

SITM COMPLEX EARLY PREGNANCY AND EMERGENCY GYNAECOLOGY (CEPEG)

SECTION 1: CAPABILITIES IN PRACTICE

CEPEG CiP 1: The doctor appropriately diagnoses and guides the treatment of women with complications of early pregnancy using ultrasound.	
Key Skills	Descriptors
Diagnoses and manages women with miscarriage	<ul style="list-style-type: none"> • Applies the diagnostic criteria to diagnose miscarriage. • Has skills to assess when an interval scan is required. • Counsels women on the choice between expectant, medical and surgical management of miscarriage. • Manages complications following initial treatment, including complex cases. • Manages and investigates those women diagnosed with a second trimester miscarriage.
Diagnoses and manages women with ectopic pregnancy	<ul style="list-style-type: none"> • Is able to diagnose an ectopic pregnancy on ultrasound scan. • Counsels women on the choice between expectant, medical and surgical management of ectopic pregnancy. • Is able to diagnose non tubal ectopic pregnancies. • Manages non tubal ectopic pregnancies including liaison with other colleagues and other specialities.
Diagnoses and manages women with inconclusive scans	<ul style="list-style-type: none"> • Arranges appropriate follow up for women with early pregnancies of uncertain viability. • Demonstrates understanding of management protocols for women classified with a pregnancy of unknown location. • Demonstrates understanding of diagnostic uncertainty.
Diagnoses and manages women with other causes of pelvic pain in early pregnancy	<ul style="list-style-type: none"> • Organises appropriate imaging in early pregnancy • Organises appropriate management plans for women with other pelvic pathology in early pregnancy • Collaborates with consultants and other specialties and works as part of a multi-disciplinary team.
Diagnoses and manages women with recurrent pregnancy loss	<ul style="list-style-type: none"> • Is able to fully evaluate the endometrial cavity and assess for the presence of any uterine pathology or congenital anomaly in women presenting with recurrent pregnancy loss. • Arranges required investigations and follow up. • Supports care in future pregnancies

Diagnoses and manages women with gestational trophoblastic disease	<ul style="list-style-type: none"> • Recognises and instigates initial management of suspected trophoblastic disease. • Arranges appropriate follow up for women confirmed to have trophoblastic disease.
Manages women with hyperemesis gravidarum	<ul style="list-style-type: none"> • Recognises and instigates inpatient, outpatient or domiciliary treatment of hyperemesis as appropriate. • Ensures continuity of care, effective handover and appropriate discharge planning.
Evidence to inform decision	
<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Ultrasound examination of early pregnancy complications • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • NOTSS • RCOG ATSM Theoretical Course • Local and Deanery Teaching • RCOG Learning
Knowledge criteria	
<ul style="list-style-type: none"> • The aetiology and differential diagnosis of acute abdominal pain: <ul style="list-style-type: none"> ○ Gynaecological causes – ovarian cyst accidents (rupture and torsion), acute pelvic inflammatory disease, degenerating/prolapsing uterine fibroid, ectopic pregnancy. ○ Non-gynaecological causes – acute appendicitis, acute bowel obstruction, diverticular disease, inflammatory bowel disease, perforated ulcer, incarcerated hernias (inguinal, femoral, umbilical and incisional, mesenteric infarction, pelvic vein thrombosis, ruptured aortic aneurism, acute UTI, acute urinary retention, urolithiasis • Haematological, biochemical, microbiological and radiological investigations: <ul style="list-style-type: none"> ○ Haematological changes in acute haemorrhage, sepsis and thrombosis ○ Biochemical findings in acute sepsis and urinary tract obstruction ○ Dynamics of serum hCG and progesterone in normal and abnormal early pregnancy ○ Relevant infection screens ○ Indications for plain abdominal film, chest x-ray, abdominal ultrasound scan, CT and MRI in the investigation of acute pelvic pain • The safety of ultrasound including safety indices and scanning modes • Image orientation and optimisation • The need to store images • Developmental milestones of the normal intrauterine pregnancy and associated biochemistry • Diagnostic criteria for miscarriage, non-tubal ectopic pregnancy • Sonographic features of gestational trophoblastic disease • The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications: <ul style="list-style-type: none"> ○ Epidemiology of miscarriage ○ Causes and risk factors of miscarriage – chromosomal defects, structural uterine anomalies, cervical incompetence, autoimmune causes 	

- Other factors affecting development of early pregnancy: drugs (prescription and recreational), viral infections, radiation and chemotherapy, immunisation
- Transvaginal ultrasound – morphological features of normal early pregnancy development, differential diagnosis between complete, incomplete and missed miscarriage
- The use of serum biochemistry for the diagnosis of miscarriage
- Causes and risk factors for ectopic pregnancy
- Variations in clinical presentation of ectopic pregnancies
- Clinical, ultrasound, laparoscopic and histological diagnosis of ectopic pregnancy
- Risk factors, clinical presentation, ultrasound and laparoscopic diagnosis of non-tubal ectopics
- The options for managing early pregnancy problems:
 - Expectant management of miscarriage – selection criteria, follow up, success rates
 - Medical treatment with misoprostol and mifepristone – selection criteria, route of administration and dosage, effectiveness, side effects and follow up
 - Surgical management of miscarriage – selection criteria, outpatient, local anaesthetic and in-patient under general anaesthesia, antibiotic prophylaxis, complications, effectiveness, follow up
 - Expectant management of tubal ectopics – selection criteria, success rates, follow up
 - Medical treatment with methotrexate – selection criteria, dosage, side effects, effectiveness, follow up
 - Laparoscopy and laparotomy for ectopics – choice of appropriate route for surgery
 - Salpingectomy vs salpingotomy – selection criteria, complications, follow up
 - Fertility after ectopic pregnancy and future follow up
 - Management of non-tubal ectopics – conservative vs surgical, risks, complications, follow up, future fertility
 - The treatment protocols for women diagnosed with persistent trophoblastic disease
- The investigations and current management strategies for women with recurrent pregnancy loss
- The investigations and current management strategies for women with nausea and vomiting in pregnancy and hyperemesis gravidarum.

CEPEG CiP 2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.

Key Skills	Descriptors
Diagnoses women with acute gynaecological problems	<ul style="list-style-type: none"> ● Uses ultrasound to form differential diagnosis of acute gynaecological symptoms. ● Ultrasound diagnosis of uterine pathology: <ul style="list-style-type: none"> ○ fibroids ○ endometrial polyps ○ adenomyosis ● Ultrasound diagnosis of adnexal pathology:

	<ul style="list-style-type: none"> ○ ovarian cysts ○ tubal pathology ○ pelvic masses ○ adnexal torsion <ul style="list-style-type: none"> ● Is able to detect haemoperitoneum and assess severity.
Manages the care of women with acute pelvic pain	<ul style="list-style-type: none"> ● Diagnoses and assesses clinically women with acute pelvic pain. ● Is able to perform emergency surgery such as open and laparoscopic ovarian cystectomy, laparoscopic adhesiolysis and surgical management of ectopic pregnancy. ● Collaborates with consultants and other specialties and works as part of a multi-disciplinary team.
Manages the care of women with haemorrhagic and septic shock	<ul style="list-style-type: none"> ● Makes appropriate decisions rapidly in daily clinical practice. ● Manages women presenting acutely unwell in liaison with the MDT team.
Manages the care of women with acute pelvic infection	<ul style="list-style-type: none"> ● Organises the correct investigations and instigate appropriate treatment. ● Arranges appropriate follow up.
Manages the care of women with other acute gynaecological problems	<ul style="list-style-type: none"> ● Is able to diagnose and manage: <ul style="list-style-type: none"> ○ perineal abscesses ○ non-obstetric genital tract trauma ○ emergency presentations of gynaecological malignancies ○ ovarian hyperstimulation syndrome
Evidence to inform decision	
<ul style="list-style-type: none"> ● RCOG ATSM Theoretical Course ● OSATS: <ul style="list-style-type: none"> ○ Ultrasound examination in early pregnancy (non-pregnant patient) ● Mini-CEX ● CbD 	<ul style="list-style-type: none"> ● Reflective practice ● TO2 (including SO) ● Local and Deanery Teaching ● RCOG Learning NOTSS
Knowledge criteria	
<ul style="list-style-type: none"> ● Causes and differential diagnosis of acute pelvic and lower abdominal pain ● Interventional options for pelvic and perineal abscesses ● Haematological, biochemical, microbiological and radiological investigations (as for CiP 1) ● The options available to treat acutely ill women: <ul style="list-style-type: none"> ○ Resuscitation measures ○ Management of massive blood loss ○ Effective pain relief ○ Antimicrobial therapy ○ Management of acute thromboembolic events 	

- Conservative and surgical management of acute pain
- Management of hyperemesis gravidarum
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications (as for CiP 1)
- The options for managing early pregnancy problems (as for CiP 1)
- The management issues in the provision of acute gynaecological care:
 - Environment
 - Staffing
 - Facilities and equipment
 - Referral patterns and triage
 - External support
 - Training
 - Clinical protocols,
 - Risk management
 - Audit and research

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 1</i>	<i>CIP 2</i>
Pelvic Ultrasound*	5	X	X
Manual Vacuum Aspiration*	5	X	
Complex surgical management of miscarriage and scar ectopic*	5	X	
Ultrasound examination in gynaecology (non-pregnant patient)*	5		X
Ultrasound examination of early pregnancy complications*	5	X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
- Professional requirements

- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO CEPEG CiPs

CEPEG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor appropriately diagnoses and guides the treatment of women with complications of early pregnancy using ultrasound.	X	X	X	X	X	X
2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.	X	X	X	X	X	X