



Royal College of
Obstetricians &
Gynaecologists

MRCOG

Syllabus and Knowledge Requirements for Core Curriculum 2019



Introduction

This document sets out the MRCOG Syllabus which also constitutes the Knowledge Requirements for the Core Curriculum. It should be read in conjunction with the Core Curriculum Definitive Document, which contains the overall programme of assessment. The contents are as follows:

- The new Core Curriculum and the MRCOG
- Rationale for mapping between the MRCOG Syllabus and Core Curriculum
- Knowledge Areas and Requirements (MRCOG Syllabus)

The MRCOG Syllabus currently consists of a set of statements on the RCOG website followed by a link to the relevant current core curriculum modules for the detailed knowledge criteria. The content of the Syllabus will not be altered, but the current format will change so that it is based on Knowledge Areas (equivalent to the current core modules) and be broadly mapped to the new Core Curriculum. In time, and as part of the natural development of the MRCOG, the Syllabus will be revised. At that point, it will be fully mapped to the new Core Curriculum. Therefore, as the MRCOG is not changing, the only way that the Knowledge Requirements of the Core Curriculum can be expressed is in terms of the MRCOG Syllabus.

The new Core Curriculum and the MRCOG

As can be seen from the table below, the Capabilities in Practice (CiPs) are assessed by the different parts of the MRCOG examination. No CiP is assessed by two different examinations. Not all of the CiPs are assessed by the MRCOG – this is similar to the previous curriculum in which two of the modules were not assessed by the MRCOG.

| Table 1 – Capabilities in Practice and the MRCOG | | | | |
|--|--|---------------|---------------|---------------|
| Developing the doctor (generic) | | MRCOG | | |
| | | Part 1 | Part 2 | Part 3 |
| <i>PROFESSIONAL IDENTITY: HEALTHCARE PROFESSIONAL</i> | | | | |
| CiP 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care | | | X |
| CiP 2 | The doctor is able to successfully work within health organisations | | X | |
| CiP 3 | The doctor is a leader who has vision, engages and delivers results | | | |
| CiP 4 | The doctor is able to design and implement quality improvement projects or interventions | | | |
| CiP 5 | The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels | | | |
| <i>PROFESSIONAL IDENTITY: RESEARCHER, SCHOLAR AND EDUCATOR</i> | | | | |

| | | | | |
|---|---|---------------|---------------|---------------|
| CiP6 | The doctor takes an active role in helping self and others to develop | X | | |
| CiP7 | The doctor is able to engage with research and promote innovation | | | |
| CiP8 | The doctor is effective as a teacher and supervisor of healthcare professionals | | | X |
| Developing the Obstetrician & Gynaecologist (specialty-specific) | | MRCOG | | |
| | | Part 1 | Part 2 | Part 3 |
| <i>PROFESSIONAL IDENTITY: CLINICAL EXPERT</i> | | | | |
| CiP9 | The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy | | X | |
| CiP10 | The doctor is competent in recognising, assessing and managing emergencies in obstetrics | | X | |
| CiP11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care | | X | |
| CiP12 | The doctor is competent in recognising, assessing and managing non-emergency obstetrics care | | X | |
| <i>PROFESSIONAL IDENTITY: CHAMPION FOR WOMEN'S HEALTH</i> | | | | |
| CiP13 | The doctor is able to champion the healthcare needs of people from all groups within society. | | | X |
| CiP14 | The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease. | | | X |

Rationale for mapping between MRCOG Syllabus and Core Curriculum

Overall

The Part 1 MRCOG, which covers the basic and applied sciences relevant to the clinical practice of obstetrics and gynaecology, is focussed on the summative assessment of CiP 6. This is because by achieving Part 1 MRCOG the candidate/trainee will have demonstrated an active participation in acquiring the fundamental scientific knowledge that underpins the development of clinical expertise. They will demonstrate an early indication of helping self to develop beyond the experiential learning within the clinical environment. The Part 2 MRCOG, which covers the knowledge required during clinical practice, is used for the summative assessment of CiP 9, CiP 10, CiP 11 and CiP 12, with elements of CiP 2 to demonstrate developing clinical expertise. It assesses competence in recognising, assessing and managing emergency and non-emergency cases in gynaecology, early pregnancy and obstetrics. The Part 3 MRCOG, which assess the application of knowledge, clinical competencies and attitudes in clinical practice, builds on this knowledge platform and summatively assesses CiP 1 and CiP 8 to show the application of medical knowledge, clinical skills and professional values in the provision of high-quality and patient-centred care and

effectiveness as a teacher. It also covers elements of CiP 13 and CiP 14 to summatively assess skills as a champion of healthcare in all groups within society and a promoter of health and disease prevention.

Part 1 MRCOG

The Part 1 MRCOG assesses the Scientific Platform for Clinical Practice. It examines the 15 core Knowledge Areas in four domains of understanding. There is inevitably overlap between Knowledge Areas and Requirements and not all domains are relevant to a particular Knowledge Requirement. This is assessed using single best answer (SBA) questions.

- i. Understanding Cell Function: This incorporates physiology, endocrinology and biochemistry
- ii. Understanding Human Structure: This incorporates anatomy, embryology and genetics
- iii. Understanding Measurement and Manipulation: This incorporates biophysics, epidemiology and statistics, data interpretation and pharmacology
- iv. Understanding Illness: This incorporates immunology, microbiology, pathology and clinical management

Part 2 MRCOG

The Part 2 MRCOG assesses the Knowledge Required for Clinical Practice. It examines the 15 core Knowledge Areas in four domains of understanding that are key to safe and appropriate clinical practice in Obstetrics and Gynaecology.

- i. Diagnosis: This incorporates important differential diagnoses and the features of conditions presenting to Obstetricians and Gynaecologists
- ii. Investigations: This incorporates investigations used for diagnosis, monitoring and prognosis
- iii. Management: This incorporates medical, surgical and non-medical management as well as the importance of other clinical and non-clinical practitioners
- iv. Epidemiology: This includes the incidence, progression, natural history of conditions as well as prognosis, efficacy and patient-centred approaches

The Part 2 MRCOG builds on CiP 6 to summatively assess capabilities in CiPs 9-12 with elements of CiP 2. It uses both SBA and extended matching questions (EMQ). The SBA questions and EMQ question topics can overlap. However, SBAs are particularly useful in the assessment of aetiology, natural history and epidemiology and statistics while EMQs are particularly useful in the assessment of diagnosis, investigations and management.

Some Knowledge Areas and Requirements span CiPs but in order to map the examination syllabus to the curriculum each Knowledge Area for the Part 2 MRCOG examination has been mapped to one of the five CiPs assessed.

Part 3 MRCOG

The Part 3 MRCOG assesses the application of knowledge, attitudes and practices to allow the candidate to demonstrate clinical competencies in the practice in Obstetrics and

Gynaecology. The 15 core Knowledge Areas are examined in 14 assessed tasks in an examination circuit. The tasks will either involve a simulated colleague or a simulated patient. In some of the simulated colleague tasks the examiner may play a consultant who has a structured discussion with the candidate about a project or case. Each task will assess up to four of the core skill domains using both clinical and lay examiners.

- i. Patient Safety
- ii. Communication: with patients and families or with colleagues
- iii. Information gathering
- iv. Applied clinical knowledge

The Clinical Skills Knowledge Area is common to all tasks. The remaining 14 Knowledge Areas are used to inform the 14 tasks to ensure that the examination is blueprinted to the syllabus. The Part 3 MRCOG builds on CiPs 2 and 9-12 to summatively assess capabilities in CiP 1 and CiP 8. Elements of the examination will involve summative assessment of CiP 13 and CiP 14 within some of the tasks.

Knowledge Areas and Requirements

The MRCOG Syllabus encompasses 15 core **Knowledge Areas** (broadly equivalent to the current core curriculum modules) that link to the assessed **CiPs**, as shown in the table below.

| Examination | Colour key |
|--------------|------------|
| Part 1 MRCOG | |
| Part 2 MRCOG | |
| Part 3 MRCOG | |

| Table 2 – Knowledge Areas and Capabilities in Practice | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| MRCOG Syllabus | | | | | | | | | | |
| Knowledge Area | CiP 1 | CiP 2 | CiP 6 | CiP 8 | CiP 9 | CiP 10 | CiP 11 | CiP 12 | CiP 13 | CiP 14 |
| Clinical skills | | | | | | | | | | |
| Teaching and research | | | | | | | | | | |
| Core surgical skills | | | | | | | | | | |
| Postoperative care | | | | | | | | | | |
| Antenatal care | | | | | | | | | | |
| Maternal medicine | | | | | | | | | | |
| Management of labour | | | | | | | | | | |
| Management of delivery | | | | | | | | | | |
| Postpartum problems | | | | | | | | | | |
| Gynaecological problems | | | | | | | | | | |
| Subfertility | | | | | | | | | | |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Sexual and reproductive health | | | | | | | | | | |
| Early pregnancy care | | | | | | | | | | |
| Gynaecological oncology | | | | | | | | | | |
| Urogynaecology & pelvic floor problems | | | | | | | | | | |

Format of the Knowledge Requirements

Each Knowledge Area starts with a description of the CiPs to which it has been mapped, followed by the summary Knowledge Requirements for each part of the Exam. These are then followed by the detailed Knowledge Requirements that underpin the Knowledge Area.

Knowledge Area 1 – Clinical skills

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 2 | The doctor is able to successfully work within health organisations |
| 6 | The doctor takes an active role in helping self and others to develop |
| 13 | The doctor is able to champion the healthcare needs of people from all groups within society |
| 14 | The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease |

Summary Knowledge Requirements

PART 1 MRCOG

- Patterns of symptoms and understand the importance of risk factors
- Pathological basis for physical signs and clinical investigation
- How to interpret results of clinical investigations

PART 2 MRCOG

- Understand the important elements in an obstetric and gynaecological history
- Understand the principles and legal issues surrounding informed consent, with particular awareness of the implications for the unborn child, post mortem examinations, consent to surgical procedures including sterilisation, parental consent and Fraser guidelines and medical certification.

PART 3 MRCOG

- Take an obstetric and gynaecological history
- Communicate effectively
- Take notes concisely and accurately
- Justify investigations and interventions
- Critically interpret clinical findings and results of investigations
- Critically discuss management options
- Present a balanced view of the risks and benefits of interventions
- Making an appropriate introduction explaining their name, role, purpose of interaction and establishing a rapport
- Taking a concise, relevant history using a blend of mainly open and some closed questions, demonstrating a logical and clearly reasoned style of questioning
- Empathy, active listening, responding to patient cues
- Identifying and managing communication barriers including the use of interpreters
- Giving information in manageable amounts using patient-friendly language, avoiding jargon and explain clinical terms
- Encouraging dialogue and shared decision making
- Negotiating skills but demonstrating respect for patient autonomy in decision making including when decisions are made against medical advice

- Acknowledging and addressing patient's concern
- Taking informed consent including an awareness of mental capacity
- Maintaining patient dignity at all times
- Ensuring appropriate use of chaperones for intimate examinations, maintaining dignity at all times and being sensitive to cultural and religious issues

Detailed Knowledge Requirements

- Define the patterns of symptoms and identify risks factors in women presenting with obstetric and gynaecological problems
- Comprehend the different elements of history taking
- Recognise that patients do not present their history in a structured fashion
- Recognise that the woman's wishes and beliefs and their history should inform examination, investigation and management
- Understand the importance and conventions of accurate clinical note keeping
- Know the relevance of data protection
- Understand clinical priorities according to urgency and importance
- Understand that effective organisation, prioritisation and delegation is key to time management
- Understand the importance of prompt investigation, diagnosis and treatment in disease and illness management
- Understand the roles, competencies and capabilities of other professionals and support workers
- Understand that some factors adversely affect team performance. Have knowledge of methods to rectify issues.
- Understand the components of effective collaboration and team working
- Understand the roles and responsibilities of members of the healthcare team
- Understand the components of effective verbal and non-verbal communication
- Structure a consultation appropriately
- Importance of the woman's background, culture, education and preconceptions (beliefs, ideas, concerns, expectations) to the process
- Outline the impact of healthcare beliefs, culture and ethnicity in presentations of physical and psychological conditions.
- Outline health needs of particular populations; e.g. the elderly, ethnic minorities
- Be aware that the way in which bad news is delivered to a patient can affect them for the rest of their life in terms of emotions, perception of the condition and their ability to cope. It also irretrievably affects the subsequent relationship with the patient
- Aware that every patient may require different levels of explanation and have different responses and way of coping with bad news
- Aware that bad news is confidential but the patient may wish to be accompanied
- Aware that once the news is given, patients are unlikely to take anything subsequent in, so a further appointment should be made for soon afterwards
- Aware that 'breaking' bad news can be extremely stressful for the professional involved
- Aware that, as with all clinical encounters, the interview at which bad news is given will be an educational opportunity

- Know that bad news may be expected or unexpected and it cannot always be predicted
- Know that sensitive communication of bad news is an essential part of professional practice
- Know that bad news has different connotations depending on the context, individual, employment, social and cultural circumstances
- Understand the need for a targeted and relevant clinical examination
- Understand the pathophysiological basis of physical signs, both positive and negative
- Understand the indications, risks, benefits and effectiveness of investigations
- Comprehend constraints to performing physical examination and strategies that may be used to overcome them
- Comprehend the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis
- Recognise that use of a chaperone in obstetrics and gynaecology is always recommended
- Define the steps of diagnostic reasoning
- Conceptualise the clinical problem in a clinical and social context
- Recognise how to use expert advice, clinical guidelines and algorithms
- Be aware of and maintain an up to date knowledge of research evidence regarding the most important determinants of health
- Know how to access and use local health data
- Know how to access resources for community action and advocacy (e.g. resources, legislation, policy documents).
- Action plans and post procedural rehabilitation and re-integration guidance
- Recognise and appropriately respond to sources of information accessed by patients
- Define the concepts of the natural history of disease and assessment of risk
- Awareness of evidence-based guidance on return to work times
- Able to define the role of rehabilitation and the role of support services and the multidisciplinary team to facilitate long-term care
- Outline the concept of quality of life and how this can be measured whilst understanding the limitations of such measures for individual patients
- Outline the concept of patient self-care and the role of the expert patient
- Understand and be able to compare and contrast the medical and social models of disability
- Know about the key provisions of disability discrimination legislation
- Understand the relationship between local health, educational and social service provision, including the voluntary sector
- Understand different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved
- Be aware of the indications, contra-indications, adverse effects, drug interactions and dosage of commonly used drugs in obstetrics and gynaecology practice
- Have a familiarity of the range of adverse drug reactions to commonly used drugs, including complementary medicines
- Be aware of the potentially adverse effects of medication on performance and safety at work
- Know the range of drugs requiring therapeutic drug monitoring and interpret results

- Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's clinical practice
- Understand the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. NICE, Committee on Safety of Medicines, Medications and Healthcare Products Regulatory Agency (MHRA) and hospital formulary committees
- Understand the importance of non-medication based therapeutic interventions including the legitimate role of placebos
- Understand specific legal issues about consent in under 16-yr olds, and vulnerable adults
- Understand the implications of the Sexual Offences Act 2003
- Be aware of diversity
- Be aware of the implications of the legal status of the unborn child
- Understand appropriateness of consent to post mortem examination
- Outline the procedures for seeking a patient's consent for disclosure of identifiable information
- Understanding the ethical and legal issues surrounding female genital mutilation (FGM)
- Understanding the ethical and legal issues of organ donation
- Be aware of relevant strategies to ensure confidentiality
- Outline and follow the guidance given by the GMC on confidentiality
- Be aware when confidentiality might be broken
- Understand the principles of data protection including electronic and administrative systems
- Understand that interpreters and patient advocates must be aware of confidentiality issues
- Recall the obligations for confidentiality following a patient's death
- Know that all decisions and actions must be in the best interests of the patient
- Understand the legislative framework within which healthcare is provided in the UK and/or devolved administrations, in particular:
 - death certification and the role of the Coroner/Procurator Fiscal;
 - child protection legislation;
 - mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law);
 - withdrawing and withholding treatment;
 - decisions regarding resuscitation of patients;
 - surrogate decision making;
 - organ donation and retention;
 - communicable disease notification;
 - medical risk and driving;
 - Data Protection Act and Freedom of Information Act;
 - provision of continuing care and community nursing care by a local authorities
- Understand that there are differences between health-related legislation in the four countries of the UK and know the legislation as it relates to the country in which you practice
- Understand sources of medical legal information
- Understand disciplinary processes in relation to medical malpractice

- Understand the procedure to be followed when personal health and substance abuse is suspected
- Ensure that all decisions and actions are in the best interests of the patient and the public good
- Be familiar with and uphold the rights of children and vulnerable adults
- Be familiar with and uphold the rights of disabled people to participate in healthy and rewarding employment
- Practise in accordance with an appropriate knowledge of contemporary legislation
- Act with appropriate professional and ethical conduct in challenging situations.
- Know the legal responsibilities of completing maternity, birth, sickness and death certificates
- Understand abortion certificates HSA 1 and HSA 4, and be aware of exemptions for those who will not participate in abortion services for moral or religious reasons
- Know the types of deaths that should be referred to the Coroner/Procurator Fiscal
- Understand the principles of advance directives and living wills
- Be aware of the indications for section under the Mental Health Act (1983)
- Outline the principles of the Mental Capacity Act
- Demonstrate knowledge of the professional, legal and ethical codes of the GMC, e.g. Fitness to Practice and any other codes pertaining to obstetrics and gynaecology
- Be aware of prejudice and preferences within self, others, society and cultures
- Beware of the define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment
- Outline the main methods of ethical reasoning: case-based reasoning, the justification of decision and moral judgment
- Know the overall approach of value- based practice and how this relates to ethics, law and decision-making
- Principles of effective negotiation
- Characteristics and phase of negotiation
- Tips and tactics for influencing others and arriving at win-win situation
- Techniques in assertion and persuasion
- Understanding yourself, how conflict arises and the principles for resolution
- Respect diversity and recognise the benefits it may bring, as well as associated stigma
- Be aware of the possible influence of and sensitively include questions about socio-economic status, household poverty, employment status and social capital in taking a medical history
- Assess the patient's ability to access various services in the health and social system and offer appropriate assistance
- Help to empower patients and negotiate complex systems to improve health and welfare including, where appropriate, the right to work
- Where values and perceptions of health and health promotion conflict, facilitate balanced and mutually respectful decision-making
- Identify and communicate effectively with influential decision-makers/ facilitators of change.
- Understand the implications of disability discrimination legislation for healthcare

- Recognise how health systems can discriminate against patients from diverse backgrounds, and how to work to minimise this discrimination. For example in respect of age, gender, race, culture, disability, spirituality, religion, and sexuality
- Recognise the stigmatising effects of some illnesses and work to help in overcoming stigma
- Recognise that people can be denied employment opportunities unnecessarily through myths, stigma, dogma and insufficient advocacy and support; be aware of the role of doctors and other services in combating this inequality
- Recognise the effects of exclusion and discrimination on physical and mental health
- Be aware of the role that individuals (including patients and carers as well as healthcare professionals) and services can play in combating inequality and discrimination and contribute appropriately to this work.
- Recognise that personal beliefs and biases exist and understand their impact (positive and negative) on the delivery of health services
- Be aware of similarities and distinctions between the beliefs and values of the doctor, the patient and the policy-makers.
- Work with an appropriate knowledge of guidance documents on supporting people with long term conditions to self-care
- Be familiar with the range of agencies that can provide care and support in and out of hospital, and how they can be accessed
- Be familiar with the range of agencies that can support the disabled worker and the disabled job-seeker.
- Understand the factors which influence the incidence and prevalence of common conditions
- Understand the factors which influence health and illness – psychological, biological, social, political, cultural and economic (especially poverty)
- Understand the influence of lifestyle on health and the factors that influence an individual patient to change their lifestyle
- Understand the influence of culture and beliefs on patients perceptions of health
- Understand the possible positive and negative implications of health promotion activities e.g. immunisation
- Understand the relationship between the health of an individual and that of a community, and vice versa
- Understand and outline the mechanisms by which environmental chemicals have an impact on human health
- Understand and outline the mechanisms by which adverse chemical exposure can be mitigated e.g. decontamination, specific antidotes. Understand how to seek a second opinion and appropriate expert advice
- Know the potential sources of information and guidance to manage a case of chemical etc exposure, including local, regional and national sources
- Have an awareness of the role of other agencies and factors including the impact of globalisation (including climate change) in increasing disease, and in protecting and promoting health.
- Have an awareness of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of more economically developed countries' strategies on less economically developed countries

Knowledge Area 2 – Teaching and research

| CiP | CiP Description |
|-----|---|
| 2 | The doctor is able to successfully work within health organisations |
| 6 | The doctor takes an active role in helping self and others to develop |
| 8 | The doctor is effective as a teacher and supervisor of healthcare professionals |

Summary Knowledge Requirements

PART 1 MRCOG

- Principles of screening, clinical trial design (multicentre, randomised controlled trials, etc.) and the statistical methods used in clinical research
- Levels of evidence, quantification of risk, power of study, level of significance, informed consent and ethical and regulatory approvals in research
- Principles of safe prescribing, quality control in medicine and the accuracy of tests

PART 2 MRCOG

- Understand quality improvement and management
- Understand the production and application of clinical standards, guidelines and care pathways and protocols
- Demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures
- Demonstrate the skills needed to critically appraise scientific trials and literature
- Understand the principles of adult learning
- Understand the principles and legal issues surrounding research and teaching

PART 3 MRCOG

- Understand the principles of adult learning
- Demonstrate aptitude in teaching common practical procedures in O&G
- Understand quality improvement and management
- Understand how to perform, interpret and use clinical audit cycles
- Understand the production and application of clinical standards, guidelines and care pathways and protocols
- Demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures
- Understand the difference between audit and research
- Understand how to plan a research project
- Demonstrate the skills needed to critically appraise scientific trials and literature
- Understand the principles and legal issues surrounding informed consent, with particular awareness of the implications for the unborn child, post mortem examinations, consent to surgical procedures including sterilisation, parental consent and Fraser guidelines, medical certification, research and teaching
- Demonstrate awareness of the relevant strategies to ensure confidentiality, and when it might be broken
- Understand the role of interpreters and patient advocates

Detailed Knowledge Requirements

- Understand the principles of adult learning
- Understand the skills and practices of a competent teacher
- Understand the principles of giving feedback
- Understand the principles of evaluation
- Identify teaching strategies appropriate to adult learning
- Identification learning theories, principles, needs and styles relevant to medical education
- Demonstrate knowledge of literature relevant to current developments in medical education and other sectors
- Define the roles of the various bodies involved in medical education and other sectors
- Outline the appropriate local course of action to assist a trainee experiencing difficulty in making progress within their training programme
- Understand the difference between appraisal, assessment and performance review
- Understand the importance of an appraisal and the qualities of a good appraiser
- Know the advantages and disadvantages of different study methodologies (quantitative and qualitative) for different types of questions at appraisal
- Know the principles of appraisal and the structure of the appraisal interview
- Understand the principles of mentoring
- Understand levels of evidence and quality of evidence
- Understand the difference between appraisal and assessment
- Understand the reasons for assessment
- Know different assessment methods and when to use them appropriately
- Be aware of the differences between formative and summative assessment
- Outline the role of workplace-based assessments, the assessment tools in use, their relationship to course learning outcomes, the factors that influence their selection and the need for monitoring evaluation
- Understand the purpose of each assessment used within the MRCOG examination
- Understand the difference between a reliable and a valid assessment
- Understand the purpose of recertification and revalidation
- Understand the range of uses of clinical data and its effective interpretation
- Be aware of the confidentiality issues
- Understand the audit cycle
- Understand clinical effectiveness: Principles of evidence-based practice, Types of clinical trial/evidence classification, Grades of recommendation
- Understand guidelines and integrated care pathways. Know how to formulate these and be aware of the advantages and disadvantages
- Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data
- Understand the role of audit i.e. improving patient care and services, risk management etc
- Understand the steps involved in completing the audit cycle
- Describe the working uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc, and for reporting and learning from clinical incidents and near misses in the UK
- Understand the definitions and relevance of levels of evidence

- Understand the development and implementation of clinical guidelines, integrated care pathways and protocols
- Understand the organisational framework for clinical governance at local, regional and national levels
- Understand standards e.g. NSF, NICE, RCOG guidelines
- Understand quality improvement methodologies and a range of methods
- Know the principles of risk management and their relationship to clinical governance
- Understand the basic measures of risk and uncertainty
- Be aware of particular issues pertinent to the specialty and to trainees specifically
- Understand potential sources of risk and risk management tools, techniques and protocols
- Understand best practice, transparency and consistency
- Outline the features of a safe working environment
- Outline the hazards of clinical equipment in common use
- Recall side effects and contraindications of prescribed medications
- Recall the components of safe working practice in the personal, clinical and organisational settings
- Outline human factors theory and understand its impact on safety
- Understand root cause analysis
- Understand significant event analysis
- Outline local procedures and protocols for optimal practice including early warning systems
- Understand root cause analysis
- Understand significant event analysis
- Understand processes for dealing with and learning from clinical errors, including the management of complaints procedures risk management incidents/ near miss reporting complaints management litigation and claims management
- Keep abreast of national patient safety initiatives including NPSA. NCEPOCD reports, NICE guidelines
- Be aware of how healthcare governance influences patient care, research and educational activities at a local, regional and national level
- Ensure patient/ user involvement
- Outline methods and associated problems of quantifying risk e.g. cohort studies
- Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat
- Describe commonly used statistical methodology
- Know how relative and absolute risks are derived and the meaning of the terms: predictive value, sensitivity and specificity, in relation to diagnostic tests
- Understand the difference between audit and research
- Know how to apply statistics in scientific and medical practice
- Understand how to plan and analyse a research project
- Understand statistical methods
- Know the principles of research ethics and conflicts of interest
- Outline the GMC guidance on good practice in research
- Know about local and national research guidelines

- Know the principles of research governance. Describe how clinical guidelines are produced
- Demonstrate a knowledge of research principles
- Outline the principles of formulating a research question and designing a project
- Comprehend principal qualitative, quantitative, biostatistical and epidemiological research methods
- Demonstrate good verbal and written presentations skills
- Have knowledge of research methods and how to evaluate scientific publications including the limitations of different methodologies for collecting data
- Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outline the process of attaining Caldicott approval for audit or research
- Understand the principles of patient and public involvement
- Involve patients in decision making
- Know about quality improvement methodologies including a range of methods for obtaining feedback from patients and the public

Knowledge Area 3 – Core surgical skills

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 9 | The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy |

Summary Knowledge Requirements

PART 1 MRCOG

- Demonstrate an understanding of the issues surrounding informed consent, including knowledge of complication rates, risks and likely success rates of different gynaecological operations, together with an understanding of diagnostic methods and treatment of complications
- Demonstrate your familiarity with surgery by discussing the common operations together with common surgical instruments and sutures
- Demonstrate detailed knowledge of the basic surgical procedures in O&G, including diagnostic laparoscopy, hysteroscopy, gynaecological laparotomy for ovarian cysts, ectopic pregnancy, hysterectomy and vaginal surgery for prolapse, incontinence and vaginal hysterectomy
- Know the principles and procedures involved in more complex gynaecological surgery for cancer and endometriosis
- Have good knowledge of the principles of safe surgery, surgical instruments and sutures and the management of common complications of surgery
- Be aware of the principles of surgical teamworking, risk management and risk reduction

PART 2 MRCOG

- Legal issues around consent to surgical procedures, including consent of children, adults with incapacity and adults and children in emergency situations
- Name and mode of use of common surgical instruments and sutures
- Complications of surgery
- Regional anatomy and histology
- Commonly encountered infections, including an understanding of the principles of infection control
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and optimise pre, intra and postoperative care
- Principles of nutrition, water; electrolyte and acid base balance and cell biology.
- Appropriate use of blood and blood products
- General pathological principles
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and ensure: patients are in the optimal condition for treatment, patients have different care during their operation, patients experience optimal post-operative rehabilitation

- Legal issues around consent to surgical procedures, including consent of minors (and Fraser competency), adults with incapacity and adults and children in emergency situations.
- Name and mode of use of common surgical instruments.
- Knowledge of sutures and their appropriate use.
- Prevention and complications of surgery including:
 - Venous thromboembolism
 - Infection (wound, urinary tract, respiratory, intra-abdominal and pelvic)
 - Primary and secondary haemorrhage (intraoperative and postoperative).
 - Relevant clinical anatomy.
 - Relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply and histology.
- Characteristics, recognition, prevention, eradication and pathological effects of all commonly encountered bacteria, viruses, Rickettsia, fungi, protozoa, parasites and toxins, including an understanding of the principles of infection control.
- Principles of nutrition, water, electrolyte and acid base balance and cell biology.
- Knowledge and awareness of anaesthesia: general anaesthetic, conscious sedation, regional and local.
- General pathological principles including general, tissue and cellular responses to trauma, infection, inflammation, therapeutic intervention (especially by the use of irradiation, cytotoxic drugs and hormones), disturbances in blood flow, loss of body fluids, hyperplasia and neoplasia.
- Knowledge and awareness of use in complications of Diathermy and other energy sources
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and ensure: patients are in the optimal condition for treatment, patients have different care during their operation, patients experience optimal post-operative rehabilitation
- Relevant basic sciences
- Knowledge of instruments and sutures

PART 3 MRCOG

- Demonstrate an understanding of the issues surrounding informed consent, including knowledge of complication rates, risks and likely success rates of different gynaecological operations, together with an understanding of diagnostic methods and treatment of complications
- Demonstrate your familiarity with surgery by discussing the common operations together with common surgical instruments and sutures
- Demonstrate detailed knowledge of the basic surgical procedures in O&G, including diagnostic laparoscopy, hysteroscopy, gynaecological laparotomy for ovarian cysts, ectopic pregnancy, hysterectomy and vaginal surgery for prolapse, incontinence and vaginal hysterectomy
- Know the principles and procedures involved in more complex gynaecological surgery for cancer and endometriosis
- Have good knowledge of the principles of safe surgery, surgical instruments and sutures and the management of common complications of surgery

- Be aware of the principles of surgical teamworking, risk management and risk reduction

Detailed Knowledge Requirements

- Legal issues around consent to surgical procedures, including consent of children, adults with incapacity and adults and children in emergency situations
- Name and mode of use of common surgical instruments and sutures
- Complications of surgery
- Regional anatomy and histology
- Commonly encountered infections, including an understanding of the principles of infection control
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and optimise pre, intra and postoperative care
- Principles of nutrition, water; electrolyte and acid base balance and cell biology.
- Appropriate use of blood and blood products
- General pathological principles
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and ensure: patients are in the optimal condition for treatment, patients have different care during their operation, patients experience optimal post-operative rehabilitation
- Legal issues around consent to surgical procedures, including consent of minors (and Fraser competency), adults with incapacity and adults and children in emergency situations.
- Name and mode of use of common surgical instruments.
- Knowledge of sutures and their appropriate use.
- Prevention and complications of surgery including:
 - Venous thromboembolism
 - Infection (wound, urinary tract, respiratory, intra-abdominal and pelvic)
 - Primary and secondary haemorrhage (intraoperative and postoperative).
 - Relevant clinical anatomy.
 - Relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply and histology.
- Characteristics, recognition, prevention, eradication and pathological effects of all commonly encountered bacteria, viruses, Rickettsia, fungi, protozoa, parasites and toxins, including an understanding of the principles of infection control.
- Principles of nutrition, water, electrolyte and acid base balance and cell biology.
- Knowledge and awareness of anaesthesia: general anaesthetic, conscious sedation, regional and local.
- General pathological principles including general, tissue and cellular responses to trauma, infection, inflammation, therapeutic intervention (especially by the use of irradiation, cytotoxic drugs and hormones), disturbances in blood flow, loss of body fluids, hyperplasia and neoplasia.
- Knowledge and awareness of use in complications of Diathermy and other energy sources
- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and ensure: patients are in the optimal condition for

treatment, patients have different care during their operation, patients experience optimal post-operative rehabilitation

- Relevant basic sciences
- Knowledge of instruments and sutures

Knowledge Area 4 – Postoperative care

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 9 | The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy |

Summary Knowledge Requirements

PART 1 MRCOG

- Applied clinical science related to the postoperative period, including physiological and biochemical aspects of fluid balance, the metabolism of nutrients after surgery and the biochemistry of enzymes, vitamins and minerals
- Organisms implicated in postoperative infections and the therapies used to treat them
- Therapeutic drugs used perioperatively, including analgesics and thromboprophylactic agents
- Histopathology of the pelvic organs, the breast and the endocrine organs, including the pituitary and the hypothalamus
- Classification systems of gynaecological and obstetric conditions

PART 2 MRCOG

- Demonstrate an understanding of all aspects of postoperative care (immediate, short-term and long-term), including the ability to assess a postoperative patient, know the diagnosis and know how to deal with it
- Know how to prevent common postoperative problems
- Understand all aspects of surgery, complications and follow-up

PART 3 MRCOG

- Demonstrate an understanding of all aspects of postoperative care (immediate, short-term and long-term), including the ability to assess a postoperative patient, know the diagnosis and know how to deal with it
- Know how to prevent common postoperative problems
- Be able to discuss all aspects of surgery, complications and follow-up with patients and relatives

Detailed Knowledge Requirements

- Knowledge of the NHS Improvement Programme Enhanced Recovery principles to enhance patient safety and ensure patients experience optimal post-operative rehabilitation
- General pathological principles of postoperative care
- Postoperative complications related to obstetric, gynaecological and non-gynaecological procedures
- Fluid/electrolyte balance
- Wound healing
- Late postoperative complications, including secondary haemorrhage

Knowledge Area 5 – Antenatal care

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 12 | The doctor is competent in recognising, assessing non-emergency obstetrics care |

Summary Knowledge Requirements

PART 1 MRCOG

- Maternal anatomical, endocrine and physiological adaptations occurring in pregnancy
- Pathology of major organ systems, including the common haemoglobinopathies and connective tissue disorders as applied to pregnancy
- Screening tests commonly performed in pregnancy
- Fetal anatomy, including abnormalities, embryology, endocrine function and physiology
- Normal fetal physiology and development, together with the aetiology of fetal malformations and acquired problems, including abnormalities of growth; this will include regulation of amniotic fluid volume and fetal interaction with the amniotic fluid
- Development and function of the placenta in pregnancy, with specific knowledge of how the placenta handles drugs
- Principles of inheritance and features and effects of common inherited disorders
- Basic ultrasound findings in pregnancy
- How to define and interpret data on maternal, neonatal and perinatal mortality
- Impact of maternal health and other variables, e.g. social deprivation, on pregnancy outcome

PART 2 MRCOG

- Have a high level of understanding of normal antenatal processes and progress
- Be able to recognise and manage problems from preconceptual care through to delivery
- Be fully conversant with the principles of prenatal diagnosis and screening
- Understand the ways in which problems may affect the fetus, and be able to interpret and act upon any appropriate investigations
- Have good knowledge of the use of ultrasound in the investigation and treatment of disorders of the fetus

PART 3 MRCOG

- Have a high level of understanding of normal antenatal processes and progress
- Be able to recognise and manage problems from preconceptual care through to delivery
- Be able to deal with the diversity of maternal choices in antenatal and intrapartum care
- Demonstrate skill in listening and in conveying complex information (e.g. concerning risk)

- Show understanding of the roles of other professionals, and demonstrate skills in liaison and empathic teamwork
- Be fully conversant with the principles of prenatal diagnosis and screening
- Understand the ways in which problems may affect the fetus, and be able to interpret and act upon any appropriate investigations

Detailed Knowledge Requirements

- Recognition of signs of domestic violence
- Problems of teenage pregnancy
- Awareness of drug and alcohol misuse
- Management of normal pregnancy, birth and puerperium
- Placental abnormalities and diseases
- Genetic modes of inheritance, common genetic conditions the importance of screening and the diagnosis thereof.
- Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications of: Pregnancy-induced hypertension, haemorrhage, preterm premature rupture of membranes, multiple pregnancy, malpresentation, fetal growth restriction, fetal haemolysis, prolonged pregnancy, congenital malformation
- Social and cultural factors:
- Immunology and immunological disorders affecting pregnancy
- Preconception care: Sources of detailed information accessed by patients, effect of pregnancy upon disease, effect of disease upon pregnancy, principles of inheritance of disease, teratogenesis, drugs and pregnancy
- Purposes and practice of antenatal care: Arrangements for and conduct of booking visit, arrangements for and conduct of follow-up visits, use of imaging techniques, screening for abnormality, health education, liaison between health professionals, recognition of domestic violence
- Immunology: Immunological pregnancy tests, Rhesus and other isoimmunisation, Auto-immune diseases
- Preterm premature rupture of membranes: Fetal pulmonary maturity, Therapy (steroids, antibiotics, tocolytics), Infection (risks, management), Delivery (induction of labour, timing, mode)
- Haemorrhage: Placental abruption, placenta praevia, vasa praevia, placenta accreta
- Physiology and management of normal: Pregnancy, childbirth, including delivery outside specialist unit, puerperium, including lactation, neonate, including feeding
- Placental: Abnormalities (shape, size, implantation), chorioamnionitis, Infarction, chorioangioma, multiple pregnancy, intrauterine growth restriction, cord abnormalities, trophoblastic disease, trauma
- Multiple pregnancy: Zygosity, Impact of assisted reproduction techniques, Placentation, Diagnosis, Management (antenatal, intrapartum, postnatal), Special procedures (prenatal diagnosis, monitoring), Feeding, Higher order multiple pregnancies (counselling, community care)
- Malpresentation: Types (breech, brow, face, shoulder, variable lie), Diagnosis, Management (antenatal, intrapartum), Mode of delivery

- Fetal growth restriction: Aetiology (maternal, placental, fetal), Diagnosis (clinical, imaging, biochemical, genetic), Monitoring (ultrasound, cardiotocography), Delivery (timing, method), Prognosis (fetal, neonatal)
- Hypotensive disorders: Hypovolaemia, Sepsis, Neurogenic shock, Cardiogenic shock, Anaphylaxis, Trauma, Amniotic fluid embolism, Thromboembolism, Uterine inversion
- Genetic: Modes of inheritance (Mendelian, multifactorial), Cytogenetics, Phenotypes of common aneuploidies (Down syndrome, Edward syndrome, Patau syndrome, Turner syndrome, Klinefelter syndrome, triple X, multiple Y), Translocation, Miscarriage, Molecular genetics (DNA transcription, DNA translation, DNA blotting techniques, gene amplification techniques, principles of gene tracking), Counselling (history taking, pedigree analysis), Population screening (genetic disease, congenital malformations), Antenatal diagnosis (chromosomal defects, inborn errors of metabolism, neural tube defects, other major structural abnormalities), Management [referral to specialist team, antenatal intervention, delivery, neonatal investigation, neonatal care (medical, surgical)]
- Pregnancy induced hypertension: Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications, prognosis, Definitions, Aetiological theories, Prophylaxis, Assessment of severity, Consultation, Therapy, Delivery (timing, method), Complications (eclampsia, renal, haemorrhagic, hepatic, fetal)
- Fetal haemolysis: Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications, prognosis, Relevant antigen-antibody systems, Prevention, Fetal pathology, Diagnosis, Assessment of severity, Intrauterine transfusion (indications, techniques, referral), Delivery (timing, method), Counselling
- Prolonged pregnancy: Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications, prognosis, Risks, Fetal monitoring, Delivery (indications, methods)
- Congenital malformation: Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications, prognosis, Screening, Amniotic fluid volume (polyhydramnios, oligohydramnios), Management: diagnosis, consultation, viability, delivery (time, place, method), counselling,
- Specific abnormalities: Head (anencephaly, microcephaly, encephalocele, hydrocephalus, hydranencephaly, holoprosencephaly), Skeleton (spina bifida, phocomelia, chondrodysplasia, intrauterine amputation), Heart (major defects, other defects), Lungs (pulmonary hypoplasia), Urinary (renal agenesis, polycystic kidneys, urinary tract obstruction), Genital (intersex, genital tract abnormalities, ovarian cyst), Gastro-intestinal (abdominal wall defects, oesophageal atresia, duodenal atresia, diaphragmatic hernia, bowel obstruction), Other fetal disorders (cystic hygroma, Non-haemolytic hydrops fetalis, Tumours, Pleural effusion, Fetal bleeding)
- Social and cultural factors: Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications, prognosis of Single parenthood, Teenage motherhood, Parent-baby relationships (factors promoting, factors interfering), Bereavement counselling, Counsel women appropriately about defibulation
- Invasive procedures: Amniocentesis, Chorionic villus sampling, Placentesis, Cordocentesis

Knowledge Area 6 – Maternal medicine

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 12 | The doctor is competent in recognising, assessing non-emergency obstetrics care |

Summary Knowledge Requirements

PART 1 MRCOG

- Epidemiology and pathological processes that underlie common maternal diseases in pregnancy, including diabetes and endocrine, respiratory, cardiac and haematological disease
- Pathophysiology and presentation of common infections that affect pregnant women and the treatments and interventions used for these infections
- Drugs used to treat maternal disease, and the potential maternal and fetal complications associated with their use
- Imaging methods used to screen for maternal and fetal complications of maternal disease, e.g. ultrasound, X-ray and magnetic resonance imaging, and how to interpret their results

PART 2 MRCOG

- Have a good understanding of common medical disorders and the effect that pregnancy may have on them, as well as the effect of such disorders on pregnancy (this includes both medical and obstetric problems)
- Demonstrate your ability to assess and treat these conditions and liaise with colleagues in other specialties

PART 3 MRCOG

- Have a good understanding of common medical disorders and the effect that pregnancy may have on them, as well as the effect of such disorders on pregnancy (this includes both medical and obstetric problems)
- Demonstrate your ability to assess and treat these conditions, liaise with colleagues in other specialties and know when more expert help is required

Detailed Knowledge Requirements

- Able to describe the natural history of diseases and illnesses that run a chronic course
- Have knowledge of long term management plans for chronic conditions
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Hypertension: Definitions, Aetiological theories, Organ involvement (mother, fetus), Diagnosis, Drug therapy
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Kidney disease: Urinary tract infection, Pyelonephritis, Chronic renal disease, Renal stones, Transplantation, Acute renal failure

- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Heart disease: Congenital, Rheumatic, Ischaemic, Cardiomyopathy, Heart failure
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Liver disease: Cholestasis, Hepatitis, Acute fatty degeneration, Gall stones
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Circulatory disorders: Coagulation defects, Thrombocytopenias, Thromboembolism, Transfusion, Replacement of blood constituents, Varicose veins (legs, vulva, haemorrhoids)
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Pulmonary diseases: Asthma, Infection, Embolism, Aspiration syndrome
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Neurological disorders: Epilepsy, Cerebrovascular disease, Multiple sclerosis, Migraine, Neuropathies, Myasthenia gravis, Paraplegia
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Bone and joint disorders: Back pain, Pelvic girdle dysfunction, Chronic arthritis
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Psychiatric disorders: Manic depressive disorders, Psychoneurosis, Puerperal disorders (blues, depression), Mood disorders, Schizophrenia, Reaction to pregnancy loss
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Haemoglobinopathies: Anaemia, Sickle cell disease, Thalassaemias
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Connective tissue diseases: Systemic lupus erythematosus, Rheumatoid arthritis, Immunosuppressant drugs
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Disorders of carbohydrate metabolism: Diagnosis, Gestational diabetes, Type 1 and Type 2 diabetes, Hazards (maternal, fetal, neonatal), Ketoacidosis, Drugs (insulins, oral hypoglycaemic agents and pregnancy)
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Gastrointestinal disorders: Nausea, Vomiting, Hyperemesis, Gastric reflux, Abdominal pain, Appendicitis, Inflammatory bowel disease, Intestinal obstruction
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Neoplasia: Principles of pregnancy management following malignancy including breast cancer, Principles of pregnancy management with new diagnosis of malignancy including breast cancer
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Endocrinopathies: Thyroid (diagnosis, assessment, antibodies, therapy, fetal hazards), Adrenal (Addison's disease, acute

adrenal failure, congenital adrenal hyperplasia, pheochromocytoma), Pituitary (prolactinoma, hypopituitarism, diabetes insipidus)

- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Infectious diseases: Investigation of pyrexia, Serological tests, Principles (prevention, detection, isolation), Therapy (prophylaxis, immunization, antibiotics, antiviral agents), Maternal (preterm premature rupture of membranes, preterm labour, chorioamnionitis, puerperal sepsis, mastitis, urinary tract infection, wound infections, septic shock, malaria, other tropical infections and infestations), Fetus and neonate (streptococcus, gonococcus, syphilis, toxoplasma, listeria, haemophilus, chlamydia, mycoplasma, ureaplasma, herpes hominis, rubella, cytomegalovirus, varicella, hepatitis A, hepatitis B, hepatitis C, parvovirus, influenza, human immunodeficiency virus, neonatal sepsis)
- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of Maternal complications due to pregnancy: Antepartum haemorrhage, Amniotic fluid embolism
- Sheehan's syndrome

Knowledge Area 7 – Management of labour

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 10 | The doctor is competent in recognising, assessing and managing emergencies in obstetrics |

Summary Knowledge Requirements

PART 1 MRCOG

- Physiology, biochemistry and endocrinology of parturition, including maturation of the fetal endocrine system, the influence of hormones on signalling pathways in the myometrium and the biochemistry of myometrial contractility
- Principles of tocolysis and stimulation of uterine contraction
- Fetal physiology in late pregnancy
- Fetal assessment in late pregnancy and labour, and how to interpret the results
- Placentation and the implications of infection on labour, and the optical therapeutic options

PART 2 MRCOG

- Have the knowledge, skills, understanding and judgement to be capable of initial management of intrapartum problems, including knowledge and understanding of normal and abnormal labour, data and investigation interpretation, clinical judgement and prioritisation, management of a team, communication skills, insights and knowing one's limits, emotional and cultural awareness, and appropriate use of protocols and guidelines

PART 3 MRCOG

- Have the knowledge, skills, understanding and judgement to be capable of initial management of intrapartum problems without direct supervision, including knowledge and understanding of normal and abnormal labour, data and investigation interpretation, clinical judgement and prioritisation, management of a team, communication skills, insights and knowing one's limits, emotional and cultural awareness, and appropriate use of protocols and guidelines

Detailed Knowledge Requirements

- Mechanisms of normal labour and delivery
- Induction and augmentation of labour
- Drugs acting upon the myometrium
- Structure and use of partograms
- Fluid balance in labour
- Blood products
- Regional anaesthesia, analgesia and sedation
- Fetal wellbeing and compromise
- Prolonged labour

- Emergency policies/maternal collapse/haemorrhage
- Pre-term labour/ premature rupture of membranes
- Cervical cerclage
- Multiple pregnancy in labour
- Severe pre-eclampsia and eclampsia
- In-utero fetal death (IUFD), including legal issues
- Acute abdominal pain
- Mechanisms of normal and abnormal labour
- Mechanism of spontaneous vaginal delivery
- Methods of induction of labour; indications, contraindications and complications
- Methods of augmentation of labour; indications, contra-indications and complications
- Drugs acting upon the myometrium and cervix
- Structure and use of partograms
- Fluid balance in labour
- Transfusion
- Types and methods of action of regional anaesthesia including epidural (lumbar, caudal), spinal, pudendal nerve block; indications and contra-indications
- Types and methods of action of analgesia and sedation including narcotics, hypnotics, psychotropics, non-steroidal anti-inflammatory drugs; indications, contra-indications
- Complications of anaesthesia and analgesia including cardiac arrest, respiratory arrest, aspiration, drug reactions
- Assessment of fetal wellbeing using fetal heart rate monitoring, acid/base balance, and fetal scalp blood sampling
- Causes and management of fetal compromise including cord prolapse and intra-uterine fetal death
- IUFD – legalities regarding registration and disposal of fetal tissue
- Causes and management of prolonged labour
- Causes and management of maternal collapse including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma
- Emergency guidelines and procedures
- Ante and intra partum haemorrhage including, placenta praevia, vasa praevia, ruptured uterus, coagulation defects, iatrogenic causes
- Causes, mechanisms of action and complications of pre-term labour/ premature rupture of membranes including fetal pulmonary maturity, infection risks
- Preterm labour including therapy (antibiotics, steroids, tocolysis), consultation with neonatologists, in-utero transfer, methods of delivery (induction of labour, timing, mode), outcomes, risks
- Role and types of cervical cerclage
- Multiple pregnancy in labour
- Severe pre-eclampsia and Eclampsia
- Placental abruption

Knowledge Area 8 – Management of delivery

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 10 | The doctor is competent in recognising, assessing and managing emergencies in obstetrics |

Summary Knowledge Requirements

PART 1 MRCOG

- Labour, and the mechanism and physiology of childbirth and the third stage of labour
- Aetiology and pathology of congenital and bone malformations of the genital tract
- Mode of action of drugs used in labour, at delivery and in the third stage of labour
- Indications for and risks of operative delivery
- Biochemical basis of acid–base balance, normal fetal physiological changes in labour and how to interpret fetal and cord blood analysis
- Female perineum and principles underlying the management of perineal repair

PART 2 MRCOG

You'll be expected to:

- Have knowledge and understanding of the processes and management of normal and abnormal delivery

PART 3 MRCOG

You'll need to demonstrate your ability to:

- Demonstrate certain aspects of practical skill relating to normal and abnormal delivery and their communication to patients under challenging conditions

Detailed Knowledge Requirements

- Normal vaginal delivery
- Operative vaginal delivery
- Complex vaginal delivery
- Retained placenta
- Management of female genital mutilation
- Malpresentation (brow, face, shoulder, variable lie)
- Malpositions
- Manual rotation of the fetal head
- Outlet forceps/ventouse
- Mid-cavity forceps/ventouse
- Rotational forceps/ventouse
- Pelvic floor anatomy
- Episiotomy
- Perineal trauma and repair
- Female genital mutilation
- Assisted breech delivery

- Breech extraction
- Twin delivery
- High order multiple births
- Shoulder dystocia
- Caesarean section: Indications for and complications of caesarean section, Routine, Repeat, Acute emergency, Sterilisation procedures
- Anaesthesia: General anaesthesia, Regional anaesthesia, Induction agents, Inhalation agents, Prophylactic measures, Complications
- The unconscious patient
- Resuscitation
- Intensive care

Knowledge Area 9 – Postpartum problems

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 10 | The doctor is competent in recognising, assessing and managing emergencies in obstetrics |

Summary Knowledge Requirements

PART 1 MRCOG

- Physiology and structural changes in the neonate
- Physiology of lactation, uterine involution and the pathology and management of puerperal sepsis and infection
- Common puerperal complications, including mental health issues
- Postpartum contraception and other drugs used postpartum and during lactation

PART 2 MRCOG

- Understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems, including dealing with the resuscitation of both mother and baby and the ability to manage birth trauma and other birth complications
- Understand and be able to manage neonatal problems at birth

PART 3 MRCOG

- Understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems, including dealing with the resuscitation of both mother and baby and the ability to manage birth trauma and other birth complications
- Display empathy, counselling skills and an understanding of the role of other professionals
- Understand and be able to manage neonatal problems at birth, and be able to discuss these with parents

Detailed Knowledge Requirements

- Normal and abnormal postpartum period
- Techniques for the control of postpartum haemorrhage
- Appropriate use of blood and blood products
- manual removal of placenta
- bimanual compression of uterus
- exploration of genital tract
- cervical laceration (identification and repair)
- drug management of haemorrhage
- balloon tamponade of uterus
- laparotomy including B Lynch stitch
- radiological embolisation
- ligation of internal iliac arteries
- caesarean hysterectomy
- Perineal surgery

- Repair of episiotomy, second- third- fourth- degree laceration
- Retained placenta
- Postpartum and postoperative complications
- Epidemiology, aetiology, pathogenesis, recognition, diagnosis, prevention, management, complication, prognosis regarding: uterine involution, bleeding including placenta accreta, atonic uterus, retained placenta, retained products of conception, pyrexia, infections, maternal collapse including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma, thromboembolism, lactation (inadequate, suppression), medical disorders (diabetes mellitus, renal disease, cardiac disease)
- postnatal review
- contraception
- Postpartum and postoperative complications, including pathophysiology, diagnosis, management and prognosis in puerperal psychological disorders (blues, depression), mood disorders, reactions to pregnancy loss
- Puerperal sepsis, mastitis, urinary tract infection
- Breast cancer
- Sequelae of obstetric events: antenatal, intrapartum
- Recognition of normality: postnatal management, clinical evaluation
- Resuscitation of newborn: collapse, primary apnoea, secondary apnoea, ventilation, effect of maternal drugs, cardiac massage, umbilical catheterisation, volume replacement, temperature control, acid/base status
- Common problems of the neonate (aetiology, management sequelae): respiratory distress, hyperbilirubinaemia, infection, seizures, hypoglycaemia, hypothermia, heart disease, intracranial haemorrhage, necrotizing enterocolitis, the preterm infant, the growth restricted infant, congenital anomalies, syndromes, cerebral palsy
- Feeding: breast (advantages, promotion, techniques), artificial (formulae, techniques)

Knowledge Area 10 – Gynaecological problems

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care |

Summary Knowledge Requirements

PART 1 MRCOG

- Anatomy, physiology and histopathology of the pituitary gland and female reproductive tract, including an understanding of changes at puberty, at menopause and during the menstrual cycle, including ovulation
- Epidemiology, microbiology and therapeutics of benign gynaecological conditions, including infection
- How to interpret results of commonly performed investigations for benign gynaecological conditions
- Principles of medical and surgical management of gynaecological problems

PART 2 MRCOG

- Demonstrate knowledge of the aetiology, signs, symptoms, investigation and treatment of common gynaecological problems
- Appreciate the influence of psychosocial factors on the presentation and management of gynaecological problems using a patient-centred approach

PART 3 MRCOG

- Demonstrate knowledge of the aetiology, signs, symptoms, investigation and treatment of common gynaecological problems
- Appreciate the influence of psychosocial factors on the presentation and management of gynaecological problems using a patient-centred approach
- Demonstrate your understanding of the importance of audit, clinical governance and taking informed consent

Detailed Knowledge Requirements

- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Paediatric gynaecology
- Able to describe the natural history of diseases and illnesses that run a chronic course
- Have knowledge of long-term management plans for chronic conditions
- Able to describe the anatomy and physiology of the vulva, and its variation between prepubertal, reproductive and post-menopausal state
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Menstrual Disorders: Menstrual irregularity, Excessive menstrual loss, Investigation of menstrual disorders, Medical and surgical management of menstrual disorders

- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of, Fibroids and Non menstrual bleeding (intermenstrual, postcoital)
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Problems of the climacteric: Abnormal bleeding, Postmenopausal bleeding, Hormone replacement therapy, Non-hormonal therapy, Osteopenia and osteoporosis, Breast cancer in relation to the climacteric
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Amenorrhoea and endocrine disorders: Investigation and interpretation, Hypothalamic/pituitary disorders, Hyperprolactinaemia, Premature ovarian insufficiency, Polycystic ovaries and polycystic ovary syndrome, Other causes of hyperandrogenism, Thyroid / adrenal disorders, Autoimmune endocrine disease, premenstrual syndrome
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Vulval disorders: Pruritus vulvae, Non-neoplastic cysts, Vulvodynia, Vulval pain, Lichens (sclerosus, simplex, chronicus and planus), Contact dermatitis, Psoriasis
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of vaginal discharge (non sexually transmitted causes)
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Pelvic pain: Dysmenorrhoea, Dyspareunia, Endometriosis (staging, treatment), Pelvic inflammatory disease, Non-gynaecological disorders
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Benign ovarian neoplasms and Functional ovarian cysts
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Emergency gynaecology: Pelvic inflammatory disease, Bartholin's and vulval abscess, Ovarian cyst accidents, Acute vaginal bleeding outwith pregnancy, Miscarriage and ectopic pregnancy
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Congenital abnormalities of genital tract: Ambiguous genitalia, Imperforate hymen, Vaginal septae, Uterine anomalies, Mullerian duct development, Gonadal dysgenesis
- To understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of Puberty: Physiology and chronology, Precocious puberty, Delayed puberty, Excessive menstrual loss

Knowledge Area 11 – Subfertility

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care |

Summary Knowledge Requirements

PART 1 MRCOG

- Epidemiology of subfertility and treatment
- Anatomy, development, function and cell biology of the organs of the male and female reproductive tracts in the context of their relevance to fertility and its disorders
- How to interpret results of investigations commonly performed as part of the investigation of subfertility

PART 2 MRCOG

- Demonstrate appropriate knowledge, skills and attitudes in relation to subfertility, including an understanding of the epidemiology, aetiology, pathogenesis, clinical treatment and prognosis of all aspects of male and female fertility problems.
- Have knowledge of indications, limitations and interpretation of relative investigations and treatments in relation to both males and females, including disorders of development and endometriosis
- Have broad-based knowledge of assisted reproductive technologies, including ovulation induction, in vitro fertilisation, intracytoplasmic sperm injection, gamete donation and surrogacy, and the legal and ethical implications of these procedures

PART 3 MRCOG

- Demonstrate appropriate knowledge, skills and attitudes in relation to subfertility, including an understanding of the epidemiology, aetiology, pathogenesis, clinical treatment and prognosis of all aspects of male and female fertility problems.
- Have broad-based knowledge of assisted reproductive technologies, including ovulation induction, in vitro fertilisation, intracytoplasmic sperm injection, gamete donation and surrogacy, and the legal and ethical implications of these procedures

Detailed Knowledge Requirements

- Epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of male and female subfertility
- Indications, limitations and interpretation of investigations: endocrine measurements (male and female), semen analysis, ultrasound, other imaging techniques, genetic analysis, operative procedures
- Indications, techniques, limitations and complications of surgery in relation to: male and female subfertility, endometriosis, developmental disorders
- Indications, limitations and complications of assisted reproductive techniques: Ovulation induction, IVF & ICSI, Gamete Donation
- Legal and ethical issues

- Able to describe the natural history of conditions that run a chronic course
- Have knowledge of long-term management plans for chronic conditions
- Epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of Male and female subfertility: Female (ovulatory disorders, tubal disorders, endometriosis, cervical & uterine factors, genetic & developmental disorders), Male (structural, endocrine, pharmacological, infectious, lifestyle, genetic), Unexplained infertility, Long term sequelae of cancer treatment, Sterilisation regret
- Indications, limitations and interpretation of investigative techniques: Semen analysis, Endocrine assessment, Assessment of ovulation, Assessment of the sub-fertile male, Amenorrhoea & oligomenorrhoea, Polycystic ovary syndrome, Hyperprolactinaemia, Thyroid/adrenal function, Gonadal failure, Genetic analysis, Chromosome analysis e.g. sex chromosome abnormalities, Genetic abnormalities e.g. cystic fibrosis
- Operative investigative procedures: Diagnostic laparoscopy, Diagnostic hysteroscopy
- Indications, limitations, techniques and complications of: Ovulation induction (clomifene, gonadotropins, gonadotrophin-release hormone), Other medical interventions (e.g. metformin, dopaminergic drugs), Intrauterine insemination, In vitro fertilisation, Intracytoplasmic sperm injection, Surgical sperm recovery
- Legal and ethical issues: Human Fertilisation and Embryology Act, Welfare of the child, Embryo storage, Gamete donation, Surrogacy
- Indications, limitations and complications of surgery in relation to male and female Infertility: Reversal of sterilisation and vasectomy, Adhesiolysis, Salpingostomy, Surgical management of endometriosis, Ovarian diathermy, Myomectomy, Hysteroscopic surgery, Varicocele

Knowledge Area 12 – Sexual and reproductive health

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care |

Summary Knowledge Requirements

PART 1 MRCOG

- Physiology, endocrinology, epidemiology and pharmacology of contraception
- Epidemiology and serology of sexually transmitted infections (STIs), the microorganisms involved, the drugs used in their treatment and the pathological features of STIs
- Termination of pregnancy, including assessment, Fraser competency, surgical management and the drugs used in medical termination of pregnancy

PART 2 MRCOG

- Demonstrate appropriate knowledge, skills and attitudes in relation to fertility control, the diagnosis and management of sexually transmitted infections (including HIV) and sexual dysfunction
- Be familiar with irreversible and emergency contraception and abortion, their modes of action, efficacy, indications, contraindications and complications
- Be familiar with the laws relating to abortion, sexually transmitted disease, infection, consent and child protection
- Demonstrate broad-based recognition of management techniques relating to the sexual health of vulnerable groups, such as young people, asylum seekers, commercial sex workers, drug users and prisoners
- Know the basis of national screening programmes and their implementation through local care pathways

PART 3 MRCOG

- Demonstrate appropriate knowledge, skills and attitudes in relation to fertility control, the diagnosis and management of sexually transmitted infections (including HIV) and sexual dysfunction
- Be familiar with irreversible and emergency contraception and abortion, their modes of action, efficacy, indications, contraindications and complications
- Be familiar with the laws relating to abortion, sexually transmitted disease, infection, consent and child protection
- Demonstrate broad-based recognition of management techniques relating to the sexual health of vulnerable groups, such as young people, asylum seekers, commercial sex workers, drug users and prisoners
- Know the basis of national screening programmes and their implementation through local care pathways

Detailed Knowledge Requirements

- Reversible, irreversible and emergency contraception and termination of pregnancy: mode of action and efficacy, methods, indications, contraindications and complications
- The laws relating to termination of pregnancy, sexually transmitted infections, (STIs), consent, child protection and the Sexual Offences Act 2003
- Recognise and manage the sexual healthcare needs of vulnerable groups, e.g. young people, asylum seekers, commercial sex workers, drug users, and prisoners.
- Recall the effect of addictive and self-harming behaviours, especially substance misuse and gambling, on personal and community health and poverty
- Sexually transmitted infections including HIV/AIDS: transmission, clinical features, management, transmission and prevention, National Chlamydia Screening Programme and local implementation, Understand local care pathways for multi-agency working and cross referrals for individuals with sexual health needs
- Sexual problems: anatomy and physiology of the human sexual response, epidemiology, aetiology, pathogenesis, clinical features and prognosis of psychosexual / sexual problems
- Fertility control methods: Natural family planning (physical, Persona®), Barrier (condom: male and female), diaphragm, caps], Chemical, Hormonal methods (including pharmacodynamics and metabolic effects) oral, transdermal, subdermal, intramuscular, intrauterine, Male and female sterilisation, Intrauterine contraception, (copper-containing, progesterone-containing), Reversal of sterilisation, Postcoital methods (progestogen, intrauterine contraceptive devices), Advances in contraception (including male reversible)
- Contraceptive failure: method, iatrogenic, User
- Non-use of contraception due to e.g. social factors, cultural factors, sexual/ domestic abuse, poor service access/delivery
- Termination of pregnancy: Pre-procedure consultation/assessment, Estimation of maturity, Method options/choice, STI screen and prophylaxis, Counselling and support, Methods (manual vacuum aspiration, suction evacuation of uterus, dilatation and evacuation, medical termination), Complications of procedures, Contraceptive supplies on discharge
- Aftercare for termination of pregnancy: Contraception, Sexual health, Counselling and support
- Other issues related to termination of pregnancy: Age, Consent, Confidentiality, Legality, Special needs and vulnerable groups, Service organisation, High risk groups for sexual poor health, 'Hard to reach' groups (asylum seekers, homeless and rootless, commercial sex worker, substance abusers, mental illness), Adolescents, Vulnerable adults, Learning disability, Socio-economic deprivation, Negative psychosocial impact of STIs, in particular HIV/AIDS, Importance of networks and multi-agency working
- Gender dysphoria
- Socio-economic consequences: Cycle of deprivation, Population trends
- Management options: Abortion, Adoption, Keep baby
- Sexually Transmitted Infections including HIV/ AIDS: Transmission, Clinical features, Detection, Prevention, Treatments, Test of cure, Contact tracing, Health advisors, Genitourinary medicine services, Screening programmes, Specific conditions,

Chlamydia, HIV, Parasitic infections, Fungal infections, Bacterial infections, Protozoal infections, Viral infections

- Sexual problems: The anatomy and physiology of human sexual response, The psychogenic aetiology and presentation of common sexual problems such as loss of sexual interest and arousal, vaginismus, anorgasmia, The effect of age, cultural influences, illness and drugs on sexual behaviour and performance, The principles of psychosexual counselling, Sexual problems in special needs groups such as physical and learning disability, Covert presentations of psychosexual problems and childhood sexual abuse
- Referral pathways to local expertise in the field of psychosexual medicine and sexual dysfunction

Knowledge Area 13 – Early pregnancy care

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 9 | The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy |

Summary Knowledge Requirements

PART 1 MRCOG

- Basic sciences pertaining to early pregnancy and its loss, including the endocrine aspects of the maternal recognition of pregnancy, the luteal maintenance of early pregnancy and the physiology of fetomaternal communication
- Aetiology and histopathology of miscarriage, ectopic pregnancy and trophoblastic disease
- Diagnostic features of ultrasound used in early pregnancy, the epidemiology of pregnancy loss and the medical agents used to manage pregnancy loss (miscarriage, ectopic pregnancy and trophoblastic disease)
- How to interpret the results of investigations used in early pregnancy problems

PART 2 MRCOG

- Have a good understanding of early pregnancy and pregnancy loss, including diagnosis, investigations, management and psychological support in miscarriage and ectopic pregnancy
- Be able to assess and manage these conditions both medically and surgically
- Have knowledge of the use of ultrasound in diagnosis and management

PART 3 MRCOG

- Have a good understanding of early pregnancy and pregnancy loss, including diagnosis, investigations, management and psychological support in miscarriage and ectopic pregnancy
- Be able to assess and manage these conditions both medically and surgically
- Demonstrate your ability to communicate relevant information to the patient
- Have knowledge of the use of ultrasound in diagnosis and management

Detailed knowledge requirements

- Epidemiology, aetiology, pathogenesis and clinical features of miscarriage
- Trophoblastic disease and ectopic pregnancy
- Medical management of ectopic pregnancy
- Indications and limitations of Investigations: endocrine, anatomical, immunological, genetic, radiological, bacteriological
- Understanding of management options
- Prognosis after miscarriage(s) and ectopic pregnancy

Knowledge Area 14 – Gynaecological oncology

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care |

Summary Knowledge Requirements

PART 1 MRCOG

- Surgical anatomy of the abdomen and pelvis
- Cellular biology of cancer, genetic origins of cancer and principles of diagnosis and screening for gynaecological cancer
- Pain pathways, transmission of pain centrally and pathology of pain in gynaecological malignancy
- Epidemiology and aetiology of cancers affecting women
- Pathology of and classification systems for gynaecological cancer and premalignant gynaecological conditions
- Principles of radiotherapy and chemotherapy in the management of gynaecological cancer and their effects on gonadal function

PART 2 MRCOG

- Have full knowledge of the aetiology and screening involved in gynaecological oncology, including the international perspective
- Understand presenting symptoms and their management and have the appropriate competencies for each stage of the diagnostic process, including comprehension of the different roles and skills needed in district lead and gynae oncologist
- Know the prognosis of and treatment options for gynaecological cancers

PART 3 MRCOG

- Have full knowledge of the aetiology and screening involved in gynaecological oncology, including the international perspective
- Understand presenting symptoms and their management and have the appropriate competencies for each stage of the diagnostic process, including comprehension of the different roles and skills needed in district lead and gynae oncologist
- Know the prognosis of and treatment options for gynaecological cancers
- Be able to demonstrate your ability to provide counselling for patients with gynaecological cancer

Detailed knowledge requirements

- Epidemiology, aetiology, genetic associations, diagnosis, prevention, screening, management, prognosis, complications, and anatomical considerations of premalignant and malignant conditions of: vulva, vagina, uterus, cervix, fallopian tube, ovary
- FIGO classifications for gynaecological tumours

- Palliative and terminal care
- Relief of symptoms
- Community support roles
- Indications and limitations in relation to screening and investigative techniques: cytology and HPV testing, colposcopy, minor procedures
- Diagnostic Imaging
- Indications, techniques, complications, and outcomes of: oncological surgery, radiotherapy, chemotherapy
- Awareness of HPV vaccination
- Knowledge of gynaecological oncology multidisciplinary team meeting

Knowledge Area 15 – Urogynaecology and pelvic floor problems

| CiP | CiP Description |
|-----|--|
| 1 | The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care |
| 6 | The doctor takes an active role in helping self and others to develop |
| 11 | The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care |

Summary Knowledge Requirements

PART 1 MRCOG

- Structure of the bladder and pelvic floor and their innervation
- Mechanisms of continence and micturition and principles of pelvic floor support
- How congenital anomalies, pregnancy and childbirth, disease, infection and estrogen deficiency affect these mechanisms
- Principles underlying the treatment of bladder and pelvic floor problems and the impact of other drugs on bladder function

PART 2 MRCOG

- Understand the management of urinary and faecal incontinence, benign bladder conditions and urogenital prolapse
- Demonstrate an understanding of the anatomy, pathophysiology, epidemiology, aetiology and investigation of these conditions

PART 3 MRCOG

- Understand the management of urinary and faecal incontinence, benign bladder conditions and urogenital prolapse
- Demonstrate an understanding of the anatomy, pathophysiology, epidemiology, aetiology and investigation of these conditions
- Know when more experienced help is required in the management of your patients
- Be able to discuss clearly all aspects of management with patients, carers and other continence care providers

Detailed Knowledge Requirements

- Anatomy, physiology and pathophysiology of: pelvic Floor, urinary tract
- Epidemiology, aetiology, characteristics and prognosis of: urinary and faecal incontinence, urogenital prolapse, urinary infection, lower urinary tract disorders, urinary disorders associated with other conditions
- Indications and limitations of Investigations: microbiological examination of urine, quantification of urine loss, urodynamic investigations, videocystourethrography, urethrocystoscopy, imaging
- Indications, techniques, limitations and complications of non-surgical treatment: Pads and garments, Bladder retraining, Pelvic floor exercises, Self-catheterisation, Long-term indwelling catheterisation, Community care
- Indications, techniques, limitations and complications of drug treatment: Anticholinergics, Anti-muscarinic, Alpha blockers, Antidepressants, Oestrogens

- Indications, techniques, limitations and complications of surgical treatment: Urethral dilatation, Urethrocystoscopy, Suprapubic catheterisation, Peri-urethral injectables, Anterior repair, Vaginal hysterectomy, Vaginal repair of genital tract prolapse, Sling procedures, Colposuspension, Repair of recurrent prolapse, Fistula repair, Urinary diversion, Injectables
- Epidemiology, aetiology, characteristics and prognosis of Urinary and faecal incontinence: Urodynamic Stress incontinence, Detrusor over activity, Voiding disorders and urinary retention, Urinary frequency and urgency
- Epidemiology, aetiology, characteristics and prognosis of Lower urinary tract disorders: Urethral disorders, Pain, Fistulae, Effects of radical pelvic surgery, Effects of irradiation
- Epidemiology, aetiology, characteristics and prognosis of Urinary disorders associated with other conditions: Pregnancy, Gynaecological pathology, Elderly patients, Neurological conditions
- Indications and limitations of Urodynamic investigations: Voiding charts, Ambulatory monitoring, Urodynamic equipment, Uroflowmetry, Standard subtracted cystometry
- Indications and limitations of Imaging: Upper urinary tract, Lower urinary tract, Pelvic floor

