Royal College of Obstetricians & Gynaecologists

Guidance for cross-specialty working for GO, RM and UG pre-CCT subspecialty trainees

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Gynaecological Oncology, Reproductive Medicine and Urogynaecology Subspecialty Training

Guidance for Subspecialty Training Programme Supervisors and pre-CCT subspecialty trainees on the Core Curriculum 2024 regarding cross-specialty working

It is a GMC requirement that to achieve a CCT in Obstetrics and Gynaecology, training must be undertaken in both aspects of the specialty. SSTs who are following the Core Curriculum 2024 are required to evidence the following Capabilities in Practice (CiPs):

- The CiPs that make up the subspecialty training programme.
- The ten non-clinical generic core CiPs. During ST6 and 7, it is expected that all key skills in these non-clinical CiPs are evidenced to a level commensurate with a stage three trainee, using evidence obtained after completing ST5. The statements of expectation in the Core Curriculum CiP guides provide guidance on what is expected, and it is recognised that evidence collected during general or subspecialty clinical work and training will be used to evidence these core generic key skills.
- The four clinical core CiPs at ST6/7 level. It is not possible to achieve entrustability level 5 for the four clinical CiPs by the end of ST5, and it is a requirement for the CCT that trainees demonstrate that they are still developing professionally in ST6/7 across both aspects of the specialty. Over the course of ST6 and 7, it is expected that all key skills in these clinical core CiPs are evidenced by at least one piece of quality evidence, obtained and linked since completion of ST5, and that by the end of training the educational supervisor is confident in signing the trainee off at entrustability level 5. The procedures that need to be evidenced with three summative OSATS for ST6/7 in the core curriculum are:
    - Caesarean section (complex)
    - Laparoscopic management of ectopic pregnancy
    - Ovarian cystectomy
    - Surgical management of PPH
    - Surgical management of retained products of conception (obstetrics).

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There is no requirement to collect 'ongoing competency' OSATS for core procedures that the SST trainee has already demonstrated competency in (with three competent summative OSATs).

Therefore, in addition to providing evidence for the core clinical CiPs 9 and 11, Gynaecological Oncology, Reproductive Medicine and Urogynaecology pre-CCT subspecialty trainees also need to provide evidence for the obstetrics core CiPs 10 and 12. These CiPs relate to emergency and non-emergency obstetrics (see below). This guidance suggests examples of appropriate experience, how this experience can be obtained, and what the possible evidence might be to allow educational supervisors to sign off progress in these core CiPs for the ARCP. This guidance is not meant to be prescriptive, and it is the responsibility of each unit to develop a plan on how this can be achieved during the SST programme.

The evidence needs to illustrate the maturity of the trainee in dealing with these issues. The CBDs/Mini-CEX do not need to cover the entire obstetrics syllabus; they need to demonstrate that the trainee knows how to approach a problem that is new to them, where to look, who to ask, how to communicate with the wider multi-disciplinary team and how to work with the patient, inform and communicate, and facilitate their choices where possible. Reflections demonstrating decision-making skills, prioritisation, compromise and resolution of conflict, in the context of emergency and non-emergency obstetrics, should be encouraged.

A gynaecology-based SST trainee should be allotted an obstetrics supervisor to work with and receive guidance from. This individual needs to be measured and understand what is expected of a trainee who is not aiming to become an obstetrics consultant. Their evidence should not be compared against the top-performing trainee obstetrician. They must meet the criteria as specified in the curriculum. They do not need to exceed this.

Pre-CCT trainees who enter subspecialty training later during ST6 or ST7 will be expected to have many of these core key skills evidenced already during stage three training, meaning that they will have less to achieve in the cross-specialty during the SST programme.

It is therefore recommended that an educational plan is developed at a trainee's first educational supervisor meeting when commencing the SST programme, and this should include a School Board representative/College Tutor, who will ensure from the beginning what the requirements are and what the SST trainee needs to work on to achieve CCT with subspecialty accreditation.

Statement of Expectations for CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics	
ST6-7 Meeting expectations	A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will be able to lead the multi-professional team and communicate effectively with the

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	wider team, women in labour and their birthing partners, and escalate appropriately in a timely manner. They will be able to manage uncommon obstetric emergency presentations, seeking input from other specialties where appropriate. They will be able to formulate an appropriate and individualised management plan, taking into account patient preferences and the urgency required. They will be able to manage more complex emergency births and immediate postpartum problems, recognising when support is required from other staff, and can communicate concerns effectively and sensitively with colleagues, women and their birthing partners. They will have the technical skills required on a labour ward for a doctor who is within 12 months of becoming a consultant and will have the skills necessary to manage a labour ward, demonstrating leadership skills where appropriate as an ST7 within the multi-disciplinary team, ensuring continuity of care, effective handover and appropriate discharge plans are in place.

Statement of Expectations for CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics care	
ST6-7 Meeting expectations	A trainee who is meeting expectations will be able to demonstrate that they are comfortable meeting with mothers and their families across a range of clinical settings, including pre-conceptual and postnatal care. They will be able to conduct a relevant and constructive meeting with mothers and their families in most clinical settings.

1. What would be appropriate experience for core CiPs 10 and 12 for Gynaecological Oncology, Reproductive Medicine and Urogynaecology subspecialty trainees, taking into account the subspecialty? Give examples.	
CiP 10	The trainee should be covering ST3-5s when on call and overseeing management of the labour ward. These sessions should be planned to have obstetric consultant educational supervision cover, to ensure that the CiP can be achieved. In addition, a comprehensive package, including skills drills, simulation training, updates on the latest evidence-based obstetric practice and research, role-play and eLearning, could complement the fulfilment of this CiP.
CiP 12	Many key skills of this CiP could be achieved through ongoing on call emergency obstetrics, but any case-based discussions would

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	need to cover the antenatal care for that patient, as well as the emergency admission or the intrapartum period. However, a supervised postnatal follow up/debrief would be also required to adequately cover this CiP at ST6-7 level. Attendance at a variety of antenatal clinics would be beneficial, e.g. FM clinic, maternal medicine clinic, general clinic, lifestyles clinic. Examples could include: • Reproductive Medicine SST: attendance at a maternal medicine, pre-conception advice or lifestyle clinic • Urogynaecology SST: involvement in postnatal debriefing after childbirth injury • Gynaecological Oncology SST: experience and clinics can be used to demonstrate 'that they are comfortable meeting with mothers and their families across a range of clinical settings, including pre-conceptual and postnatal care'. Fertility-related discussion in gynae-cancer clinic. In addition, a comprehensive package, including simulation training, updates on the latest evidence-based obstetric practice and research, role-play and eLearning, could complement the fulfilment of this CiP.

2. Suggestions on how Gynaecological Oncology, Reproductive Medicine and Urogynaecology subspecialty trainees can obtain the appropriate experience.	
The trainee should have an allotted obstetric supervisor who understands the specific obstetric requirements of a gynaecological subspecialist trainee.	
CiP 10	• Dedicated educational programme • Continuing obstetric emergency on calls (with resident or non-resident consultant) • Elective caesarean section list, e.g. one per year • Attendance at 'skills and drills'
CiP 12	• Dedicated educational programme • A mixture of one-off individual antenatal clinics, specialist and general, organised at the convenience of the trainee, e.g. four per year

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	• Fertility-related discussion in gynae-cancer clinic Reproductive medicine clinic for women with gynaecological cancer prior to commencing cancer treatment

3. What would be possible evidence for level 5 entrustability?
This can be evidenced by examples of: • CbD • Mini-CEX • OSATS - Three 'competent' OSATs for complex CS, surgical management of PPH and surgical management of retained products of conception (Obstetrics), only if not already achieved • NOTSS • Reflective practice • Multisource feedback • TO2 • RCOG eLearning • Leading a critical incident review • Simulation training

Appendix 1: Key skills for CiPs 10 and 12

Key skills for CiP 10:

• Manages pain and bleeding in the pregnant person	• Manages induction and augmentation of labour
• Manages concerns about fetal wellbeing before labour	• Manages emergency birth
• Manages suspected pre-term labour/ruptured membranes	• Manages immediate postpartum problems
• Manages labour	• Manages maternal collapse and people who are acutely unwell in pregnancy
• Manages intrapartum fetal surveillance	• Manages the labour ward

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Key skills for CiP 12:

• Manages pre-existing medical conditions in a pregnant woman	• Manages complications in pregnancy affected by lifestyle
• Manages medical conditions arising in pregnancy	• Supports antenatal decision-making
• Manages fetal concerns	• Manages the postnatal period
• Manages mental health conditions in pregnancy and the postnatal period	

Further resources can be found on the RCOG Curriculum 2024 webpages: https://www.rcog.org.uk/careers-and-training/training/curriculum/og-curriculum-2024/curricula/

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Find out more at

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