



**Curriculum 2024**

**Ultrasound Guidance Document**

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Version Control		
Version	Modifications	Date
1.0 original	Ultrasound Guidance document was developed to support Curriculum 2019. Subsequently reviewed to support Curriculum 2024:	Published January 2022
2.0 tracked	Curriculum Committee	September 2024
3.0	Curriculum 2024 Project Steering Group, and Project Board	October 2024
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## Introduction

Ultrasound is integral to the clinical practice of Obstetrics and Gynaecology. The RCOG has pioneered the introduction, and formalised assessment, of ultrasound as a core procedural skill in its postgraduate curriculum. This guidance document explains how ultrasound training sits within Curriculum 2024. It is intended for use by trainers and trainees in Obstetrics and Gynaecology as well as those training in ultrasound from allied professional backgrounds e.g. sonographers, radiologists and midwives. Table 1 shows the ultrasound content in Curriculum 2024 which has been amalgamated into seven ultrasound procedures (three in Gynaecology and four in Obstetrics).

**Table 1: Extract from the O&G Procedures table in the Core Curriculum Definitive Document showing Ultrasound Procedures**

<b>Gynaecology</b>	<ul style="list-style-type: none"> <li>➤ Transabdominal ultrasound examination of early pregnancy (<i>mandatory</i>)</li> <li>➤ Ultrasound examination of early pregnancy complications (<i>optional</i>)</li> <li>➤ Ultrasound examination in gynaecology (non-pregnant patient) (<i>optional</i>)</li> </ul>
<b>Obstetric</b>	<ul style="list-style-type: none"> <li>➤ Transabdominal ultrasound examination in later pregnancy (<i>mandatory</i>)</li> <li>➤ Transabdominal ultrasound examination of biometry in later pregnancy (<i>optional</i>)</li> <li>➤ Transabdominal ultrasound examination of fetal anatomy in later pregnancy (<i>optional</i>)</li> <li>➤ Transvaginal examination in later pregnancy (<i>optional</i>)</li> </ul>

Early pregnancy is defined as 15+6/40 or less. Later pregnancy is defined as 16+0/40 or more.

## Assessment

All procedures have a corresponding 'Objective Structured Assessment of Technical Skills' (OSATS) with the same name, which will be used to assess competency. All OSATS are available as either formative or summative submissions.

Formative OSATS can be undertaken as many times as the trainee and their supervisor feel necessary. A trainee is regarded as competent to perform the procedure independently (with



support) upon completion of three summative OSATS by more than one appropriate assessor. Appropriate assessors include sonographers, midwives and nurses, senior trainees, and consultants. For ultrasound skills, at least one of the summative OSATs confirming competency must be completed by a consultant or a qualified sonographer. The use of simulation-based learning should be encouraged where local facilities are available but, as for all procedural skills, simulation cannot be used toward the acquisition of summative OSATS.

Once competence has been achieved it is no longer necessary to provide further OSATS as evidence of ongoing competence, unless this is felt necessary by the Postgraduate Doctor in Training or their Educational Supervisor. However, trainees are actively encouraged to maintain a formal log of ongoing ultrasound experience for their own personal and professional development.

Trainees must achieve competency in mandatory ultrasound skills by the end of ST3. This does not mean they are immediately ready for independent practice, particularly in an out-of-hours or unsupervised environment. The utilisation of trainee-acquired ultrasound skills should be carefully determined within the local context and scanning protocols. These mandatory basic skills must be acquired as an essential foundation prior to further supervised training and development of more advanced, optional, ultrasound competences. Trainees may wish to pursue the optional ultrasound competencies depending on their career interests or intention to progress to related SITMs or Sub-Speciality Training. The ultrasound procedures related to each SITM can be found below and the specific requirements can be found in the relevant curriculum.

## Knowledge and Skills

Prior to performing any procedure, a trainee should demonstrate an understanding of the equipment required. Safe use of ultrasound and an understanding of how it works are covered in 'Basic Obstetrics and Gynaecology Ultrasound' courses run regionally in the UK and required by the end of ST2. Generic skills underpin the effective use of any procedural skill in clinical practice and are covered in different areas of the core-curriculum. These skills include obtaining valid consent, excellent communication, supporting informed decision making and accurately documenting findings. Trainees must remain aware of their own limitations. Skill level will vary depending on level of training and degree of experience. Any concern should be used to trigger senior opinion and/or their involvement in further management.

## Mandatory Ultrasound Skills

Trainees must be competent to perform 'Transabdominal ultrasound examination of early pregnancy' and 'Transabdominal ultrasound scan examination of late pregnancy' independently with support by the end of ST3.



Procedure	Required For	Skills Required
<b>Transabdominal ultrasound examination of early pregnancy</b>	Core Training (by ST3)	<ul style="list-style-type: none"><li>○ Ability to identify the features of a normal gestational sac and confirm its intrauterine location</li><li>○ Ability to identify early cardiac activity</li><li>○ Ability to identify fetal number</li><li>○ Ability to measure gestational sac size and crown rump length</li></ul>
<b>Transabdominal ultrasound scan examination in later pregnancy</b>	Core Training (by ST3)	<ul style="list-style-type: none"><li>○ Ability to identify the fetal heart and the presence of cardiac activity</li><li>○ Ability to perform ultrasound assessment of fetal presentation and lie</li><li>○ Ability to perform ultrasound assessment of liquor volume using either AFI or maximal pool depth</li><li>○ Ability to perform transabdominal ultrasound assessment of placental location</li></ul>

In many cases, transvaginal (TV) ultrasound skills are required in early pregnancy to confirm or refute pregnancy site and viability/non viability (examples include earlier gestation <8 weeks, maternal obesity, empty bladder, retroverted uterus etc). Trainees are required to gain the transabdominal ultrasound competences outlined above but should avail themselves

of opportunities to gain exposure to, and experience in, use of the transvaginal probe. This is not mandatory and will depend on the availability of resources within units.

Ultrasound skills are also an essential skill on labour ward and doctors in training are expected to record the use of ultrasound on delivery suite, when appropriate

- in assessment prior to assisted vaginal and caesarean births
- in assessment and management of complications in third stage

and should include details of this when completing the relevant obstetric OSATs. The OSAT form prompts them to record this when used.

## Ultrasound Skills required in Special Interest Training

The table below sets out which ultrasound procedures must be evidenced summative competent OSATs as part of satisfactory *completion* of those SITMs which mandate higher levels of ultrasound competency above those required during core training. At least three competent summative OSATs are required for SITM sign off, unless otherwise stated. Completion of competent OSATs is not required to *start* a SITM or SST, however, trainees may use these OSATs at all stages of training, particularly if they wish to pursue the SITMs or subspecialty training which include higher ultrasound scanning competencies. Trainees are encouraged to take any opportunities to develop their ultrasound skills and those trainees who are able to demonstrate aptitude for ultrasound are likely to have an advantage at competitive interviews for training places.

Procedure	Required For	Skills Required
Transabdominal ultrasound examination in later pregnancy	SITM: Fetal Care	<ul style="list-style-type: none"> <li>○ Ability to use ultrasound to assess fetal and uterine artery Dopplers</li> <li>○ Ability to use ultrasound to assess twin pregnancy</li> <li>○ Ability to use ultrasound to assess fetal biometry (head/abdominal circumference and femur length)</li> </ul>
	SITM: Safe Practice in Abortion Care	<ul style="list-style-type: none"> <li>○ Ability to use ultrasound to determine gestation</li> </ul>
Transabdominal ultrasound examination of fetal anatomy in later pregnancy	SITM: Prenatal Diagnosis	<ul style="list-style-type: none"> <li>○ Ability to use ultrasound to assess normal morphological ultrasound</li> </ul>



		<p>appearances of the fetus and its environment</p> <ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess normal fetal anatomy</li><li>○ Ability to use ultrasound to perform fetal echocardiogram</li></ul>
<b>Transvaginal ultrasound in later pregnancy</b>	<b>SITM: Premature Birth Prevention</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess cervical length</li></ul>
	<b>SITM: Fetal Care</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess placental location</li></ul>
<b>Transabdominal ultrasound in early pregnancy</b>	<b>SITM: Fetal Care</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess the chorionicity of a multiple pregnancy</li></ul>
<b>Ultrasound examination of early pregnancy complications</b>	<b>SITM: Safe Practice in Abortion Care</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound in safe surgical practice</li><li>○ Ability to use ultrasound to assess uterine pathology</li><li>○ Ability to use ultrasound to assess adenexal pathology</li></ul>
	<b>SITM: Complex Early Pregnancy and Non-Elective Gynaecology</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to diagnose miscarriage</li><li>○ Ability to use ultrasound to assess tubal and non-tubal ectopic pregnancy</li></ul>
<b>Ultrasound examination in gynaecology (non-pregnant patient)</b>	<b>SITM: Complex Early Pregnancy and Non-Elective Gynaecology</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess uterine pathology</li><li>○ Ability to use ultrasound to assess adenexal pathology</li></ul>



	<b>SITM: Management of Sub-Fertility</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess uterine pathology</li><li>○ Ability to use ultrasound to assess adenexal pathology</li><li>○ Ability to use ultrasound for follicular assessment</li></ul>
	<b>SITM: Therapeutic Hysteroscopy</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound as part of pre-operative planning</li></ul>
	<b>SITM: Urogynaecology and Vaginal Surgery</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess urinary residual</li></ul>
	<b>SITM: Complex non-malignant disease</b>	<ul style="list-style-type: none"><li>○ Ability to use ultrasound to assess uterine pathology</li><li>○ Ability to use ultrasound to assess adenexal pathology</li></ul>

Generic skills are presented for each optional ultrasound but the exact requirements for each SITM will be covered in the relevant SITM curriculum.

**NB.** The Intermediate Scanning Modules of the pre 2019 Curriculum are not a component of the 2024 Curriculum. It is expected that trainees access and acquire ultrasound skills as part of their working day.

For info: Link to summary of changes between the core curriculum 2019 and the new core curriculum 2024 <https://www.rcog.org.uk/media/xsxd4e4/rcog-core-curriculum-summary-of-changes.pdf>



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