MFM Subspecialty Training

Guidance for Subspecialty Training Programme Supervisors and pre-CCT Subspecialty Trainees on the 2019 core curriculum on cross-specialty working

It is a GMC requirement that, in order to achieve a CCT in Obstetrics and Gynaecology, training must be undertaken in both aspects of the specialty. SSTs who are following the 2019 core curriculum are required to evidence the following Capabilities in Practice (CiPs);

i) The advanced CiPs which constitute the subspecialty training programme.

ii) The ten non-clinical generic core CiPs. During ST6 and 7, it is expected that all the key skills in these non-clinical CiPs will be evidenced to a level commensurate with an advanced trainee, using evidence obtained following the completion of 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.

iii) 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 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 the key skills of these clinical core CiPs will be evidenced by at least one piece of quality evidence, obtained and linked since completion of ST5, and that by the end of the training the educational supervisor is confident in signing the trainee off at entrustability level 5. The procedures which 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

There is no requirement to collect 'ongoing competency' OSATS for core procedures that the SST 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 need also to provide evidence for the gynaecological 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 key is that the evidence needs to illustrate the advanced 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 which 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 her choices where possible. Reflections demonstrating decision making skills, prioritisation, compromise and resolution of conflict, in the context of emergency and non-emergency gynaecology are to be encouraged.

An obstetrics based SST 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 this trainee who will not be aiming to become a gynaecology consultant in the long run. Their evidence should not be compared against the top performing would be 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 they will have less to achieve in the cross specialty during SST.

It is therefore recommended that an educational plan is developed at the first educational supervisor meeting when commencing SST and this should include a School Board representative/College Tutor to ensure from the beginning what the requirements are and what the SST needs to work towards to during the programme 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 (Guidance for CiP 9)

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 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 appropriate risk management procedures are undertaken and actions implemented. 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 (Guidance for CiP 11)

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

1. What would be appropriate experience taking account of the subspecialism for MFM subspecialty trainees for core CiPs 9 and 11? Give examples
CiP 9: The trainees 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. Trainees should demonstrate ongoing skills to manage women attending general gynaecology outpatient clinics. The trainee could 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: • 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 is now pregnant.
2. Suggestions how MFM subspecialty trainees could obtain the appropriate experience

The trainee should have an allotted gynaecology supervisor who understands the specific gynaecology requirements of a maternal and fetal medicine 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 3rddegree tears • Sexual health clinic
3. What would be possible evidence to achieve Level 5 entrustability?
Could 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 • NOTSS for managing the on call out of hours • Reflection on non-pregnant gynaecological conditions • Multisource feedback • TO2 • RCOG eLearning • Leading a critical incident review

Appendix 1

Key skills for CiPs 9 and 11

Key skills for CiP 9	**Key skills for CiP 11**
Manages acute pelvic pain in the non-pregnant woman	Manages abnormal vaginal bleeding
Manages vaginal bleeding in the non-pregnant woman	Manages pelvic and vulval pain
Manages acute infections	Manages pelvic masses
Manages acute complications of gynaecological treatment	Manages the abnormal cervical smear
Manages vaginal bleeding and pain in early pregnancy	Manages suspected gynaecological cancer symptoms
Manages other early pregnancy complications	Manages urogynaecological symptoms
Manages the acute gynaecological workload	Manages vulval symptoms
	Manages menopause and postmenopausal care
	Manages subfertility
	Manages sexual wellbeing