can be accessed via eLfH/eIntegrity • **Safeguarding Adults Level 2.** This is usually accessed via your trust or hospital. It can be accessed via eLfH/eIntegrity • **FGM training.** This can be accessed via eLfH/eIntegrity • Tackling racism – available via StratOG • Perinatal Mental Health - available via StratOG • Abortion: the Legal, public health and ethical aspects AND Conscience and Abortion – both available via StratOG • Domestic abuse - available via eLfH/eIntegrity • Mental Health Act - available via eLfH /eIntegrity
Skill	Evidence suggestions: • CbD regarding a particular patient interaction that required careful consideration of the patient's beliefs or where a patient presented with FGM and how this case was managed, considering the legalities of this practice outside of the UK • Mini-CEX regarding a case where a patient highlighted discrimination for patients with protected characteristics as part of a patient information leaflet or similar hospital document/protocol • Reflective practice demonstrating your own understanding of mental health issues in pregnancy or how reproductive health issues/challenges are affecting a patient's overall wellbeing
Experience	Evidence suggestions: • Leading or attendance/observing clinics in perinatal mental health • Attendance/contribution at Perinatal Mental Health MDT Meetings

	• Cross-reference to any relevant formalised case-histories or publications you have written (CiP 7) • Any relevant patient information leaflets you may have authored or reviewed
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Aware of the interaction between mental health and physical health** (Relevant descriptors covered: understands how mental health issues can affect a woman's reproductive health, knows how reproductive health issues can significantly impact on the mental health of a woman and her partner) 1. **Knowledge** e.g. a course in perinatal mental health 2. **Skill** e.g. Reflective practice demonstrating your own understanding of mental health issues in pregnancy or how reproductive health issues/challenges are affecting a patient's overall wellbeing 3. **Experience** e.g. Leading or attendance/observing clinics in perinatal mental health Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary

CiP 14: The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease

CiP 14	Promotes a healthy lifestyle	Promotes illness prevention	Aware of the national and international policies and politics which impact on women's healthcare	Aware of globalisation of healthcare
Descriptors	➢ Understands lifestyle factors which impact on short- and long-term health ➢ Provides appropriate lifestyle advice to women in a sensitive manner and facilitates access to useful support or services.eg. smoking cessation and weight management ➢ Contributes to developments or education in health promotion. ➢ Understands the concept of screening and has an awareness of and promotes the current national screening programmes in women's health. ➢ Knows about the current recommended vaccinations available to protect women and their unborn children. ➢ Is able to provide balanced counselling regarding illness prevention strategies. ➢ Is aware of the impact of national policy on influencing local care giving. ➢ Is able to challenge and advocate to ensure local service provision equates with national standards ➢ Is aware of the interaction between the NHS and international healthcare bodies (e.g. the WHO). ➢ Understands how the increasing movement of people and health migration impacts on health services. ➢ Is aware of the basic principles of global health			
Knowledge (recommended courses)	Suggested evidence (unless stated in bold and then the evidence is mandatory): • **Infection Control** Mandatory training from the last 12 months must be submitted. If this is not regularly maintained at your trust/hospital, please complete via eLfH training/eIntegrity or comparable • Health and Safety			

	• Globalisation and Women's Health (available via StratOG)
Skill	Evidence suggestions: • Reflective practice detailing a challenging conversation you have had with a patient regarding their lifestyle choices, providing advice/weight management or counselling regarding illness preventions • CbD/Mini-CEX evidencing your involvement or association with international healthcare bodies as part of your time in the NHS
Experience	Evidence suggestions: • Posters, presentations, business cases, emails or other examples you may have of challenging local service provisions in order to provide safe and adequate care • Any involvement/attendance at any relevant meetings regarding global health and health migration • Working with local networks and experience of working with disadvantaged groups
Notes and examples	Please make your approach clear regarding how you fulfil each key skill (via your knowledge, skills and experience) by providing a cover/contents sheet, such as these examples below: Example 1: **Promotes a healthy lifestyle** (Relevant descriptors covered: Understands lifestyle factors which impact on short- and long-term health, Provides appropriate lifestyle advice to women in a sensitive manner and facilitates access to useful support or services.eg. smoking cessation and weight management) 1. **Knowledge** e.g. a course in communication skills (cross-reference to CiP 1) or other 2. **Skill AND Experience** e.g. Reflective practice detailing a challenging conversation you have had with a patient regarding their lifestyle choices, providing advice/weight management

	Note: Please ensure you provide the total number of NOTSS, reflective practice and Mini-CEX/CbDs throughout your application as confirmed in the summary