



Curriculum 2024 Guide for Special Interest Training Module (SITM): Supportive Obstetrics (SO)

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1. The Supportive Obstetrics SITM

This SITM is aimed at learners with an interest in supporting pregnant people with complex social needs and from families of all different structures. They will gain an understanding of the law that is designed to protect vulnerable people

During training, learners will develop the knowledge and skills necessary to manage the care of pregnant people who are under 18, those who have a history of substance misuse and those who have recently arrived in the UK, as well as those who book late for their pregnancy care. After completing this SITM, learners will be experts in providing care to pregnant non-binary or trans people, those entering parenthood by surrogacy and pregnant people who lack mental capacity.

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 Supportive Obstetrics Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5.2 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The 2024 Supportive Obstetrics SITM is made up of three Supportive Obstetrics (SO) CiPs.

If undertaking the module full time, it is expected to take 12 months of training. However, this timeframe is a guide only and not a deadline; 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 an obstetrics and gynaecology or obstetrics only special interest post.

Here is the GMC-approved Supportive Obstetrics SITM:

3. Capabilities in Practice (CiPs)



Supportive Obstetrics CiP 1: The doctor demonstrates the skill and knowledge needed to manage the pregnancy of people who have additional social needs.

Key skills	Descriptors
Manages the pregnancy of a person with a history of substance misuse to provide the best outcomes for them and the fetus	<ul style="list-style-type: none">• Works within the multidisciplinary team (MDT) to risk assess and optimise care and understanding the role of dependency services, psychiatric services, specialist medical and social services.• Plans for pregnancy, birth and the postnatal period to provide the best care for the person who is pregnant and their baby.• Understands the consequences for the fetus of substance misuse and works with the person giving birth to minimise risk and plan for the neonatal period.• Supports the person who is pregnant undergoing opiate conversion in pregnancy.• Recognises the need to consider child protection and understands when to seek advice.• Understands the value of abstinence from alcohol or drug use, and the circumstances where this is appropriate, or supports maintenance therapy where it is not.
Manages the care of a pregnant teenager, who is under 18, to provide the best outcomes for them and the fetus	<ul style="list-style-type: none">• Optimises the health and wellbeing of both the pregnant teenager and fetus.• Communicates effectively and responds to the hopes and concerns of the pregnant teenager.• Is aware of agencies supporting the pregnant teenager.• Encourages and supports the teenager to continue their education.• Understands and can apply the legal principles of capacity and consent in minors.
Manages the care of a pregnant person who has recently arrived in the UK, providing the best care for them and their fetus	<ul style="list-style-type: none">• Understands that race, religion, language proficiency, migration status and other factors can be obstetric risk factors.• Appreciates the difficulties encountered by a pregnant person who does not speak English and uses interpretation services so that they can understand and have a say in the care they receive.



	<ul style="list-style-type: none"> • Is aware of the variety of medical conditions that may be more common in women who have recently arrived in the UK. • Demonstrates sensitivity to the potential psychological and emotional traumas previously experienced by many asylum seekers. • Is aware of the different agencies involved in processing claims for asylum status (police, Home Office and social services).
<p>Optimises pregnancy outcomes for the woman who books late</p>	<ul style="list-style-type: none"> • Understands the diverse reasons why a person who is pregnant might book late. • Understands the difficulties posed by an uncertain due date, and collaborates with the person who is pregnant to plan the timing of their delivery. • Is aware of the need to fast-track essential antenatal investigations. • Risk assess the person who is pregnant and books late for other vulnerabilities.
<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"> • RCOG Learning • Local and deanery teaching • Attendance at specialist substance use antenatal clinics • Attendance at specialist teenage antenatal clinics • Attendance at MDT and planning meetings • Log of cases and outcomes
<p>Mandatory requirements</p>	
<p>No mandatory evidence</p>	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • The incidence, pharmacology, maternal, fetal and neonatal complications and legal consequences when someone misuses: alcohol, cannabis, opiates, cocaine and crack cocaine, heroin, benzodiazepines, amphetamines, LSD, phencyclidine, solvent misuse and cigarettes • The interaction between substances of misuse, prescribed drugs and labour analgesia/ anaesthesia • The organisation of dependency services and links with psychiatric and social services • The theories of addiction and self-harming behaviours and prevalence of psychiatric co-morbidity and how to detect it • The legal and social care implications of using class A and B drugs • Local and national strategies for reducing drug and alcohol misuse • How a MDT can assist conversion to an opiate replacement programme 	



- Neonatal management and outcome (including management of withdrawal in newborn and long-term effects)
- The incidence, risk factors, transmission risks, neonatal consequences, long-term prognosis and management strategies to reduce vertical transmission of, and harm from, bacterial and viral infections: Herpes Simplex (HSV), HIV, Hepatitis B and C (HBV, HCV), Group B Streptococcus (GBS) and varicella zoster
- When and how to refer for further assessment or treatment (especially for HIV, HBV and HCV)

Supportive Obstetrics CiP 2: The doctor demonstrates the skills and attributes to support families of all structures.

Key skills	Descriptors
Provides care to a pregnant non-binary person or trans person	<ul style="list-style-type: none"> • Is aware of how the usual systems in place to support pregnancy can exclude trans people and non-binary people. • Ensures that the pregnant non-binary person or trans person has equality of care. • Explores the use of testosterone prior to pregnancy and understands the need to stop hormone replacement in pregnancy. • Supports the non-binary person or trans person through any changes that may result from stopping hormone replacement. • Can liaise with other services to prevent suboptimal care. • Understands the differences between social, hormonal and physical transition. • Explores the use of preferred pronouns and pregnancy language (e.g. “dad” or “carrying parent”, rather than “mother”).
Provides care to those entering into parenthood by surrogacy	<ul style="list-style-type: none"> • Understands the legal issues with surrogacy. • Includes both the birth parent/s and adoptive parent/s in planning for delivery. • Includes both the birth parent/s and adoptive parent/s in planning for the postnatal period. • Is aware that the laws on surrogacy differ in the four nations and can modify birth plans to meet the needs of cross-border surrogacy units.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • NOTSS 	<ul style="list-style-type: none"> • Local and deanery teaching • Attendance at specialist gender clinics



<ul style="list-style-type: none"> • TO2 • CbD • Mini-CEX 	
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The pharmacological and hormonal therapies used in gender transition • The adjustments required for safety in pregnancy • The surgical therapies that can be offered for gender transition and the implications for pregnancy • The law regarding equality • The law regarding surrogacy and adoption and the differences in the nations of the UK and Northern Ireland 	

Supportive Obstetrics CiP 3: The doctor understands how to apply the law when they are involved in making decisions in their work with vulnerable people.

Key skills	Descriptors
Supports the pregnant person who does not have capacity	<ul style="list-style-type: none"> • Can assess capacity. • Is aware of the legal responsibilities of the doctor who cares for someone with impaired capacity. • Demonstrates the ability to act in the person's 'best interest'. • Liaises with safeguarding teams to plan care. • Supports the needs of carers without compromising the pregnant person's best interests.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 • CbD • Mini-CEX 	<ul style="list-style-type: none"> • e-learning on capacity and the law • Spends time with specialist services that safeguard patients with impaired capacity • Spends time with Independent Mental Capacity Advocates (IMCA) • Log of cases and outcomes
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The Mental Capacity Act • Deprivation of liberty and its implications on care 	



- Role of Mental Health Advocates
- Fraser/Gillick competency and how to apply them to maternity care
- The organisation of safeguarding services, in the hospital setting and wider community

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Supportive Obstetrics 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 Supportive Obstetrics CiP.

Statement of Expectations for the Supportive Obstetrics SITM	
Meeting expectations for the Supportive Obstetrics CiP1	Learners are meeting expectations and are able to work within an MDT to plan and provide care that optimises the pregnancy and psycho-social outcomes for pregnant people under the age of 18, those who misuse substances, those who are recent immigrants to the UK and those who book late for pregnancy care.



Meeting expectations for the Supportive Obstetrics CiP2	Learners are meeting expectations and are able to provide optimal pregnancy care to people from all different family structures, and those who are using surrogacy to become parents.
Meeting expectations for the Supportive Obstetrics CiP3	Learners are meeting expectations and are able to work within an MDT to assess the mental capacity of particularly vulnerable pregnant people, and both design and effect an individualised plan to optimise pregnancy and social plans for those who lack full capacity.

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 supportive obstetrics. 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 Supportive Obstetrics special interest doctor and at MDT meetings.

5. Procedures associated with the Supportive Obstetrics CiPs

There are no procedures associated with this SITM.

6. Evidence required

As learners progress through SITM training they are expected to collect evidence which 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.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Case presentations
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• Case-based discussions (CbD)	• Quality improvement activity
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Certification of training courses
• NOTSS	• Attendance at relevant meetings
• Reflective practice	• Attendance at relevant substance use antenatal clinics
• Team observation (TO2), including self-observation (SO)	• Attendance at relevant specialist teenage antenatal clinics
• Local, Deanery and National Teaching	• Attendance at MDT and planning meetings
• RCOG (and other) eLearning	• Log of cases and outcomes
• Procedural log	• Attendance at specialist gender clinics

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 Supportive Obstetrics CiP:

Supportive Obstetrics CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor demonstrates the skill and knowledge needed to manage the pregnancy of people who have additional social needs.		X	X	X	X	X
2: The doctor demonstrates the skills and attributes to support families of all structures.		X	X	X	X	X
3: The doctor understands how to apply the law when they are involved in		X	X	X	X	X



Supportive Obstetrics CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
making decisions in their work with vulnerable people.						

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 Supportive Obstetrics 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
Obstetricians &
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