



Curriculum 2024 Guide for Special Interest Training Module (SITM): Premature Birth Prevention (PBP)

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1. The Premature Birth Prevention SITM

This SITM is aimed at learners who have an interest in preterm birth. It provides training on how to safely and sensitively counsel people who have experienced preterm birth, manage pregnancies at risk of preterm birth and manage preterm labour.

As the learner progresses through the SITM, they will obtain the knowledge and skills to deliver appropriate and timely postnatal and preconceptual advice to reduce mid-trimester loss and preterm birth, to predict women at risk of preterm birth and to perform interventions to prevent mid-trimester loss and preterm birth. A consultant obstetrician and gynaecologist with a special interest in preterm birth will develop the skills to undertake cervical length ultrasound and insert cervical sutures.

As a learner progresses through the SITM, they will learn how to handle a variety of scenarios. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Premature Birth Prevention (PBP) Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Premature Birth Prevention 2024 SITM is made up of two PBP CiPs. If undertaking the module full time, it is expected to take 12 months. However, this timeframe is indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or obstetrics-only special interest post.

Here is the GMC-approved PBP SITM:



3. Capabilities in Practice (CiPs)

PBP CiP 1: The doctor demonstrates the skills and attributes needed to counsel people who have experienced preterm birth.	
Key skills	Descriptors
Delivers appropriate and timely postnatal and preconceptual advice to reduce mid-trimester loss and preterm birth	<ul style="list-style-type: none"> Delivers appropriate and timely postnatal and preconceptual advice to reduce mid-trimester loss/preterm birth. Can counsel women about how to manage the risk of preterm birth and undertakes debriefing appointments following adverse outcomes.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> NOTSS TO2 CBD Mini-CEX 	<ul style="list-style-type: none"> Reflective practice Attendance at preterm birth clinic Examples of anonymised pregnancy plans
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> Epidemiology of preterm labour Current theories on the aetiology of spontaneous pre-term labour Risk factors associated with preterm labour. The causes of, associations with, recurrence risks of and preventive strategies for mid-trimester fetal loss and preterm labour Understands current thinking around which surgical and pharmacological strategies can reduce the risk of mid-trimester loss Understands current thinking around surgical and pharmacological strategies for reducing the risk of prematurity 	

PBP CiP 2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth.	
Key skills	Descriptors
Is able to predict which women are at risk of mid-trimester loss or preterm	<ul style="list-style-type: none"> Takes a targeted history to assess risk factors for mid-trimester loss or preterm birth. Manages and modifies specific risk factors, including smoking, domestic violence, previous cervical surgery,



<p>birth, and make an appropriate management plan</p>	<p>uterine abnormalities and previous full dilatation Caesarean birth.</p> <ul style="list-style-type: none"> • Demonstrates familiarity with screening strategies that may assist in assessing someone’s risk of having a mid-trimester loss or preterm birth. Can advise about appropriate care pathways. • Competently performs transvaginal cervical length scans and can interpret the results. • Delivers appropriate advice and can counsel patients based on the results of transvaginal cervical length scans. • Is aware of specific interventions and can advise accordingly.
<p>Is able to advise and carry out interventions to prevent mid-trimester loss or preterm birth</p>	<ul style="list-style-type: none"> • Can discuss the procedure, timing, risks and benefits of cervical cerclage. • Can assess when a cerclage is required – either a history-indicated, emergent or emergency one. • Has the skills to insert an effective cervical cerclage. • Is familiar with post-operative care following a cerclage. • Advises on the timing of removing a cervical cerclage and is able to modify this plan when the clinical situation changes during pregnancy. • Can advise, and where necessary, carry out alternative interventions, such as inserting an ARABIN® pessary or supplementing with progesterone. • Understands when someone may need to be referred for a transabdominal cerclage • Understands when drug therapies (such as steroids and magnesium sulphate) are needed to reduce morbidity, and how to use them effectively.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 • CBD • Mini-CEX 	<ul style="list-style-type: none"> • Attendance at preterm birth clinic • Examples of anonymised pregnancy plans • Log of cases and outcomes • Evidence of cervical suture simulation training
<p>Mandatory requirements</p>	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Ultrasound – cervical length ○ Insertion of cervical suture ○ Removal of cervical suture 	
<p>Knowledge criteria</p>	



- Recognise when cervical length measurement should be offered and know the criteria for doing so accurately
- The role of bedside testing in assessing the risk of mid-trimester loss and prematurity
- The indications, complications and types of cervical cerclage
- The role of pharmacological agents in reducing the risk of mid-trimester loss and prematurity e.g. progestogens
- The role of bacterial vaginosis and the merit of screening in women at risk mid-trimester loss and prematurity
- The impact of degrees of prematurity on the newborn and their neurodevelopment

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the PBP CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each PBP CiP.



Statement of Expectations for the PBP SITM	
Meeting expectations for the PBP CiP1	Learners are meeting expectations and are able to discuss with the woman the circumstances of their loss or premature delivery, to determine risk factors and construct a plan to optimise the chances of a healthy future pregnancy.
Meeting expectations for the PBP CiP2	Learners are meeting expectations and can screen for mid-trimester loss using ultrasound. Learners can competently assess the need for, and insert, a cervical suture.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in premature birth prevention. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as a preterm birth special interest doctor, and at MDT meetings.

5. Procedures associated with the PBP CiPs

The procedures required to complete this SITM are listed below. A learner can show progress in these procedures through OSATS, procedure logs, and other forms of evidence.

If a procedure is marked with *, the learner will require three summative competent OSATS to demonstrate the level of competency needed to complete the SITM.

Procedures	Level by end of training	CiP1	CiP2
Ultrasound – cervical length*	5		X
Insertion of cervical suture*	5		X
Removal of cervical suture*	5		X

The 'level by end of training' corresponds to the levels of entrustability defined in Section 5.4 of the [Special Interest Training Definitive Document](#). Level 5 indicates that a learner should be able to perform the procedure independently.

OSATS are not assigned a level of entrustability, rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

• Objective Structured Assessment of Technical Skills (OSATS) (mandatory)	• Procedural log
• Case-based discussions	• Case presentations
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Log of cases and outcomes
• NOTSS	• Quality improvement activity
• Reflective practice	• Certification of training courses
• Team observation (TO2), including self-observation	• Attendance at relevant meetings
• Local, Deanery and National Teaching	• Attendance at preterm birth clinic
• RCOG (and other) eLearning	• Examples of anonymised pregnancy plans

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific PBP CiP:

PBP CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor demonstrates the skills and attributes needed to counsel people who have		X	X	X	X	X



PBP CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
experienced preterm birth.						
2: The doctor demonstrates the skills and attributes needed to best manage the pregnancy of a person at risk of preterm birth.	X	X	X	X	X	X

7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the PBP SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or obstetrics-only special interest post. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.

8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Maternal and Fetal Medicine Society \(BMFMS\)](#)

Find out more at
rcog.org.uk/curriculum2024



Royal College of
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