Royal College of Obstetricians & Gynaecologists

Guidance for cross-specialty working for MFM pre-CCT subspecialty trainees

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Maternal and Fetal Medicine 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 10 and 12, MFM pre-CCT subspecialty trainees also need to provide evidence for the gynaecology core CiPs 9 and 11. These CiPs relate to emergency and non-emergency gynaecology (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 gynaecology 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 gynaecology, should be encouraged.

An obstetrics-based SST trainee should be allotted a gynaecological 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 a gynaecology consultant. Their evidence should not be compared against the top-performing trainee gynaecologist. 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 advanced 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 9 : The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy	
ST6-7 Meeting expectations	A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They will be able to supervise others to perform a focused history, appropriate examination, order relevant investigations and formulate a differential

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	diagnosis. They will independently formulate appropriate individualised management plans, taking into account patient preferences and the urgency required. They can demonstrate prompt assessment and management of the acutely deteriorating patient. They can delegate appropriately and support other members of the team. They will recognise limitations and escalate care to senior colleagues when appropriate. They will be able to demonstrate the ability to provide a gynaecological opinion for another specialty. They can perform surgery to the appropriate level. They can demonstrate undertaking appropriate risk management procedures and implementing actions accordingly. They will be able to make safeguarding referrals where appropriate.

Statement of Expectations for CiP 11 : The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy	
ST6-7 Meeting expectations	A trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They will provide holistic care and work independently in clinic. They will be capable of leading the team in consultant's absence. They will support colleagues and the clinical team, but may not actively seek this. They will be on track to meet all of the key skills in this CiP by the end of training.

1. What would be appropriate experience for core CiPs 9 and 11 for MFM subspecialty trainees, taking into account the subspecialty? Give examples.	
CiP 9	The trainee should be covering ST3-5s when on call, and overseeing the management of emergency gynaecology patients. In particular, they should be able to recognise and provide emergency management of ectopic pregnancy, haemorrhagic shock due to miscarriage/post-operative haemorrhage and gynaecological sepsis.
CiP 11	The trainee should be able to diagnose pregnancy location, and diagnose and manage ovarian cysts. They should demonstrate ongoing skills to manage women attending general gynaecology outpatient clinics. The trainee can use examples from obstetric cases to fulfil the requirements for this CiP. In obstetric practice, they will be seeing women with gynaecological symptoms. Examples could include:

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	• Pelvic masses, e.g. ovarian cysts in pregnancy referred for MDT opinion • Urogynaecological symptoms, e.g. bladder care post-delivery, management of bladder injury at LSCS • Menopause and subfertility, e.g. management of women with premature menopause who have had IVF with a donor egg and are now pregnant.

2. Suggestions on how MFM subspecialty trainees can obtain the appropriate experience.	
The trainee should have an allotted gynaecology supervisor who understands the specific gynaecology requirements of an MFM subspecialist trainee	
CiP 9	• Attendance at early pregnancy clinics with OSATS/Mini-CEX demonstrating their ability to scan and recognise an intrauterine pregnancy • On call for gynaecology
CiP 11	Attendance at: • Recurrent miscarriage clinic • Follow up clinic for women with third degree tears • Sexual health clinic

3. What would be possible evidence for level 5 entrustability?
This can be evidenced by examples of: • CbD covering management of gynaecological sepsis/postoperative collapse • Mini-CEX • OSATS – Three 'competent' OSATS for surgical management of ectopic pregnancy, only if not already achieved • OSATS – Three 'competent' OSATS for ovarian cystectomy, only if not already achieved • NOTSS for managing the on call out of hours • Reflection on nonpregnant gynaecological conditions • Multisource feedback • TO2 • RCOG eLearning • Leading a critical incident review

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Appendix 1: Key skills for CiPs 9 and 11

Key skills for CiP 9:

• Manages acute pelvic pain in the nonpregnant woman	• Manages vaginal bleeding and pain in early pregnancy
• Manages vaginal bleeding in the nonpregnant woman	• Manages other early pregnancy complications
• Manages acute infections	• Manages the acute gynaecological workload
• Manages acute complications of gynaecological treatment	

Key skills for CiP 11:

• Manages abnormal vaginal bleeding	• Manages urogynaecological symptoms
• Manages pelvic and vulval pain	• Manages vulval symptoms
• Manages pelvic masses	• Manages menopause and postmenopausal care
• Manages the abnormal cervical smear	• Manages subfertility
• Manages suspected gynaecological cancer symptoms	• Manages sexual wellbeing

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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