Marklýsing sérnáms í fæðinga- og kvensjúkdómalækningum

Fyrsta útgáfa

ágúst 2020

Inngangur að marklýsingu

fyrir sérnám í fæðinga- og kvensjúkdómalækningum

Hér er sett fram marklýsing sérnáms í fæðinga- og kvensjúkdómalækningum. Marklýsingin kveður á um uppbyggingu sérnámsins á Íslandi. Hún er unnin með hliðsjón af marklýsingu Samtaka breskra fæðinga-og kvensjúkdómalækna, Royal College of Obstetricians and Gynaecologists (RCOG) auk þess sem marklýsing lyflækningasviðs Landspítala hefur verið höfð til hliðsjónar varðandi kaflaskiptingu og innihald þar sem það á við.

Marklýsingin byggir á því að nú taki flestir sérnámslæknar fyrstu tvö til þrjú ár sérnáms hér á landi (RCOG: Core basic training), en sérnáminu er lokið erlendis. Marklýsingin tekur þó einnig til seinni ára sérnámsins. Gert er ráð fyrir þeim möguleika að taka inn sérnámslækna á seinni stigum námsins í völdum tilfellum.

Markmiðið er að setja fagmennsku og gæði sérnáms í forgang. Þessi marklýsing gagnast námslæknum, handleiðurum þeirra og yfirmönnum, sem og öðrum fagstéttum sem koma að mati og samvinnu við námslækna. Flestir námslæknanna halda utan, til Evrópu eða Ameríku að loknum fyrri hluta sérnámsins og ljúka sínu sérnámi þar. Það er mikilvægt fyrir þá að geta sýnt fram á að þeir hafi lokið vel skilgreindum hlutum sérnámsins, áður en lengra er haldið.

Megináherslan er á sjúklinginn, samskipti og mikilvægt samstarf við fagaðila, sem sinna umönnun og meðferð sjúklinga. Matsblöð sem meta samskiptafærni, kunnáttu, klíníska skráningu og faglega færni, verða í notkun. Færnimat á inngripum sem námslæknar þurfa að tileinka sér, verður viðhaft og skráð. Matsblöðin eru lykilatriði í framþróun læknis í sérnámi.

Marklýsingin er á ensku sem talið er ávinningur þegar kynna þarf námið erlendis vegna framhalds þess utan Íslands og það auðveldar samstarf Kvennadeildar Landspítalans við RCOG. Þá er hagræði af því að geta nýtt kennsluefni RCOG, auk þess sem rafræn skráning á færnimati er á ensku, svokallað ePortfolio. Marklýsingin gildir á öllum námsstöðvum lækna í skilgreindri sérnámsstöðu í fæðinga- og kvensjúkdómalækningum á Landspítala.

Kennsluráð Kvennadeildar Landspítala staðfærði bresku marklýsinguna og hún er samþykkt af Mats- og hæfisnefnd um starfs- og sérfræðinámið, skv. reglugerð nr. 467/2015, https://www.stjornartidindi.is/Advert.aspx?ID=a3328029-d1d1-4f92-a079-51b925dc4735.

Kennsluráð kvennadeildar Landspítala

SKAMMSTAFANIR OG ORÐSKÝRINGAR

ALSO	Advanced Life Support in Obstetrics	Bráðameðferð í fæðingum fyrir lengra komna
ARCP	Annual Review of Competence Progression	Árlegt stöðumat
ATSM	Advanced Training Skills Modules	Sértækt hæfnisnám
CbD	Case based discussion	Umræða um tilfelli
CCT	Certificate of Completion of Training	Sérfræðiviðurkenning
CS	Clinical supervisor	Klíniskur handleiðari
EAC	Evaluation and Accreditation Committee	Mats- og hæfisnefnd
EC	Council of the European Union	Evrópuráðið
ES	Educational supervisor	Sérnámshandleiðari
GMC	General Medical Council	Embætti landlæknis
GMP	Good medical practice	Góðir starfshættir
Gold Guide	Guide to Postgraduate Specialty Training in the UK/Iceland	Marklýsing sérfræðináms
GP	General practitioner	Heimilislæknir
LTFT	Less than full time training	Hlutastaða í sérnámi
MDT	Multidisciplinary team	Þverfaglegt teymi
mini-CEX	Mini Clinical Evaluation Exercise	Mat á klínískri færni
MRCOG	Membership of the Royal College of Obstetricians and Gynaecologists	
MSF	Multisource feedback	Endurgjöf samstarfsaðila
NICE	National Institute for Health and Care Excellence	Bresk stofnun um gæði í heilbrigðismálum
O&G	Obstetrics and Gynaecology	Fæðinga- og kvensjúkdómalækningar
OM	Other methodologies	Aðrar aðferðir
OOP	Out of Programme	Leyfi frá sérnámi
OSATS	Objective structured assessment of technical skills	
	-Formative	Leiðsagnarmat
	-Summative	Lokamat
PDP	Personal development plan	Sérnámsáætlun
QI	Quality improvement	Gæðaþróun
RCOG	Royal College of Obstetricians and Gynaecologists	
RP	Reflective Practice	Endurmat framkvæmdar
SEAC	Specialist Education Advisory Committee	Mats- og hæfisnefnd
SLE	Supervised Learning Event	Námstækifæri með leiðsögn
STC	Specialist Training Committee	Kennsluráð
TO	Team observation	Teymisrýni
TPD	Training Programme Director	Kennslustjóri sérnáms
USS	Ultrasound scanning	Ómskoðun
WPBA	Workplace-based assessment	Starfstengt mat/matsblöð

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1 Introduction

The Specialist Training programme in Obstetrics and Gynaecology in Iceland is aimed at providing structured training for the first three years of training primarily, but in order to fully describe the content of training it extends also to a description of the 5 years required by European Union/UEMS/EBCOG and the Icelandic regulation nr. 467/2015 for the minimum time required for the specialist training. The training programme is based on RCOG´s curriculum for Speciality Training in Obstetrics and Gynaecology (O&G).

The RCOG's Specialty Education Advisory Committee (SEAC) determines the content and structure of the training programme, which is then approved by the General Medical Council (GMC) in the UK. In Iceland the Evaluation and Accreditation Committee (mats- og hæfisnefnd) according to regulation nr. 467/2015, appointed by the Ministry of Health in liaison with the Directorate of Health has a similar approval role, which also applies to the present educational guideline or curriculum. The curriculum regarding the Basic and Intermediate Core Training consists of 19 Core specialty training modules and 2 basic ultrasound modules. Our aim is to fulfil the competence requirements for the core and basic parts of specialist training and for some candidates this will reach to the intermediate training level in obstetrics and gynaecology.

This document has been created for the convenience of trainees, supervisors, tutors and programme directors.

2 Rationale

2.1 Purpose of the curriculum

The purpose of the curriculum is to define the process of training and the competencies needed to complete 5 years of the core, basic and intermediate, training in obstetrics and gynaecology.

Mapping the 4 domains of the Good Medical Practice Framework (see below, as well as Góðir starfshættir lækna, www.landlaeknir.is/utgefid-efni/skjal/item32436/) for Appraisal and Assessment to the curriculum has provided the opportunity to define skills and behaviours which trainees require to communicate with patients and patients´ families, with other care-givers and colleagues and other relevant stakeholders and outline how these will be assessed.

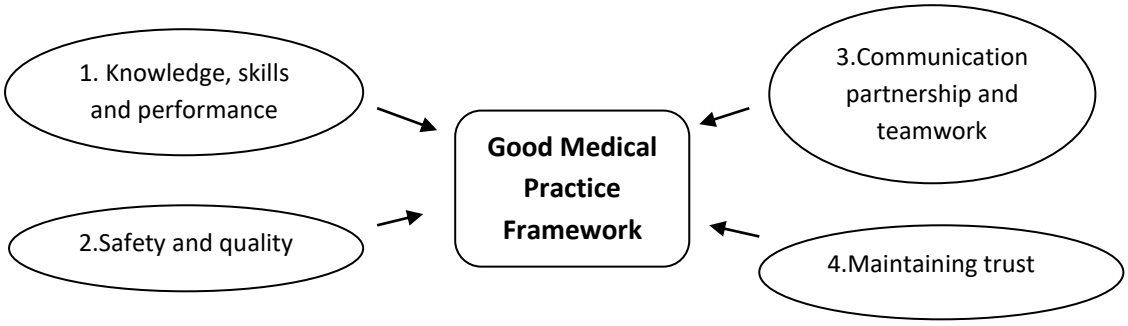

Diagram 1.0

It is of great importance for obstetricians and gynaecologists to have the ability to correctly and reliably investigate, diagnose and treat patients with acute and chronic symptoms/conditions. This curriculum should ensure that trainees acquire skills to provide high-quality care for inpatients and outpatients, fulfilling the requirement of consultant-led continuity of care.

2.2 Development

The Women´s Clinic and Department of Obstetrics and Gynecology at Landspítali has been under evaluation on behalf of the Royal College of Obstetricians & Gynaecologists (RCOG), regarding accreditation of the Clinic/Department as a Specialist training facility in O&G. Accreditation is the recognition granted to an institution that meets the standards or criteria established by a competent authority or association, in this case the RCOG. A part of the ongoing accreditation process, has been the development of a curriculum for the specialty training in O&G in Iceland.

The curriculum is mainly based on the RCOG Curriculum for the first 5 years of training in O&G, modified and/or supplemented according to national and institutional needs in Iceland.

Where in some instances the Curriculum refers to UK authorities or guidelines. Icelandic trainees in O&G are expected to have knowledge of equivalent local Icelandic guidelines or authorities and these are stated as relevant. If no such local documents, regulations or authorities exist in Iceland, O&G trainees are expected to adhere to the appropriate UK equivalents as far as applicable. In general, the Icelandic trainees complete their postgraduate training abroad. Therefore, it is a benefit for them to be fully familiar with guidelines and standards that have an international reference.

The present Specialist Training Curriculum in Obstetrics and Gynaecology was developed by the Specialist Training Committee at the Women´s Clinic, Department of Obstetrics and Gynecology , Landspítali University Hospital. It is based on the GMC approved curriculum established by the RCOG.

2.3 Training Pathway

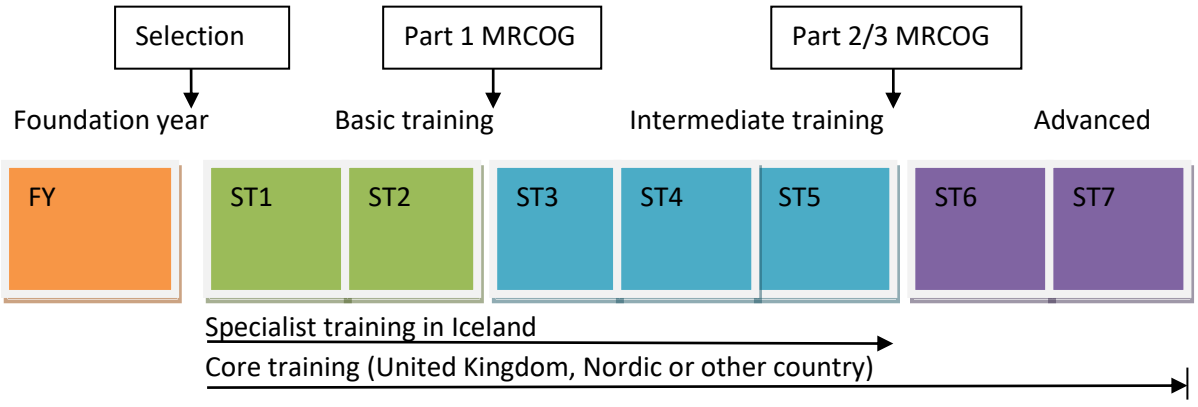

Diagram 2.0

Entry into the Specialist Training programme in Obstetrics and Gynaecology in Iceland is possible following successful completion of the Foundation Year Programme, which is one year in Iceland. According to European Union/UEMS/EBCOG and the Icelandic regulation nr. 467/2015 the minimum time required for the specialist training is five years. Therefore, this curriculum does not address the advanced training required for years 6 and 7 in the UK as shown in diagram 2,0.

The Specialist training programme in Iceland is designed to deliver training in obstetrics & gynecology with the acquisition of knowledge and skills as assessed by the workplace-based assessments. Trainees are encouraged to sit Part 1 MRCOG before the end of ST2.

The programme is aimed at delivering structured theoretical and surgical skills training in O&G, according to the curriculum. The trainees divide their training period equally between obstetrics and gynaecology, in inpatient and outpatient settings with exposure to the subspecialties in the field.

The principal features of O & G specialist training are:

Trainee led: The ePortfolio is designed to encourage a learner-centered approach with the support of Educational and Clinical Supervisors. The ePortfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.

Competency based: The curricula outlines competencies that trainees must reach by the end of the 5 years of core training. The curriculum is directly linked to the ePortfolio as it defines standards required for good medical practice and for formal assessments, such as those outlined in the following text and the knowledge assessment as contained in the Part 1 MRCOG examination.

Continuation of Good Medical Practice ("Góðir starfshættir lækna") considerations builds on to the Foundation training year (and it´s specific curriculum), since the curriculum contains important emphasis on generic competencies necessary for practice as a physician (https://www.landlaeknir.is/utgefid-efni/skjal/item32436/).

Supervision: Each trainee has a defined number of supporting colleagues with clearly defined roles and responsibilities overseeing the training, including Clinical Supervisors (ísl. klíniskur handleiðari), a designated Educational Supervisor (ísl. sérnámshandleiðari) and the Training Programme Director (ísl. kennslustjóri), as described in the Reference Guide to Specialist Training in Iceland (Gold Guide). https://www.landspitali.is/library/Sameiginlegar-skrar/Gagnasafn/Visindi-og-menntun/Menntun/Framhaldsnam-i-alm.-lyflaekningum/Um-framhaldsnamid/Gold%20Guide%20-%20Iceland.pdf

Appraisal meetings with the Educational Supervisor will be scheduled three times annually (at 0-4-8 months), followed by an annual review of competence progression (ARCP) as set out in the ePortfolio.

Workplace-based assessments are conducted regularly throughout the training, building on experience from the Foundation year with the annual review of competence progression (ARCP). These include Case-based Discussions (CbD), mini-Clinical Evaluation Exercises (mini-CEX), multisource feedback (MSF/TO1), Objective structured assessments of technical skills (OSATS) and Reflective Practice.

Part 1 MRCOG (UK) Examination: If the trainee is determined to complete more than full 2 years of the Specialist training programme in Iceland, the Part 1 MRCOG (UK) examination is strongly encouraged. The Part 1 MRCOG is mandatory for training in the UK but if the trainee is planning to complete specialization in any other country the MRCOG is not mandatory.

2.4 Enrolment with RCOG and Landspítalinn

Trainees are required to join the RCOG´s Trainee register at the beginning of their Specialty training. This gives the trainee access to a variety of online teaching material provided by the RCOG which forms the basis for the teaching sessions in the programme.

The trainee will receive a specific agreement on training (ísl. sérnámssamningur) endorsed by the Director of Medical Services at Landspitali and issued by the Director of Training for Obstetrics and Gynecology.

2.5 Duration of training

The Specialist Training programme in Obstetrics and Gynecology in Iceland is aimed at providing structured training for the first three years of training primarily, but in order to fully describe the content of training it extends also to a description of the 5 years required by European Union/UEMS/EBCOG and the Icelandic regulation nr. 467/2015 for the minimum time required for completion of the specialist training, i.e. 5 years (60months), if in full time training including on-call-duties.

It is required that the trainee completes at least 48 months at an accredited department of obstetrics and gynaecology (university clinic or comparable) in Iceland or abroad. Trainees divide their training period equally between obstetrics and gynaecology, in inpatient and outpatient settings with exposure to the subspecialties in the field.

The trainee can choose to complete the remaining 12 months in an accredited department of obstetrics and gynaecology and/or at the following training clinics approved by the Evaluation and Accreditation Committee in Iceland (EAC):

a. General Surgery
b. Neonatology
c. Anaesthesia
d. Infertility Clinic
e. Internal Medicine
f. General Practice

g. Emergency Medicine
h. Psychiatry
i. Academic training as defined in the Icelandic Statute nr. 4*67/2015 -Ch. III/paragraph 8* (Reglugerð um menntun, réttindi og skyldur lækna og skilyrði til að hljóta almennt lækningaleyfi og sérfræðileyfi).

2.6 Less Than Full Time Training

Trainees who are unable to work full-time are entitled to opt for less than full time training (LTFT) programmes.

European Council Directive 2005/36/EC requires that:

- LTFT shall meet the same overall requirements as full-time training.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

http://eur-lex.europa.eu/LEXUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:EN:PDF

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

EC Directive 2005/36/EC, states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed during annual appraisal by the Training Programme Director and Specialty Training Committee. As long as the statutory European Minimum Training Time (if relevant) has been exceeded, then indicative training times as stated in the relevant curricula may be adjusted in line with the achievement of all stated competencies**.**

3 Content of learning

This section lists the specific knowledge, skills, and behaviours to be attained throughout the specialist training in obstetrics and gynaecology.

RCOG´s curriculum for specialty training in O&G is the basis of the specialty training curriculum offered in obstetrics and gynaecology in Iceland.

RCOG´s curriculum is based on:

- 19 Core Specialty training modules and
- 3 Basic Ultrasound modules.

Each stage of learning in the Specialty training modules has defined the competencies to be attained by the trainee within the domains of knowledge criteria and clinical competency.

The Core Specialty training modules and Ultrasound modules are listed below in the Curriculum.

3.1 Good Medical Practice

In the UK for the introduction of licensing, the Directorate of Health has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system.

The Framework can be accessed at
http://www.gmc-uk.org/about/reform/Framework_4_3.pdf
and the Icelandic version at
http://www.landlaeknir.is/servlet/file/store93/item2749/2758.pdf

The trainee must ensure that he/she is fully familiar with these documents in either language.

The Framework for Appraisal and Assessment covers the following domains:

Domain 1 – Knowledge, Skills and Performance
Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The “GMP” column in the curriculum defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.2 Syllabus of Knowledge criteria and Clinical competency

This syllabus outlines the Knowledge criteria and Clinical competencies a Specialist Trainee needs to meet in order to achieve recognition of completion of specialist training in Obstetrics and Gynaecology (Core basic and intermediate training) in Iceland.

The Syllabus is based on the RCOG Core Curriculum from August 2016 which is a five year training program (i.e. most trainees should achieve the competencies in five years). Further two years of advanced training are needed to complete Specialist training in the UK.

The syllabus is in English and should be updated according to the current RCOG curriculum regularly.

The Knowledge Criteria and Clinical Competency Syllabus forms a part of 19 Core Modules and will be listed below. The complete core modules also consist of Professional skills and attitudes, Training support and Evidence/assessment parts, a “signing off section” split into competence levels and recommended training courses and/or simulation session part. These details can be found in the RCOG Core Modules.

SYLLABUS CONTENTS

A. Core specialty training modules

- Core module 1: Clinical skills
- Core module 2: Teaching, appraisal and assessment
- Core module 3: Information technology, clinical governance and research
- Core module 4: Ethics and legal issues
- Core module 5: Core surgical skills
- Core module 6: Postoperative care
- Core module 7: Surgical procedures
- Core module 8: Antenatal care
- Core module 9: Maternal medicine
- Core module 10: Management of labour
- Core module 11: Management of delivery
- Core module 12: Postpartum problems (the puerperium)
- Core module 13: Gynaecological problems
- Core module 14: Subfertility
- Core module 15: Sexual and reproductive health
- Core module 16: Early pregnancy care
- Core module 17: Gynaecological oncology
- Core module 18: Urogynaecology and pelvic floor problems
- Core module 19: Developing professionalism

B. Ultrasound modules

- Basic early pregnancy ultrasound (8–12 weeks)
- Basic ultrasound assessment of fetal size, liquor and the placenta
- Intermediate ultrasound in gynaecology

Core Module 1: Clinical Skills

Knowledge Criteria

History taking

- Define the patterns of symptoms and identify risks factors in women presenting with obstetric and gynaecological problems

Note keeping

- Understand the importance and conventions of accurate clinical note keeping
- Know the relevance of data protection (see Module 3)

Time management and decision making

- Understand clinical priorities according to urgency and importance

Teamwork

- Understand that some factors adversely affect team performance. Have knowledge of methods to rectify issues

Communication and support

- Understand the components of effective verbal and non-verbal communication

Breaking bad news

- Be aware of significance of breaking bad news and different patients needs

Clinical Examination and investigations

- Understand the pathophysiological basis of physical signs, both positive and negative
- Understand the indications, risks, benefits and effectiveness of investigations
- Recognize that use of a chaperone in obstetrics and gynecology is always recommended

Clinical Reasoning: Diagnostic and Therapeutic plans

- Define the steps of diagnostic reasoning
- Conceptualize the clinical problem in a clinical and social context
- Recognize how to use expert advice, clinical guidelines and algorithms

Therapeutics and Safe prescribing

- Be aware of the indications, contraindications, adverse effects, drug interactions and dosage of commonly used drugs in obstetrics and gynecology practice

Clinical competency

History taking

- Take and analyze an obstetric and gynecological history in a succinct and logical manner
- Manage difficulties of language, physical, educational and mental impairment, with careers and family members as appropriate
- Use interpreters and health advocates appropriately. Maintain focus and recognize that relatives may be affecting decisions made by a woman

Note keeping

- Record and communicate concisely, accurately, confidentially and legibly, the results of the history, examination, investigations, differential diagnosis and management plan

Time management and decision making

- Understand clinical priorities according to urgency and importance

Teamwork

- Identify clinical and clerical tasks and prioritize tasks to maintain focus on individual patient needs whilst balancing multiple, competing pressures
- Anticipate future clinical events and plan appropriately
- Work with increasing efficiency as clinical skills develop but know when to get help

Communication and support

- Demonstrate listening skills
- Use open questions where possible
- Avoid using jargon
- Communicate clearly both verbally and in writing to women, including those whose first language may not be Icelandic
- Give clear information and feedback, establish rapport and share communication with the woman and her relatives or careers

Breaking bad news

- Demonstrates to others good practice in 'breaking' bad news

Clinical Examination and investigations

- Perform valid, targeted and time efficient examinations relevant to the presentation and risk factors
- Breast examination
- Abdominal examination - Non-pregnant - Pregnant
- Vaginal examination - Vulvar examination - Bimanual - Cusco's, Sims' speculum
- Microbiology swabs Throat, vagina, cervix, urethra, rectum, cervical smear
- Perform investigations competently where relevant
- Interpret the results of investigations and actively elicits important findings
- Liaise and discuss investigations with colleagues

Clinical Reasoning: Diagnostic and Therapeutic plans

- Interpret history and clinical signs

Therapeutics and Safe prescribing

- Prescribe appropriately in pregnancy, and during breast feeding

Core Module 2: Teaching, Appraisal and Assessment

Knowledge Criteria

Medical education

- 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

Appraisal

- Understand the difference between appraisal, assessment and performance review
- Understand the importance of an appraisal and the qualities of a good appraiser
- Know the principles of appraisal and the structure of the appraisal interview
- Understand the principles of mentoring

Assessment

- 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

Clinical competency

Medical education

- Facilitate the learning process
- Use varied teaching strategies appropriate to audience and context (including one-to-one, small and large groups, formal lectures)
- Use of audiovisual aids effectively
- Prepare teaching session
- Teach in small (20) and at the bedside
- Teach some practical procedures (including ultrasound)
- Demonstrate the ability to set objectives and structure of educational session
- Demonstrate the ability to present a teaching session with audience participation
- Demonstrate the skills to evaluate a training event and act upon feedback
- Demonstrate the ability to communicate professionally and motivate learners
- Participate in the organization of a program of postgraduate education e.g. short course or multidisciplinary meeting

Appraisal

- Perform effective appraisal
- Assess objectivity in appraisal and use of a methodical, structured approach

Assessment

- Perform appropriate assessments
- Use appropriate assessment methods
- Take responsibility for own workplace-based assessment

- Conduct thorough, constructive workplace-based assessments for junior colleagues
- Take a responsibility in collecting suitable evidence to the meet the requirements of Continuing Professional Development

Core Module 3: Information Technology, Clinical Governance and Research

Knowledge Criteria

Use of Information Technology

- Understand the principles of storage, retrieval, analysis and presentation of data
- Understand the range of uses of clinical data and its effective interpretation
- Be aware of the confidentiality issues

Clinical Governance: Audit

- 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

Clinical Governance: Clinical Standards

- Understand the definitions and relevance of levels of evidence
- Understand the development and implementation of clinical guidelines, integrated care pathways and protocols
- Understand the organizational framework for clinical governance at local, regional and national levels
- Understand standards e.g. NSF, NICE, RCOG guidelines (or other relevant guidelines)
- Understand quality improvement methodologies and a range of methods

Clinical Governance: Risk Management

- Know the principles of risk management and their relationship to clinical governance
- 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

Research

- Understand the difference between audit and research
- Know how to apply statistics in scientific and medical practice
- Understand how to plan and analyze a research project
- Understand statistical methods Know the principles of research ethics and conflicts of interest
- Outline the Directorate of Health 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, bio statistical and epidemiological research

methods
- Demonstrate good verbal and written presentations skills

Patient Public Involvement

- Understand the principles of patient and public involvement
- Involve patients in decision making

Clinical competency

Use of Information Technology

- Retrieve and use data recorded in clinical systems
- Demonstrate appropriate use of IT for patient care and for personal development
- Demonstrate competent use of databases, word processing techniques, statistics programs and electronic mail
- Undertake searches, and access web sites, and health related databases
- Present data in an understandable manner

Clinical Governance: Audit

- Perform an audit project:
- Define standard
- Prepare project
- Collate data
- Formulate policy
- Repeat audit cycle; perform clinical audit
- Define standard based on evidence
- Prepare project and collate data
- Re-audit and close audit loop
- Formulate policy
- Develop and implement a clinical guideline
- Purpose and scope
- Identify and classify evidence
- Formulate recommendations
- Identify auditable standards
- Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine

Clinical Governance: Clinical Standards

- Review evidence
- Evaluate guidelines
- Prepare a protocol
- Critically evaluate a care pathway
- Apply conclusions from critical appraisal to clinical care

Clinical Governance: Risk Management

- Report and review critical incidents
- Use a reflective approach to practice with an ability to learn from previous experience
- Participate in risk management
- Discuss risks with patients
- Document adverse incidents

- Investigate a critical incident
- Assess risk
- Formulate recommendations
- Debrief staff
- Prepare a report relating to an adverse incident

Research

- Appraise a scientific paper
- Evaluate a multicentre trial
- Understand the principles of critical reading, and undertake critical review of scientific literature
- Use critical appraisal skills and applies these when reading literature
- Demonstrate the ability to write a scientific paper Apply for appropriate ethical research approval
- Demonstrate the use of literature databases
- Understand the difference between population-based assessment and unit-based studies and is able to evaluate outcomes for epidemiological work

Patient Public Involvement

- Undertake a project on patient and public involvement

Core Module 4: Ethics and Legal issues

Knowledge Criteria

Consent

- Understand the principles and legal issues surrounding informed consent
- Outline the guidance given by the Directorate of Health on consent, in particular:
- Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form
- Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the relatives/carers where relevant) and how this may impair their capacity for informed consent
- Understand specific legal issues about consent in under 16 -yr olds, and vulnerable adults
- 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
- Knowledge of ethical and legal issues related to Female Genital Mutilation (FGM)
- Understanding the ethical and legal issues of organ donation

Confidentiality

- Be aware of relevant strategies to ensure 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

Legal Framework for practice

- 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 Iceland 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

Legal issues relating to medical certification

- Know the legal responsibilities of completing maternity, birth, sickness and death certificates
- Understand abortion certificates 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

Integrity

- Demonstrate knowledge of the professional, legal and ethical codes of the Directorate of Health, 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

Clinical competency

Consent

- Use written material correctly and accurately
- Gain valid consent from patients, and know when to ask for a second opinion
- Discuss clinical risk
- Know when to involve social services/police, and how to do so

Confidentiality

- Use and share information properly

Legal Framework for practice

- Cooperate with other agencies with regard to legal requirements, including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances

Legal issues relating to medical certification

- Complete relevant medical certification
- Use and share information with the highest regard for confidentiality, and encourages such behavior in other members of the healthcare team

Integrity

- Recognize, analyze and know how to deal with unprofessional behaviors in clinical practice, taking into account local and national regulations

Core Module 5: Core Surgical Skills

Knowledge Criteria

Knowledge of the Landspitali Enhanced Recovery principles (Flýtibatameðferð) to enhance patient safety and ensure:

- patients are in the optimal condition for treatment
- optimize patient care during their operation
- patients experience optimal post-operative rehabilitation

Legal issues around consent to surgical procedures, including consent of minors, 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

Clinical competency

Interpret pre-operative investigations

Arrange pre-operative management

Recognize potential co morbidity

Obtain valid consent

Explain procedures to patient

Advise patient on postoperative course

Within agreed level of competency for the procedure:

- Choose appropriate operation
- Exhibit technical competence
- Make intraoperative decisions
- Manage intra-operative problems

Clinical skills essential for:

- Common clinical skills-delivery of twins, fetal bradycardia and instrumental delivery, malposition at full dilatation

Core Module 6: Postoperative Care

Knowledge Criteria

Knowledge of the Landspitali Enhanced Recovery principles to enhance patient safety and ensure patients experience optimal post-operative rehabilitation

General pathological principles of post operative care

Postoperative complications related to obstetric, gynaecological and non-gynaecological procedures

Fluid/electrolyte balance

Wound healing

Late postoperative complications, including secondary haemorrhage

Clinical competency

Use Enhanced Recovery principles to ensure optimal post-operative rehabilitation

Make appropriate postoperative plans of management

Conduct appropriate review of:

- fluid/electrolyte balance
- catheter
- surgical drainage
- sutures

Manage complications including wound, thromboembolism, and infection.

Deal competently with unexpected complications, e.g. bladder or ureteric injury.

Psychological support for patients and relatives

Initiate management for primary and secondary haemorrhage

Core Module 7: Surgical Procedures

Knowledge Criteria

Knowledge of the Landspitali 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

Clinical competency

Management of Bartholin's abscess/cyst

Evacuation of uterus

Diagnostic laparoscopy

Sterilization

First trimester surgical termination (unless conscientious objection)

Diagnostic hysteroscopy (incl. endometrial polypectomy)

Minor cervical procedures (incl. polypectomy)

Excision of vulvar lesions

Laparotomy for ectopic pregnancy

Ovarian cystectomy for benign disease

Elective peritoneal adhesiolysis

Myomectomy

Core Module 8: Antenatal Care

Knowledge Criteria

Preconception care

Purposes and practice of antenatal care

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, pathogenesis, diagnosis, prevention, management, delivery, complications of:

- pregnancy-induced hypertension
- haemorrhage
- preterm premature rupture of membranes
- multiple pregnancy:
- malpresentation
- fetal growth restriction:
- fetal hemolysis:
- prolonged pregnancy:
- congenital malformation
- social and cultural factors:

Immunology and immunological disorders affecting pregnancy

Clinical competency

Undertake pregnant and non-pregnant abdominal examination

Take obstetric history and make relevant referral as a result of domestic violence

Conduct booking visit and arrange appropriate investigations. Understand positive and negative effects of screening on the individual

Conduct follow-up visits

Manage:

- growth restriction
- mode of delivery after caesarean section

- multiple pregnancy
- antepartum hemorrhage
- malpresentation
- preterm premature rupture of the fetal membranes
- reduced fetal movements
- prolonged pregnancy
- drug and alcohol abuse in pregnancy

Assess fetal wellbeing by interpretation of CTG, lactate measurement

Observe:

- External cephalic version (ECV)
- cervical cerclage

Counsel about:

- screening for Down syndrome
- genetic disease
- fetal abnormality
- hemolytic disease
- infection
- mode of delivery
- defibulation in cases of female genital mutilation

Core Module 9: Maternal Medicine

Knowledge Criteria

Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the prevalence and risks associated with the conditions stated below:

- hypertension
- kidney disease
- heart disease
- liver disease:
- circulatory disorders
- hemoglobinopathes
- connective tissue diseases
- disorders of carbohydrate metabolism
- endocrinopathies
- gastrointestinal disorders
- pulmonary diseases
- connective tissue diseases
- bone and joint disorders
- perinatal mental health
- infectious diseases
- neurological diseases
- neoplasia

Maternal complications due to pregnancy

Clinical competency

Diagnose, investigate and manage, with direct supervision:

- pregnancy-induced hypertension
- thromboembolism
- impaired glucose tolerance
- insulin-dependent diabetes
- essential hypertension
- kidney disease
- liver disease
- maternal hemoglobinopathy
- coagulation disorders
- acute abdominal pain
- asthma
- inflammatory bowel disease
- intercurrent infection
- psychological disorders
- infectious disease
- epilepsy
- endocrinopathies
- neoplasia

Core Module 10: Management of Labor

Knowledge Criteria

- Mechanisms of normal and abnormal labor
- Mechanism of spontaneous vaginal delivery
- Methods of induction of labor; indications, contraindications and complications
- Methods of augmentation of labor; indications, contra-indications and complications
- Drugs acting upon the myometrium and cervix
- Structure and use of partograms
- Fluid balance in labor
- Transfusion
- Types and methods of action of regional anesthesia 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 anesthesia 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 labor
- 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 hemorrhage, incl. placenta previa, vasa previa, ruptured uterus, coagulation defects, iatrogenic causes
- Causes, mechanisms of action and complications of pre-term labor/premature rupture of

membranes including fetal pulmonary maturity, infection risks

- Preterm labor including therapy (antibiotics, steroids, tocolysis), consultation with neonatologists, in-utero transfer, methods of delivery (induction of labor, timing, mode), outcomes, risks
- Role and types of cervical cerclage
- Multiple pregnancy in labor
- Severe pre-eclampsia and eclampsia
- Placental abruption

Clinical competency

Manage:

- in-utero transfer
- intrauterine fetal death (IUFD)
- women who decline blood products
- obstetric hemorrhage
- severe pre-eclampsia/eclampsia
- obstetric collapse

Prioritize labor ward problems

Evaluate clinical risk

Liaise with other staff

Interpret a CTG

Manage:

- induction of labor
- delay in labor
- labor after a previous lower segment caesarean section
- preterm labor

Perform and interpret a fetal blood sample

Prescribe blood products appropriately

Advise on pain relief

Removal of cervical suture

Counsel and consent for fetal post-mortem in cases of intrauterine fetal death

Manage abdominal pain

Core Module 11: Management of Delivery

Knowledge Criteria

Operative/complex vaginal delivery:

- Malpresentation (brow, face, shoulder, variable lie)
- Malposition
- Manual rotation of the fetal head
- Outlet ventouse
- Mid-cavity ventouse
- Rotational ventouse
- Outlet, mid-cavity and rotational forceps *(optional, not part of training in some countries)*
- 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
- Sterilization procedures

Anaesthesia:

- General anesthesia
- Regional anesthesia
- Induction agents
- Inhalation agents
- Prophylactic measures
- Complications

The unconscious patient

Resuscitation

Intensive care

Clinical competency
Normal delivery
Vacuum extraction without rotation
Forceps delivery without rotation *(optional, not part of training in some countries)*
Shoulder dystocia
Retained placenta
Recognition of mal-presentation
Caesarean section with sterilization
Cord prolapse
Uncomplicated caesarean section
Repeat caesarean section
Acute emergency caesarean section
Rotational assisted delivery
Vaginal delivery of twins
Vaginal breech delivery
Perform the technique of defibulation safely and appropriately
Delivery with fetal malpresentation
Previously undiagnosed breech
Caesarean section with placenta previa
Uterine rupture
Vaginal breech delivery including second twin

Core Module 12: Post Partum Problems (the Puerperium)

Knowledge Criteria

Normal and abnormal postpartum period

Techniques for the control of postpartum hemorrhage

Appropriate use of blood and blood products

Perineal surgery, perineal trauma diagnostics and repair

Postpartum and postoperative complications

Retained placenta

Normal and abnormal postpartum period

Infant feeding

Perinatal mental health (also see module 9)

Neonatal Problems

- Sequelae of obstetric complications:
- Recognition of normality
- Resuscitation of the newborn
- Common neonatal problems
- Feeding

Clinical competency

Demonstrate skills in acute resuscitation

The normal puerperium, including contraception

Breast problem management

Perineal and vaginal tear repairs

Damage to rectum and anal sphincters

Postpartum sepsis

Primary, secondary and other postpartum haemorrhage

Acute maternal collapse

Neonatal problems

- Appropriately manage immediate resuscitation of the neonate

Core Module 13: Gynecological Problems

Knowledge Criteria

To understand the epidemiology, etiology, biological behaviour, pathophysiology, clinical characteristics, prognostic features and management of:

- Menstrual disorders
- Benign conditions of the genital tract
- Endocrine disorders
- Problems of the climacteric
- Pelvic pain
- Vaginal discharge
- Emergency gynecology
- Congenital abnormalities of the genital tract
- Pediatric and adolescent gynecology
- Puberty

Able to describe the anatomy and physiology of the vulva, and its variation between pre-pubertal, reproductive and post-menopausal states

Clinical competency

Diagnose, investigate and manage common gynecological disorders

Endometrial assessment

Diagnostic hysteroscopy

Diagnostic laparoscopy: assessment and staging of endometriosis

See Module 7 for other surgical competencies

Recognize the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imagine techniques

Vaginal ultrasound to diagnose gynecological conditions and early pregnancy problems

Recognize vulvar signs and symptoms

Counsel patient on the use of topical steroids/emollients on the vulva

Interpret histopathological reports and liaise with a histopathologist when needed

Core Module 14: Subfertility

Knowledge Criteria

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
- referral to expert centers

Indications, limitations and complications of assisted reproductive techniques:

- Ovulation induction
- IVF & ICSI
- Gamete Donation

Legal and ethical issues

Clinical competency

Take history and examine a couple presenting with subfertility

Arrange basic investigations

Counsel couples about diagnosis and management options

Perform the following:

- Diagnostic laparoscopy
- Staging of endometriosis
- Assessment of tubal patency
- Diagnostic hysteroscopy

Core Module 15: Sexual and Reproductive Health

Knowledge Criteria

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 (barnavernd, Barnahús)

Recognize and manage the sexual healthcare needs of vulnerable groups, e.g. young people, asylum seekers, commercial sex workers, drug users and prisoners.

Sexually transmitted infections including HIV/AIDS:

- transmission, clinical features, management, transmission and prevention
- national chlamydia screening programme 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, etiology, pathogenesis, clinical features and prognosis of psychosexual / sexual problems

Clinical competency

Take a history in relation to:

- contraceptive and sexual health needs and risk assessment
- unplanned pregnancy

Counsel about:

- contraceptive options (reversible and irreversible)
- unplanned pregnancy options

Manage the following clinical situations:

- emergency contraception
- hormonal
- insertion of IUCD/IUS
- medical termination of pregnancy (early/late)

Deliver all methods of reversible contraception

Female sterilization

Surgical termination of early pregnancy

Recognize and manage:

- common clinical presentations of STIs in the female patient, e.g. dysuria, discharge, genital ulcerations
- clinical presentations of complications of common STIs, e.g. acute pelvic infection

perform appropriate microbiological investigations to investigate the common presentations of STIs

recognize and manage the clinical presentations of non-STI genital infections, e.g. bacterial vaginosis, genital candidiasis

genital infections e.g. Bacterial Vaginosis, Genital candidiasis

treat and arrange follow-up for patients with STIs according to local protocols

explain the principles of partner notification and epidemiological treatment for sexual contacts

perform an HIV risk assessment and discuss HIV transmission with patients.

Core Module 16: Early Pregnancy Care

Knowledge Criteria

Epidemiology, etiology, 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
- ultrasound diagnosis
- radiological
- bacteriological

Understanding of management options

Prognosis after miscarriage(s) and ectopic pregnancy

Clinical competency

Clinical assessment of miscarriage and ectopic pregnancy

Biochemical assessment of early pregnancy

Communication of findings

Appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques

Vaginal ultrasound to diagnose gynecological conditions and early pregnancy problems

Surgical, minimal access surgery and non-surgical management of miscarriage and ectopic by appropriate techniques

Exhibit technical competence surgically, and make appropriate operative decisions

Core Module 17: Gynecological Oncology

Knowledge Criteria

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, incl. cancer-related fatigue
Relief of symptoms
Community support roles and rehabilitation
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

Clinical competency

Counsel about cervical cytology reports and HPV test information

Observe cervical colposcopy

Recognize, counsel and plan initial management of premalignant conditions of:

- cervix
- endometrium
- vulva

Recognize, counsel and plan initial management of carcinoma of:

- cervix
- endometrium
- ovary
- vulva

Awareness of the role of multidisciplinary meetings in determining gynaecological cancer management

Awareness of genetic abnormalities in relation to development of cancer

Core Module 18: Urogynecology and Pelvic Floor Problems

Knowledge Criteria

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
- video-cystourethrography
- urethrocystoscopy
- imaging

Indications, techniques, limitations and complications of treatment:

- non-surgical
- drug
- surgical

Clinical competency

Take a urogynaecological history

Interpret investigations

Assessment and non-surgical management of uterovaginal prolapse

Treatment of acute bladder voiding disorder

Counsel and plan initial management of overactive bladder symptoms and stress urinary incontinence

Under direct supervision:

- Primary repair of anterior and posterior prolapse
- vaginal hysterectomy

Observe procedure:

Minimally invasive slings

Core Module 19: Developing Professionalism

Knowledge Criteria

Becoming a Consultant

- Roles and responsibilities of team members involved in delivering care
- Understand the contribution that mentoring and supervision make to professional and personal development
- Theories of motivation and demotivation
- Leadership skills
- Factors that influence and inhibit team development including different leadership and working styles

Negotiating and influencing skills

- Principles of effective negotiation
- Characteristics and phase of negotiation
- Tips and tactics for influencing others and arriving at a win-win situation
- Techniques in assertion and persuasion
- Understanding yourself, how conflict arises and the principles for resolution

Managing self and others

- Continuing professional development
- Doctor-patient relationship
- Personal health
- Informed consent
- Confidentiality
- Legal issues
- Death certification
- Mental illness
- Advance directives, living wills (f.ex. organ donation)
- Role of Medical Director, Clinical Director, Chief Executive
- Management
- Strategy development
- Business planning
- Project management
- Health and safety

Maintaining Trust

- Roles and responsibilities of team members involved in delivering care
- How a team works effectively and ways of improving team working
- Dynamics and function
- Objective setting and planning
- Motivation and organization
- Respect
- Understand the contribution that mentoring and supervision make to professional and personal development
- Theories of motivation and demotivation

- Factors that influence and inhibit team development including different leadership and working styles

Administration and management of the service

- Develop and implement organizational change:
- development of strategy
- formulate a business plan
- manage a project

Respecting equality and diversity

- Respect diversity and recognize 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
- Understand the implications of disability discrimination legislation for healthcare
- Recognize how health systems can discriminate against patients from diverse backgrounds, and how to work to minimize this discrimination. For example, in respect of age, gender, race, culture, disability, spirituality, religion, and sexuality
- Recognize the stigmatizing effects of some illnesses and work to help in overcoming stigma
- 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.
- Recognize 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.
- Know where to ask for advice
- Be aware of local patient services and how they can be accessed

Infection Control

- Understand the principles of infection control as defined by the Icelandic Directorate of Health http://innri.lsh.is/starfsemin/stodsvid/svid-hjukrunar-og-laekninga/gaeda-og-sykingavarnadeild/sykingavarnir/
- Understand the principles of preventing infection in high risk groups, including understanding the local antibiotic prescribing policy

Health promotion and health improvement

- 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

Environmental protection and emergency planning

- Understand and outline the mechanisms by which environmental chemicals and other contaminants 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

Clinical competency
Becoming a Consultant • Be able to communicate both verbally and in writing with patients and relatives • Be able to break bad news • Use interpreters appropriately • Be able to communicate both verbally and in writing with colleagues • Be able to work effectively within a specialty team Negotiating and influencing skills • Identify and improve skills to prepare effectively for negotiations and discussions that require ability to influence colleagues • Understand different styles and make the most of difficulties • Choose the right job • Application interview process • Professional role of a consultant Managing self and others • Be able to recognize and use learning opportunities • Be able to deal appropriately with challenging behaviour • Recognize own limitations • Be able to gain informed consent • Understand ethical issues relevant to obstetrics and gynaecology • Understand legal responsibilities • Develop and implement organizational change • Development of strategy • Formulate a business plan • Manage a project • Be able to participate in recruitment • - job specification • - interview and selection Maintaining trust • Be able to communicate both verbally and in writing with patients and relatives • Be able to break bad news • Use interpreters appropriately • Be able to communicate both verbally and in writing with colleagues • Be able to work effectively within a specialty team Administration and management of the service • Demonstrate knowledge of the responsibilities of the various hospital/institutional executive board members and clinical directors/other leaders • Understand management at the following levels: • - strategy development • - creative solution and innovation • - business planning principles • - project management

Respecting equality and diversity

- Respect diversity and recognize the benefits it may bring, as well as associated stigma
- Assess the patient's ability to access various services in the health and social system and offer appropriate assistance
- Communicate effectively with patients from diverse backgrounds and those with special communication needs, such as the need for interpreters etc
- Be able to access and make use of appropriate population, demographic, socio-economic and health data
- Seek out and utilize opportunities for health promotion and disease prevention
- Recognize in routine practice the doctor's role as advocate and manager

Infection Control

- Recognize the potential for infection with regard to patients being cared for
- Counsel patients on matters of infection risk, transmission and control

Health promotion and health improvement

- Identify opportunities to prevent ill health and disease in patients and other actions which will positively improve health and/or disease outcomes
- Identify the interaction between mental, physical and social wellbeing in relation to health
- Counsel patients appropriately on the benefits and risks of screening and health promotion activities
- Identify patients' ideas, concerns and health beliefs regarding screening and health promotion programs and is capable of appropriately responding to these

Environmental protection and emergency planning

- Recognizes the potential for chemical or other hazardous environmental exposure in relation to an individual patient and manages patients in an appropriate manner according to guidance/guidelines

Ultrasound - General

Knowledge Criteria

Principles of ultrasound examination

- Physics
- Safety
- Machine set-up and operation
- Patient care
- Principles of report writing
- Consent
- Cultural Diversity

Documentation of scan

- Understand need for accurate documentation of scan findings
- Record and label images
- Principles of reporting

Clinical competency

Understand the principles of conducting a safe and appropriate ultrasound examination

Use an ultrasound machine competently and independently

Record scan findings clearly and accurately and keep appropriate hard copy or video records of anomalies.

Know limits of own ability and when to refer for further opinion

Ultrasound – Early pregnancy

Knowledge Criteria

Normal ultrasound findings

- Understand morphological features of normal early pregnancy 5-12 weeks.
- Understand physiology of cardiac activity in first trimester.
- Understand principles of gestational sac diameter and crown-rump length measurements
- Understand the principles of differences between a normal intrauterine gestation sac and a pseudosac
- Understand diagnostic problems which may occur, e.g. with regard to empty/full bladder, obese women and those with large uterine fibroids

Clinical competency

Ability to identify the features of a normal gestational sac and confirm its intrauterine location

Ability to measure gestational sac size and crown-rump length

Ability to identify early cardiac activity using B-mode or Doppler ultrasound

Identify fetal number

Recognize limits of competency

Know limits of own ability and when to refer for further opinion

Ultrasound – Early pregnancy complications

Knowledge Criteria

Understand the diagnosis of multiple pregnancy, chorionicity and amnionicity

Understand criteria for diagnosing a miscarriage

Understand the principles of ultrasound diagnosis of ectopic pregnancy

Understand the management of women with pregnancy of unknown location (PUL)

Knowledge of clinical and ultrasound findings suspicious of molar pregnancy

Clinical competency

Ability to recognize the features of an early intrauterine gestational sac (halo, excentric location) Identify normal structure within the gestational sac: yolk sac, embryo, amniotic cavity

Ability to identify extra-uterine pregnancy

Ability to identify CS scar position

Ability to measure size of gestational sac and crown-rump length and where appropriate the yolk sac

Ability to identify early cardiac activity and measure heart rate using M-mode.

Ability to interpret fetal heart rate in a clinical context

Ability to establish the diagnosis of multiple pregnancy with confidence and to assess chorionicity and amnionicity

Ability to diagnose early embryonic demise based on assessment of gestational sac size and/or crown-rump length.

Identify, assess and measure retained products of conception in women with incomplete miscarriages. Ability to correlate clinical, morphological and biochemical findings.

Ability to evaluate adnexa in a systematic and effective way and to interpret the findings in a clinical context. Identify the site (and number) of the corpus luteum.

Identify tubal and non-tubal ectopic pregnancy and examine for the presence of a yolk sac or an embryo.

Assess the amount and quality of fluid in the rectouterine pouch.

Seek help with confirmation of diagnosis and further management.

Ultrasound – Basic obstetric ultrasound

Knowledge Criteria

Awareness of the various lies and presentations

Fetal growth

• Physiology

• Pathology - Maternal - Placental – Fetal

Fetal biometry

• Anatomical landmarks

• Reference values/charts

• Interpretation (including variability)

• Calculation and value of; - ratios - estimated fetal weight

Amniotic fluid volume

• Physiology

• Change with gestation

• Pathology

Ultrasound measurement

• Subjective vs. objective

• Max vertical pocket / AFI

• Reference values/charts

• Interpretation (including variability)

Oligohydramnios

• Definition and associations

Polyhydramnios

• Definition and associations

Placenta

- Ultrasound assessment of site

• Indication/appropriateness for transabdominal and transvaginal ultrasound

Placenta praevia

• Classification

• Management

Clinical competency

Be able to perform and interpret standard fetal measurements:

• BPD/ HC

• AC/AD

• FL/other extremity bone measurements

Be able to perform and interpret assessment of AFV (maximum vertical pool depth and AFI) using ultrasound

• Appropriate follow-up

• Referral for further assessment

Be able to perform and interpret ultrasound assessment of placental site - trans-abdominally and trans-vaginally

To be aware of technique limitations and know when to refer

Ultrasound – Gynaecology

Knowledge Criteria

Normal ultrasound findings

- Knowledge of normal ultrasound appearances of the endometrium, myometrium and ovaries throughout a menstrual cycle.
- Understanding of techniques to measure the uterus, assess the endometrium.
- Knowledge of normal ultrasound appearances of the ovaries and adnexa.

Gynaecological abnormalities: uterine

- Knowledge of the ultrasound appearances of fibroids and adenomyosis.
- Knowledge of endometrial pathology
- IUCD localization

Gynaecological abnormalities: ovarian lesions

- Knowledge of the differential diagnosis of ovarian and paraovarian lesions.
- Knowledge of typical ultrasound findings of common ovarian appearances such as polycystic ovaries.
- Knowledge of ultrasound features of ovarian cancer and the features of advanced disease.

Extraovarian lesions

- Knowledge of the principles of conducting ultrasound examination in chronic pelvic pain. Knowledge of typical morphological features of endometriosis, and pelvic adhesions.

Clinical competency

Ability to consistently identify and examine the uterus, ovaries, adnexa and rectouterine pouch

Ability to assess cyclical endometrial changes and endometrial responses to the contraceptive pill and other hormonal preparations

Ability to assess the uterine size and to accurately measure endometrial thickness

Ability to assess ovarian volume and functional changes in the ovaries and adnexa during menstrual cycle: follicular appearances, variation in the morphology of corpus luteum, functional cysts, fluid in pouch of Douglas.

Ability to diagnose uterine fibroids, measure their size and assess their relation to the endometrial cavity. Correlate ultrasound findings to clinical symptoms.

Ability to assess fibroids and adenomyosis and differentiate where possible.

Ability to interpret the measurement of endometrial thickness in the clinical context.

Ability to differentiate between focal and global endometrial thickness.

To be able to identify IUCD and its location within the uterus.

Ability to perform ultrasound examination combined with palpation in order to accurately identify

the origin of pelvic lesion and interpret this in the clinical context.

Ability to assess the size of adnexal lesions including mean diameter and volume.

Ability to approach the assessment of adnexal lesions in a systematic way.

Familiarity with standardized terms and definitions to describe sonographic features of adnexal lesions Ability to diagnose simple functional and haemorrhagic cysts, polycystic ovaries, dermoids and endometriomas based on subjective assessment alone.

Ability to recognize abnormal pelvic fluid/ascites

Ability to take a good clinical history in order to facilitate differential diagnosis of pelvic pain.

Be able to assess tenderness and mobility of pelvic organs including the rectouterine on transvaginal ultrasound scan.

Ability to recognize ovarian endometriomas, hydrosalpinges, the consequences of pelvic adhesions and peritoneal pseudocysts on ultrasound scan.

Ultrasound – Fetal anatomy (not required in Core training)

Knowledge Criteria

Anatomy scan

- Know requirements for 'minimal' and 'optimal' anomaly scan as defined in current FASP 18+0 – 20+6 weeks anomaly scan (http://fetalanomaly.screening.nhs.uk/standardsandpolicies and be familiar with Icelandic working practices)
- Know anatomical landmarks for performing standard fetal measurements (BPD, HC, AC, FL)
- Recognize normal appearance of fetal structures and appreciate different appearance at different gestations
- Know the detection rates of common anomalies

Communication

- Provide parents with necessary information in a form they understand
- Communicate scan findings and information given to parents to other health professionals

Clinical competency

Identify fetal position within uterus, understand bi- and tri-dimensionality in scanning

Be able to move probe with purpose to identify fetal structures

Be able to consistently and systematically identify the features described in an 'optimal' anomaly scan (see for example RCOG reports on Ultrasound Screening)

Identify placental site

Recognize limits of competency

Recall patients appropriately for further scans if structures not seen clearly

Provide parents with information about:

- Normal scan findings
- Abilities and limitations of ultrasound

To be aware of the limitations of the technique and know when to refer

To be able to discuss with parents the possibility of an abnormality and the need for a further option

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the statutory responsibility of the Chief Medical Officer of an accredited hospital or other health care institution as laid out in the present guide for core training in obstetrics and gynaecology in Iceland.

To evaluate the trainee´s progression through the programme, we will use the Training matrix as outlined in chapter 5.6, ARCP Training matrix. In order to progress between years the trainee has to prove that he/she has "mastered" a number of competencies as evidenced by successful completion of a number of tasks, evidenced by the type and number of assessments set out in the curriculum.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided. However, the sequence of training should ideally be flexible enough to allow the trainee to develop a special interest.

All core training in obstetrics and gynaecology should be conducted in institutions with appropriate standards of clinical governance and which meet the relevant health and safety standards for clinical areas. Training placements must also comply with the European Working Time Directive for trainee doctors and Icelandic working time regulations as stipulated through the trainee´s employment contract. In addition the regulation 467/2015 stipulates that a specific education contract must be made with each trainee. This covers mutual rights and obligations between trainee and institution as regards the content and provision of training in obstetrics and gynaecology.

Training posts must provide the necessary clinical exposure but also evidence that the required supervision and assessments can be achieved.

4.2 Teaching and learning methods

The framework will be delivered through a variety of learning experiences. Trainees will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department.

Trainees will achieve the competencies described in the syllabus through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes, such as the StratOG lessons weekly, monthly theme days where there are lectures and hands-on training with focus on specific topics in O&G, such as repair of 3rd degree perineal tears, how to conduct instrumental deliveries, to provide realistic experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

Every trainee must have access to:

- **ePortfolio (eLogbook)**: which provides the trainee with a comprehensive record of training and documents to demonstrate progression through the training programme from the start. This section identifies the types of situations in which a trainee will learn.

- **eLearning**: which is accessible on RCOG´s website, containing a large series of core tutorials that specifically support the core curriculum.

Learning with Peers - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Apart from the weekly StratOG teaching, the group of trainees gathers with the Training Programme Director or his/her substitute, for one hour at the end of each week to discuss different cases or situations during the week with the aim of discussing different problem solving approaches with the group.

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education (kennsluráð), but includes active participation in:

Clinics including specialty clinics. A clinic can be any activity involving care of patients in a scheduled manner (*i.e*. not acute care). Clinics can take place in a number of settings, including hospitals, day care facilities and the community. Patients with new problems referred from another clinician and patients returning for review can be included. The clinic might be primarily run by a midwife rather than a consultant physician. After initial induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase, trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor. Whilst there remains some emphasis on numbers of patients seen in clinics in order to gain experience, it is recognised that numbers will vary according to specialty and complexity.

The competent doctor will, without recourse to the usual acute care support services and team, be able to:

- Assess the reason for the clinic review from referral letters, notes, patient / carer etc.
- Be able to focus on the issue(s) and any other important issues arising during the consultation in the allotted time.
- Explore the patient's ideas, expectations and concerns.
- Undertake focused examination as required.
- Review investigation results and need for further investigations and / or referrals, and make secure arrangements for these.
- Explain the outcomes of the review to the patient (and any accompanying persons) in a clear fashion, such that the patient can take forward any changes in the management plan.
- Clarifying these as required before the consultation ends.
- Make relevant notes in appropriate health care records.
- Communicate the salient facts of the consultation to the referring clinician and other involved health care workers.
- Be prepared to undertake further actions outside of the scheduled care setting, e.g. obtain results and act on them, further communications etc.

Specialty-specific takes

Post-take consultant ward-rounds

Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.

Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee seeing or interacting with a patient or their relatives there is an opportunity for learning. Ward rounds and unit meetings, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.

Multi-disciplinary team meetings. There are situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Trainees have supervised responsibility for the care of in-patients. This includes day- to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient and referral to clinical colleagues if necessary.

The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

Formal Postgraduate Teaching

The content of these sessions is determined by the local specialty training committee in obstetrics and gynaecology (kennsluráð) and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at international meetings. Many of these are organized by the Royal College of Obstetrics and Gynaecology. The trainee´s Educational Supervisor (handleiðari) and the committee will have the responsibility of advising the trainees on the appropriateness of such courses/conferences with regard to the trainee´s training situation.

Formal teaching is scheduled as follows:

- Weekly teaching sessions to the cohort of trainees, in core topics in obstetrics and gynaecology based on StratOG.
- Case presentations every monday morning.
- Journal clubs, once every month, where two trainees present and analyse scientific articles from each speciality (O&G).
- Research, audit and quality improvement projects.
- Lectures and small group teaching.
- Clinical skills demonstrations and teaching.
- Critical appraisal.
- Morbidity &mortality meetings
- Joint specialty meetings
- Attendance at training programmes that are designed to cover aspects of the training programme outlined in this curriculum.

Independent Self-Directed Learning
Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:
- reading, including web-based material such as e-Learning on RCOG´s website
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement and research projects
- reading journals/articles
- achieving personal learning goals beyond the essential core curriculum

Formal Study Courses - time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development.
- Drive learning and enhancing the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice (in Icelandic: Góðir starfshættir lækna) https://www.landlaeknir.is/utgefid-efni/skjal/item32436/
- Assess trainees' actual performance in the workplace.
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes of career direction.

The integrated assessment system comprises a mixture of workplace-based assessments and knowledge-based assessments. Individual assessment methods are described in more detail below.

The assessment will be supported by structured feedback for trainees. Assessment tools will be both formative and summative and have been selected on the basis of their fitness for purpose.

Workplace-based assessments are also referred to as Supervised Learning Events (SLE). They will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide formative feedback.

These assessments are not individually summative, but overall outcomes from a number of such assessments provide evidence for summative decision making regarding the level of competence for each trainee. The number and range of these assessments will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

5.2. Assessment Blueprint

In the syllabus (3.2) the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3 Assessment methods

The following methods are used in the integrated assessment system during training in O&G.

Workplace-based assessments (WPBA)
There are 3 types of Workplace-based assessments in the O&G training:

- Mini-Clinical Evaluation Exercise (mini-CEX).
- Case-based Discussions (CbD).
- Objective structured assessment of technical skill (OSATS).

WPBA are either formative or summative:

- Formative (assessments **for** learning), these give the trainee the opportunity to practise and get feedback for a given procedure.
- Summative (assessments **of** learning), these allow the trainee to demonstrate her/his competence in a procedure and progress in the training.

The O&G training programme includes both formative and summative OSATS. Mini-CEX and CbDs are formative only. The "Matrix of Educational Progression" which is also called "Training matrix" on RCOGs website details the minimum number of WPBA that the trainee needs to complete each year. https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/assessment-and-progression-through-training/training-matrix/

Multisource Feedback Tool

The trainee needs to obtain feedback from a range of healthcare professionals, the form to be used is the Team observation form and this assessment, which is explained in more detail later, is called:

- Multisource feedback tool (MSF) or Team Observation (TO1).

Detailed information about the different assessment methods, including general guidance for trainees is available on the Royal college of Obstetricians and Gynaecologists website https://www.rcog.org.uk/
The trainees´Guide to the O&G Curriculum and Specialty training is under: https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/introduction-to-specialty-training-in-og/

The assessments methods are described below.

Mini-Clinical Evaluation Exercise (mini-CEX)
This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. It can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Case-based Discussions (CbD)
The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision- making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Objective structured assessment of technical skills (OSATS)
OSATS are validated assessment tools that assess your technical competency in a particular technique.

- Formative OSATS (supervised learning event, or SLE) – these give the opportunity to practise and get feedback for a given procedure.
- Summative OSATS (assessment of performance, or AoP) – these allow to demonstrate your competence in a procedure and progress in your training.

The curriculum on RCOGs website, indicates the skills that are assessed using OSATS.

Multisource feedback (MSF)
As well as documenting the trainee´s level of competencies through the workplace-based assessments, the trainee needs to gather feedback from his colleagues via the team observation (TO1 and TO2) forms. TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of the trainee´s assessment. The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. The Educational Supervisor is usually responsible for collating the TO1 forms and generating a TO2 form for the trainees ARCP or appraisal.

5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee´s progression through her/his training programme is monitored and recorded. The ARCP process is described in the Reference guide to core training in O&G in Iceland**.** These standards are described in the *Training Matrix-Annual expectation of Educational Progression in O&G* on RCOGs website. https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/assessment-and-progression-through-training/arcp/

At the end of each training year, in May, a formal assessment of the trainee's progress will be conducted to determine whether they can progress to the next year of the Specialty Training Programme.
The Programme Director or his associates are responsible for organizing and conducting ARCPs. The evidence to be reviewed by the ARCP panel should be collected in the trainee´s ePortfolio.

The ARCP *Training Matrix-Annual expectation of Educational Progression in O&G* is included in section 5.5 giving details of the evidence required of trainees for submission to the ARCP panels.

5.5 Complaints and Appeals

All workplace-based assessment methods incorporate direct feedback from the assessor to the trainee and the opportunity to discuss the outcome. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled as laid out in the Reference Guide for Core Training in Obstetrics and Gynaecology in Iceland.

5.6 ARCP Training Matrix
-Annual expectation of Educational Progression in Core training in O&G in Iceland

The ARCP *Training Matrix - Annual expectation of Educational Progression in O&G*, documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training level. Please see guidance notes below.

- ePortfolio curriculum record should be used to present evidence in an organized way to enable the educational supervisor and the ARCP panel to determine whether satisfactory progress in training is being med to proceed to the next phase of training.

- Trainees need to provide evidence to demonstrate they have met the minimum requirements as set out in this Matrix of Educational Progression. Trainees should record a rating for the curriculum competencies covered and justification for the rating. Supervisor will then sample these curriculum competencies and record supervisor ratings with explanatory comments.

- The Educational supervisor (ES) should record a rating at group competency level following a review of progress to confirm the level achieved and this will inform the ES report

- Evidence that can be linked to the competencies should include supervised learning events (mini-CEX, CbD, formative OSATS) and other workplace based assessments (MSF, summative OSATS) and feedback on teaching delivered.

- Evidence of successfully completed Quality improvement projects will be expected at each ARCP.

- A summary of clinical activities and teaching attendance as well as teaching delivered should be recorded.

- Evidence of reflective practice should also be recorded as well as documentation of successfully completed training courses. It is recommended that a log of operative experience is maintained.

- An ES report covering the whole training year is required before the ARCP. This report should bring to the attention of the panel events that are causing concern, e.g. patient safety issues, professional behaviour issues, poor performance in work-place based assessments, poor MSF report and issues reported by other clinicians. It is expected that serious events would trigger a review by the hospital management at Landspitali (departmental or senior executive), even if an ARCP was not due.

The following tables represent the minimum required for the annual ARCP. Trainees are encouraged to exceed these requirements.

The standards are revised annually. The following tables are to be used for the academic year 2017-2018. The Training matrix is also accessible at:
https://www.rcog.org.uk/globalassets/documents/careers-and-training/assessment-and-progression-through-training/training-matrix.pdf

These standards represent the minimum required. Trainees are encouraged to exceed these requirements.

Please read related ARCP Outcomes guidance on the website

	ST1	ST2	ST3	ST4	ST5
Curriculum progression (as evidenced in the log book on the ePortfolio)	Progress with signing off basic competencies	Completion of basic competencies	Progress with signing off intermediate competencies Completion of basic ultrasound modules for trainees starting as ST1 from August 2013	Progress with signing off intermediate competencies such that completion by end of ST5 is expected	Completion of intermediate competencies Completion of basic ultrasound modules for trainees starting as ST1 before August 2013 ± Additional competency development as determined by programme director
Clinical skills	1st on call[a]	Initially 1st on call[a] Develop competencies in readiness to be 2nd on call by end of ST2[a]	2nd on call[a]	2nd on call[a]	2nd on call[a]
Examination		Part 1 MRCOG			Part 2 MRCOG Part 3 MRCOG from September 2016 onwards

	ST1	ST2	ST3	ST4	ST5
Formative OSATS (SLE) showing evidence of training since last ARCP	Fetal blood sampling[b] Manual removal of placenta Uncomplicated caesarean section Non-rotational assisted vaginal delivery (ventouse) Non-rotational assisted vaginal delivery (forceps) Surgical management of miscarriage	Hysteroscopy Laparoscopy Basic ultrasound scanning with relevant OSATs[f] for trainees starting as ST1 from August 2013 onwards	Hysteroscopy Laparoscopy Simple operative laparoscopy (laparoscopic sterilization or simple adnexal surgery e.g adhesiolysis/ ovarian drilling) 3rd degree perineal repair	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g adhesiolysis/ ovarian drilling) Rotational assisted vaginal delivery (any method)	Intermediate operative laparoscopy (e.g. ectopic pregnancy/ ovarian cystectomy/ salpingectomy/ oophorectomy)
At least 3 summative OSATS confirming competence by more than one assessor[c] (can be achieved prior to the specified year)	Perineal repair Opening and closing abdomen (at LSCS)	Caesarean section (basic) Non-rotational assisted vaginal delivery (ventouse) Non-rotational assisted vaginal delivery (forceps) Fetal blood sampling[b] Surgical management of miscarriage Manual removal of placenta[b]	Basic ultrasound modules with relevant summative OSATs for trainees starting as ST1 from August 2013 onwards[x]	Hysteroscopy Laparoscopy Opening and closure of abdomen (gynaecology case)	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling) Intermediate caesarean section 3rd degree perineal repair Rotational assisted vaginal delivery (any method) Basic ultrasound modules[x]

	ST1	ST2	ST3	ST4	ST5
Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP		Perineal repair	Caesarean section Operative vaginal delivery Surgical management of miscarriage	Caesarean section Operative vaginal delivery Basic ultrasound[f]: 1. examination of 8–12-week pregnancy 2. examination of fetal measurement, lie and presentation 3. assessment of liquor 4. placental assessment	Operative vaginal delivery Hysteroscopy Basic ultrasound OSATs as per ST4[f]
Mini-CEX[d]	8[d]	8[d]	8[d]	8[d]	8[d]
CbDs[d]	8[d]	8[d]	8[d]	8[d]	8[d]
Reflective practice[e]	8[e]	8[e]	8[e]	8[e]	8[e]
Simulation Training	1 formative OSAT - basic laparoscopy skills[h]	1 formative OSAT - basic laparoscopy skills (if not achieved in ST1)[h]			
Regional teaching	Attendance at regional teaching programme as per regional guidelines	As per ST1	As per ST1	As per ST1	As per ST1

	ST1	ST2	ST3	ST4	ST5
Obligatory courses	Basic Practical Skills in Obstetrics and Gynaecology CTG training (usually eLearning package) and other local mandatory training Obstetric simulation course (e.g. PROMPT/ ALSO/other)	Basic ultrasound 3rd degree tear course Specific courses required as per curriculum to be able to complete basic competencies Resilience course e.g. STEP-UP for those starting ST1 from August 2016 onwards	Obstetric simulation course – ROBUST or equivalent for trainees entering ST1 from August 2015 onwards		Specific courses required as per curriculum to be able to complete intermediate competencies
Team observation (TO) forms	TO1s at least twice per year as per RCOG recommendations (www.rcog.org.uk) Summary should not raise significant concerns to ARCP panel	As per ST1	As per ST1	As per ST1	As per ST1
Clinical governance (patient safety, audit, risk management and quality improvement)	1 completed and presented project Evidence of attendance at local risk management meetings	As per ST1	As per ST1	As per ST1	1 completed project (can include supervising more junior doctors)

	ST1	ST2	ST3	ST4	ST5
Teaching experience	Documented evidence of teaching (e.g. to medical students/ foundation trainees/GPSTs)	As per ST1	As per ST1+organsing departmental teaching of medical students/FYs/ GPSTs	As per ST3	Formal specialty teaching by ST5 e.g. as part of regional education programme
Leadership and management experience		Evidence of departmental responsibility e.g. rota/ departmental meetings	As per ST2 + working with consultants to organise (e.g. "office work") including clinical administration and dealing with correspondence	As per ST3 And including dealing with complaints	As per ST4 + involvement in departmental meeting/forum e.g. labour ward group/risk management review process
Presentations and publications (etc)	Departmental presentation	As per previous annual review discussion	As per previous annual review discussion	Presentation outside own local department by ST4 Ensure CV is competitive for ATSM/ subspecialist training interviews	As per previous annual review discussion
Trainee Evaluation form (TEF)*	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio	TEF completed on ePortfolio

[b]If a ST2 trainee has evidence of formative training in MROP but lacks 3 summative assessments, due to difficulty gaining exposure to these cases, an outcome 2 should be given and progression into ST3 should not be delayed. Trainees should not however undertake MROP as ST3 without direct supervision until the competency is signed off with 3 summative OSATs in the usual way.
Likewise if a trainee lacks formative or 3 summative OSATs for Fetal Blood Sampling and works in a unit where this is not routinely undertaken, they should not receive an outcome 2 or 3 for this omission. However, they then could not undertake to perform fetal blood sampling without direct supervision, until they have gained 3 competent summative OSATS.

[c]Additional note for clarification – summative OSATS confirming competency can be undertaken by ST6/ST7s for ST1–ST5s; however, more than one assessor must be used. A consultant must undertake at least one of the assessments.

[d]These should be obtained throughout the year, not just in the weeks before ARCP/RITA. The WBAs should reflect a level of complexity expected at that year of training. Trainees should have a mixture of obstetric and gynaecology WBAs and, in the first 5 years of training, there should be four in obstetrics and four in gynaecology. Thereafter, they should reflect the nature of the attachments undertaken.

[e]The number of reflective practice logs that have been revealed to the educational supervisor. Reflective practice logs should include reflection on all serious and untoward incidents and complaints that the trainee has been named in.

[f]Basic ultrasound OSATS –OSATs demonstrating competence can be completed by a consultant or other accredited trainer in:

1. Transabdominal ultrasound scan of 8–12-week pregnancy
2. Assessment of fetal size, lie and presentation
3. Assessment of liquor volume
4. Placental assessment

[g]Basic USS modules to be completed by the end of ST3 for all trainees commencing ST1 from August 2013 and by ST5, for all trainees commencing ST1 before August 2013

[h]All trainees entering ST1 from 2016 must undertake one assessment in laparoscopic simulation via OSATS before entering ST3. Ideally this should be achieved during ST1.

It is acknowledged that not all trainees are being assessed at the end of their training year due to the timing of the ARCPs and changes in an individual's anticipated CCT date for a variety of reasons. Likewise, many trainees have an annual ARCP (calendar years) whilst not undertaking 12 months of full-time training during the time since the last assessment (e.g. LTFT). In this situation, the ARCP panel will judge the progress the trainee has made during the time period pro rata against the standards detailed in the Matrix (which describe the standards to be achieved over a 12-month period).

*Non-completion of the TEF alone will NOT generate adverse ARCP outcome.

Please also read related ARCP Outcomes guidance

6 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance.

6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor. However, it is preferred that a single Educational Supervisor is associated with the same trainee for a full training year, thus the Clinical Supervisor is likely to be a separate consultant during subsequent rotations.

The responsibilities of supervisors have been defined by the GMC in the document "Quality Framework Operational Guide". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC (Modernizing medical Carriers) and as outlined in the Reference Guide to Core Training in O&G in Iceland. The Icelandic regulation 467/2015 also applies as relevant.

Educational supervisor
A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement. He/she must have had appropriate training (train the trainers course).

Clinical supervisor
A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. The Icelandic training scheme appoints an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may be merged if and when appropriate.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management, advances of the trainee, his/her performance and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. Thus if the clinical directorate (clinical director or educational committee (kennsluráð)) have any concerns about the performance of the trainee, or there are or were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the employer to deliver effective clinical governance through the hospital´s management systems.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

6.2 Appraisal

A formal process of appraisal is important during the core training. This ensures adequate supervision during training, provides continuity between different posts and supervisors and is one of the main ways of providing feed back to trainees. It is recommended that the trainee meets his educational supervisor on 3 different occasions during each year. In the beginning of the year and on at least two further occasions (at 4 and 8 months) to ensure that satisfactory progress is being made and that the trainee is on track to achieve his educational objectives.

The dates of these appraisal interviews and a record of the discussion should be recorded and stored in the ePortfolio.

The appraisals are induction appraisal, mid-point appraisal and end of attachment appraisal.

Induction Appraisal
The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective *Personal Development Plan (PDP)* of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement (samningur um sérfræðinám), which can be contained in the e-portfolio at this time, recording their commitment to the training process.

Mid-point Review
This meeting between trainee and educational supervisor is mandatory, but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio.
Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal
Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any

shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed.

7 Managing curriculum implementation

This section of the curriculum provides an indication of how the curriculum is managed locally and within programme.
The organization of training programmes for Core training in O&G is the responsibility of the Training Programme Director and his associates at the Obstetrics & Gynaecology department at Landspitali. Their role will be to coordinate local postgraduate medical training, with terms of reference as follows:

- Oversee recruitment and induction of trainees from Foundation to Core.
- Allocate trainees into particular rotations for core training appropriate to their training needs and wishes.
- Oversee the quality of training posts provided locally.
- Interface with other specialty training faculties in the hospital/nationally.
- Ensure adequate provision of appropriate educational events.
- Ensure implementation of the curriculum in the training programme.
- Oversee the workplace-based assessment process within programmes.
- Coordinate the ARCP process for trainees.
- Provide adequate and appropriate career advice.
- Provide systems to identify and assist doctors with training difficulties.
- Provide flexible training.
- Recognize the potential of specific trainees to progress into an academic career.

Educational programmes to train educational supervisors and assessors in work-place based assessment may be delivered locally or abroad or both.

In Iceland the curriculum needs to be approved according to regulation 467/2015 (Reglugerð um menntun, réttindi og skyldur lækna og skilyrði til að hljóta almennt lækningaleyfi og sérfræðileyfi) https://www.stjornartidindi.is/Advert.aspx?ID=a3328029-d1d1-4f92-a079-51b925dc4735 . Thus its implementation is the joint responsibility of the RCOGs via the subcommittee responsible for Core Training, the Evaluation and Accreditation Committee (EAC) in Iceland, and the local Training Programme Directors and their associates at the obstetrics and gynaecology department.

7.1 Intended use of curriculum by trainers and trainees

This curriculum is based on RCOG´s curriculum for core training in O&G, accessible on RCOGs website www.rcog.uk.org The ePortfolio is a web-based document available on the same website.

The educational supervisors and trainers can access the up-to-date curriculum from the RCOG website and will be expected to use this as the basis of their discussion with trainees. Both trainers and trainees are expected to have a good knowledge of the curriculum and syllabus, and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

7.2 Recording progress in the ePortfolio

On enrolling with RCOG, trainees will be given access to the ePortfolio for Core Training in O&G. The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure the ePortfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

The Training Progamme Director and his associates, Educational and Clinical Supervisors, and ARCP panels may use the ePortfolio to monitor the progress of trainees for whom they are responsible.

All appraisal meetings, personal development plans and workplace based assessments (including MSF) should be recorded in the ePortfolio.

Trainees and supervisors should electronically sign the educational agreement. Trainees are encouraged to reflect on their learning experiences and to record these in the ePortfolio. Reflections can be kept private or shared with supervisors.

Reflections, assessments and other ePortfolio content should be linked to curriculum competencies in order to provide evidence towards acquisition of these competencies. Trainees can add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:

- to provide the means for reflection and evaluation of current practice
- to inform discussions with supervisors to help both gain insight and assists in developing personal development plans.
- to identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

Supervisors can sign-off and comment on curriculum competencies to build up a picture of progression and to inform ARCP panels.

8 Equality and diversity

The Royal College of Obstetricians and Gynaecologist in the UK and everyone responsible for Core Training in Obstetrics and Gynaecology in Iceland will comply and ensure compliance, with the requirements of equality and diversity legislation. All training posts are fully compatible with Icelandic and European employment laws.

Data on Equality and diversity is available specifically for Landspítali at: Mannauðsstefna Landspítala.
Icelandic laws include:
Lög um Mannréttindasáttmála Evrópu 62/1994
https://www.althingi.is/lagas/nuna/1994062.html
Lög um jafna stöðu og jafnan rétt kvenna og karla 10/2008
https://www.althingi.is/lagas/nuna/2008010.html
Lög um heilbrigðisstarfsmenn 34/2012, 43/2014
https://www.althingi.is/lagas/nuna/2012034.html

Every trainee will, during the induction appraisal, be informed of zero-tolerance regarding sexual harassment or sexual violence at Landspitali or other approved training sites.