Royal College of Obstetricians & Gynaecologists

Curriculum 2024 Guide for Special Interest Training Module (SITM): Oncology (O)

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Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

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Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
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1. The Oncology SITM

This SITM is aimed at learners with an interest in gynaecological oncology. Trainees who undertake this SITM will learn how to competently assess and investigate women with gynaecological malignancies, and provide treatment or refer when appropriate. As the learner progresses through the SITM, they will obtain the knowledge and skills to provide a comprehensive service, and to recognise when tertiary care is appropriate. After completing the SITM, a learner will be prepared to become a gynaecological oncology unit lead in the future.

This is a 'Contingent' SITM and is paired with the Gynaecological Surgical Care SITM. This means that if a learner is interested in a career in gynaecological oncology, they must have started the Gynaecological Surgical Care SITM, and demonstrated sufficient surgical aptitude before they can register for the Oncology SITM.

This SITM contributes to the subspecialty training (SST) curriculum for Gynaecological Oncology. Learners who have completed part, or all, of this SITM will not need to evidence these key skills and competencies again if they go on to take the Gynaecological Oncology SST.

As a learner progresses through the SITM, they will learn how to handle a variety of oncology diagnostic and treatment situations. 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 Oncology 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 Oncology 2024 SITM is made up of three Oncology (O) CiPs.

If undertaking the module full time, it is expected to take 18–24 months. However, this timeframe is indicative as training is entirely competency based.

The Oncology SITM is the contingent SITM for the Gynaecological Surgical Care SITM. The Gynaecological Surgical Care SITM must have been started, and demonstrated sufficient surgical aptitude before undertaking the Oncology SITM.

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,

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depending on whether they are aspiring to a gynaecology-only or gynaecology and obstetrics special interest career.

Here is the GMC-approved Oncology SITM:

3. Capabilities in Practice (CiPs)

Oncology CiP 1: The doctor assesses and manages people who are referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.	
Key skills	**Descriptors**
Can counsel people on and arranges appropriate tests for gynaecological pre-malignancy	• Differentiates between general and high-risk populations. • Can counsel patients appropriately about screening of the female reproductive tract. • Arranges appropriate tests, interprets the results and can counsel patients accordingly. • Recommends appropriate action independently, or as part of a multidisciplinary team (MDT).
Performs an initial assessment of a patient with suspected gynaecological cancer	• Takes an appropriate history, including someone's symptoms, co-morbidities and relevant family history. • Performs an examination adequate for the diagnosis and clinical assessment of gynaecological cancers and borderline ovarian tumours. • Is confident to exclude the clinical appearances of malignancy on examination. • Arranges appropriate radiological and non-radiological staging investigations. • Interprets and actions relevant oncology results in a timely manner. • Distinguishes gynaecological cancer from other malignancies.
Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up	• Assesses the need for radiological procedures. • Requests ultrasound scans, cross sectional imaging and nuclear medicine techniques appropriately. • Takes informed consent for radiological tests. • Liaises with radiology to make sure the most appropriate radiology investigations are safely performed. • Recognises and manages complications relating to interventional radiological procedures in conjunction with allied specialties, as appropriate.

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Anticipates results of investigations, acts on results and plans definitive care	• Anticipates likely results and starts to plan someone's care, involving the MDT, as appropriate. • Recognises when to involve other colleagues, including clinical nurse specialists, clinical and medical oncologists, and palliative care. • Awareness of referral pathways for supporting services e.g. ones dealing with weight loss, fertility or genetics. • Liaises effectively with MDT colleagues.
Can counsel people with suspected gynaecological malignancies	• Communicates the results of investigations to patients and family, and can counsel them about treatment options and prognosis. • Recognises and manages the dynamics of consultations e.g. when 'bad news' is broken. • Offers patients time and support to make decisions. • Awareness of clinical trials that may be relevant to someone's diagnosis.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Attendance at suspected cancer clinics • MDT attendance • British Gynaecological Cancer Society (BGCS) webinars • eLearning courses • Evidence of attendance at relevant course	<u>Experience with allied specialities</u> • Time in colposcopy clinics/MDT • Time with radiology team <u>Recommended courses</u> • Communication course • NIHR Good Clinical Practice training

Mandatory requirements

No mandatory evidence

Knowledge criteria

Gynaecological cancer screening:

- National cancer screening programmes and the cervical screening programme
- When to involve a MDT

Cancer pathways and patient assessment at presentation and relapse:

- Risk factors for developing gynaecological cancers
- Patterns of presentation of gynaecological malignancies
- Investigations required to accurately confirm or exclude a diagnosis of gynaecological malignancy

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- Role in the investigation and initial management of suspected gynaecological cancer, as directed by the current national cancer strategy and guidance
- Assessment of a patient who has been referred through the suspected cancer referral pathway
- Knowledge of care pathways for suspected gynaecological cancer
- Disease relapse: patterns of relapse, specific investigations

Diagnostic tests, investigations and staging procedures:

- Serum tumour markers in presentation and follow up
- Histopathology: tumour types and relevance of tumour grade and lymph-vascular space invasion (LVSI)
- Genetic evaluation of tumour biopsies
- Cytology: basic use of cytology in cervical smear and fluids
- Specific imaging requirements for each cancer type, including the role of PET-CT scanning
- Disease staging: Federation Internationale de Gynecologie et d'Obstetrique, (FIGO) and TNM Classification of Malignant Tumors (TNM))

Radiology:

- Main imaging modalities in gynaecological oncology
- Limitations and side effects of using ultrasound scans, cross-sectional imaging and nuclear medicine techniques
- Interpreting imaging, in conjunction with a radiologist
- Indications and limitations of interventional radiological procedures
- Role of radiology investigations in follow-up and relapse

Oncology CiP 2: The doctor manages the surgical pathway for people with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early stage gynaecological cancer.	
Key skills	**Descriptors**
Prepares patients for surgery	• Makes sure that the right operation is performed by the right team, at the right time, in the right place. • Can counsel patients about surgical treatment options and the risks involved. • Can carry out a perioperative risk calculation with risk/benefit analysis, for and against surgery, in

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	conjunction with colleagues working in anaesthetics and physicians who care for elderly people. • Interprets preoperative investigations and liaises with anaesthetic and radiology departments, where relevant. • Gets patient's consent for procedures. • Can set up combined operating with other specialities, where required. • Arranges perioperative intensive care unit (ICU)/high dependency unit (HDU) support, as appropriate.
Recognition, diagnosis and management of surgical complications	• Takes steps to minimise the risk of complications. • Is able to control major haemorrhage. • Manages unexpected findings, including inoperability of gynaecological cancer. • Recognises injury to relevant structures, including bowel, bladder, ureters and blood vessels. • Recognises and manages complications with wounds, such as infection, dehiscence and incisional hernia. • Undertakes repair of injury and involves other specialities, when required or appropriate. • Audits surgical practice.
Delivers perioperative supportive care	• Undertakes or delegates appropriate inpatient postoperative assessment and follow-up of patients. • Recognises and manages immediate, early and late post-operative complications, in conjunction with allied specialities, as appropriate.
Surgical management of gynaecological pre-invasive disease or genetic predisposition to gynaecological cancer	• Wide local excision of confirmed vulval intraepithelial neoplasia (VIN). • Can carry out a simple hysterectomy for persistent pre-malignant cervical histology. • Can carry out risk reducing surgery for patients with a genetic predisposition to gynaecological cancer.
Surgical and post-operative management of early stage gynaecological cancer	• Can carry out wedge biopsy of suspected vulval malignancy. • Can carry out a simple hysterectomy for early stage uterine/cervical cancer, including minimal access surgical techniques. • Can carry out staging laparoscopy for ovarian cancer (+/-) biopsy. • Can carry out surgical staging of low malignant potential adnexal masses. • Communicates discharge information accurately. • Formulates appropriate follow-up schedules.

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	• Assesses and arranges to manage the physical and holistic side effects of treatment for patients. • Considers all management options and determines when palliative, or best supportive care options, are appropriate.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • Evidence of attendance at a relevant course	<u>Experience with allied specialities</u> • Time with anaesthetics/ICU team • Attendance at genetics clinics/counselling sessions

Mandatory requirements

- OSATS
  - Laparoscopic assessment of ovarian cancer +/- biopsy
  - TLH and BSO for low-risk endometrial cancer
  - Infracolic omentectomy
  - Appendicectomy

Knowledge criteria

- Role of surgical and non-surgical interventions, complications and sequelae
- Procedures that preserve fertility in cervical, ovarian and endometrial cancer
- Preoperative investigation of patients, including radiology and assessment of fitness for surgery
- Identifies a high-risk surgical patient
- Type of surgery appropriate for each gynaecological cancer
- Selecting an appropriate surgical route to manage gynaecological cancers
- Complication risks of relevant surgeries, including anaesthesia
- Anatomy of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system and course of the ureter
- Relevant surgical equipment and knowledge of electrosurgical devices
- Principles and management of major haemorrhage
- Principles of fluid balance
- Prevention, recognition and management of wound complications, such as surgical site infection, dehiscence and incisional hernia
- Recognise initial and late complications, including but not limited to, damage to adjacent viscera, haemorrhage and thromboembolic disease

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Oncology CiP 3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.	
Key skills	**Descriptors**
Manages gynaecological oncology patient pathways	• Manages rapid access pathways for suspected gynaecological cancer. • Makes appropriate use of external protocols and guidelines for gynaecological cancer. • Stages gynaecological cancers correctly. • Is able to contribute effectively to cancer centre MDT meetings, including chairing them, when appropriate. • Collaborates with consultants and colleagues in other specialities and departments, when appropriate. • Takes part in quality improvement activities.
Investigates and manages patients with a genetic predisposition to gynaecological cancer	• Identifies patients and families with a family history suggestive of a genetic predisposition to gynaecological cancer. • Takes a genetic history, performs appropriate physical examination and orders appropriate investigations for patients with a genetic predisposition to gynaecological cancer. • Liaises with specialist genetic services to assess the risk of someone developing cancer. • Can counsel patients about managing a genetic predisposition to gynaecological cancer, including implications for family members.
Works within the MDT to assess the need for chemotherapy or radiation therapy in gynaecological cancers	• Is involved in MDT discussions and selecting patients for radiotherapy. • Takes part in MDT discussions to plan neoadjuvant or adjuvant chemotherapy.
Management of women with non-gynaecological cancers in pregnancy	• Providing individualised care, following a review by the MDT, including liaising with the primary oncology/surgical team, subspecialist gynaecological oncology team, consultant obstetrician and neonatologist.
Manages the holistic needs of people with terminal gynaecological cancer	• Can counsel patients and relatives and communicate information about disease, including someone's prognosis. • Uses a holistic approach (physical/psychological/social/spiritual) to assess symptoms and anxieties of the patient and their family members.

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	• Involves members of the specialist palliative care team in hospital, hospice and community settings. • Implements and manages appropriate pain relief strategies and therapies for the relief of nausea and vomiting, oedema and to manage nutrition. • Recognises anxiety, depression and psychosexual problems in patients with gynaecological malignant disease and seeks specialist input, where necessary.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance (local and regional) • BGCS webinars • Evidence of attendance at relevant course	<u>Experience with allied specialities</u> • Time with the palliative care team • Attendance at genetics clinics/counselling sessions • Time with gynaecological oncology clinical nurse specialist

Mandatory requirements

No mandatory evidence

Knowledge criteria

Management issues in the provision of gynaecological cancer unit services:

- Staffing, facilities and equipment
- Referral patterns and triage
- Managing a rapid access clinic
- Patient pathways and time constraints
- Clinical protocols
- Risk management
- Audit and research

Genetic predisposition to gynaecological cancer:

- Epidemiology, aetiology, clinical features and behaviour of familial gynaecological cancer syndromes, including BReast CAncer gene (BRCA) and Lynch syndrome
- Implications of genetic screening
- Counselling and complications of managing patients with a genetic predisposition to gynaecological cancer

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- Role of risk-reducing surgery in managing people who have a genetic predisposition to gynaecological cancer, and the specific problems for follow up in relation to hormonal, psychological and reproductive sequelae

Chemotherapy:

- Indications for chemotherapy
- Concept of adjuvant and neoadjuvant therapy

Radiotherapy:

- Different types of radiation
- Principles of radiotherapy, effects on organs and radiosensitivity of different cancers

Palliative care:

- Role of specialist palliative care professionals within the MDT in hospital, hospice and community settings
- Role of the general practitioner, a district nurse, cancer specialist nurse, family, religion, cancer support groups/Macmillan Cancer Support and social services in supporting patients
- How to break bad news to a patient
- Symptoms associated with terminal malignancy
- Pain services available to people in palliative care

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Oncology 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

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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 Oncology CiP.

	Statement of Expectations for the Oncology SITM
Meeting expectations for the Oncology CiP1	Learners are meeting expectations and can independently perform diagnostic procedures and interpret results related to suspected and proven gynaecological cancers, work collaboratively within the MDT and counsel patients appropriately about their investigations and diagnoses. They are able to recognise when to involve other members of the team, such as clinical nurse specialists or palliative care clinicians, and be able to pre-emptively make decisions regarding appropriate investigations and likely management of patients. They should be aware of relevant clinical trials that may be appropriate to discuss with patients.
Meeting expectations for the Oncology CiP2	Learners are meeting expectations and can counsel patients about surgical treatment options and make an appropriate risk assessment based on preoperative investigations and clinical assessment, as to the best means, location, team and perioperative management needed to offer optimal surgical treatment to the patient. They can manage unexpected intraoperative findings and complications, such as inoperability, visceral injury and major haemorrhage, as well as postoperative complications, in conjunction with allied specialties where required. Surgically, they are able to perform the relevant procedures to diagnose and treat preinvasive/early cancers of the vulva, uterus and cervix as described, and carry out surgical staging of low RMI adnexal masses or laparoscopic assessment and biopsy of suspected ovarian/peritoneal cancer. They prospectively audit their own outcome data for benchmarking. They are able to manage the postoperative care and follow up of their patients.
Meeting expectations for the Oncology CiP3	Learners are meeting expectations and will be able to manage rapid access pathways for suspected gynaecological cancers, using relevant protocols and guidelines, to stage and effect appropriate management via the cancer centre MDT. They are active participants in the MDT and are involved with assessing patients' suitability for adjuvant systemic

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	anticancer or radiotherapy treatment. They are able to manage the holistic needs of the patient who has a terminal gynaecological cancer diagnosis, including input from palliative care, psycho-oncology or psychosexual counselling, nutrition management, etc. They are able to identify, risk assess, investigate and refer appropriately individuals with a genetic predisposition to gynaecological cancer.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to specialise in gynaecological oncology. 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 Gynaecological Oncology special interest doctor and at MDT meetings.

5. Procedures associated with the Oncology 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	CiP3
Arranges insertion and manages an ascitic drain	5	X		
Laparoscopic assessment of ovarian cancer +/- biopsy*	5		X	
TLH and BSO for low-risk endometrial cancer*	5		X	
Infracolic omentectomy*	5		X	
Appendicectomy*	5		X	
Cystoscopy	5		X	
Wedge biopsy suspected vulval cancer	5		X	
Wide local excision of VIN	5		X	
Ureterolysis	4		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.

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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 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.

• Objective Structured Assessment of Technical Skills (OSATS) **(mandatory)**	• Procedural log
• Case-based discussions	• Case presentations
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Quality improvement activity
• NOTSS	• Certification of training courses
• Reflective practice	• Attendance at relevant meetings
• Team observation (TO2), including self-observation	• Participation at QA visits
• Local, Deanery and National Teaching	• Attendance at recommended courses
• RCOG (and other) eLearning	• Relevant publications

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 Oncology CiP:

Oncology CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor assesses and manages people	X	X	X	X	X	X

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Oncology CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
who are referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.						
2: The doctor manages the surgical pathway for people with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early stage gynaecological cancer.	X	X	X	X	X	X
3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.		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.

The Oncology SITM is the contingent SITM for the Gynaecological Surgical Care SITM. The latter must have been started, and sufficient surgical aptitude demonstrated before

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registering for the Oncology SITM. This combination is recommended if a learner aspires to a special interest post in gynaecological surgery.

If the learner wants to become a subspecialist in Gynaecological Oncology, the Oncology SITM is suitable to undertake before appointment to a Gynaecological Oncology SST training programme. The subspecialty curriculum builds on the SITM, and is included in the subspecialty curriculum for Gynaecological Oncology. Any evidence collected during SITM training and/or completed CiPs will count toward completion of SST. This will make the learner more competitive to succeed at subspecialty interview.

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 Gynaecological Cancer Society (BGCS)

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Find out more at

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