# Curriculum Guide for Acute Gynaecology and Early Pregnancy (AGEP) ATSM

## 1 What is this ATSM about?

This ATSM is designed to ensure that trainees/doctors completing this training are able to competently manage women presenting with acute gynaecological problems and complications in early pregnancy. Although the contents of this module will be a necessary requirement for those working as clinical leads in the field of emergency gynaecology and early pregnancy, trainees/doctors with other career aims will find this a useful adjunct to general obstetric and gynaecological practice.

Trainees/doctors may have gained sufficient ultrasound skills prior to registering for the ATSM but will be required to demonstrate and produce evidence of these skills during the module. Trainees/doctors should therefore complete the gynaecology and early pregnancy ultrasound training (previously known as the intermediate ultrasound in gynaecology and the intermediate ultrasound of early pregnancy complications modules) or equivalent prior to, or in parallel with this ATSM. Guidance on ultrasound training is available here.

During training, doctors should be exposed to and participate in a wide variety of scenarios as well as attending educational events to support their learning in this area. Their ability to reflect on and learn when projects have gone well, or indeed if they have failed, are all skills that should be developed and consolidated as training progresses.

Satisfactory sign off to complete the ATSM will require the ATSM Educational Supervisors to make decisions on the level of supervision required for each AGEP CiP and if this is satisfactory, the ATSM will be awarded. More detail is provided in the programme of assessment section of the curriculum and in the online Curriculum training resource here.

## 2 Design of the ATSM

The 2019 AGEP ATSM is made up of component modules which are now called Acute Gynaecology and Early Pregnancy Capabilities in Practice (AGEP CiP). The AGEP ATSM has 3 AGEP CiPs.

The Safe Practice in Abortion Care (SPAC) Advanced Skills Module (ASM) can be undertaken as an optional module concurrently with the AGEP ATSM. On satisfactory completion of the SPAC ASM the trainee/doctor will receive a certificate for the ASM which states the gestational age threshold to which the skills have been acquired. As the ASTM is an optional module, non-completion will not affect certification of the AGEP ATSM.

It is anticipated that for a full-time trainee/doctor who is accessing one or two ATSM training sessions each week, 18-24 months of training will be required to complete this ATSM. As was the case with the previous AGEP ATSM, a trainee/doctor should complete the gynaecology and early pregnancy ultrasound training (previously known as the intermediate ultrasound in gynaecology and the intermediate ultrasound of early

pregnancy complications modules) or equivalent prior to, or in parallel with this ATSM. Guidance on ultrasound training is available here.

This ATSM has a work intensity score of 2.0. Trainees/doctors can register for more than two ATSMs concurrently providing the work intensity score is no greater than 3.0.

Here are the GMC-approved key skills and descriptors:

| **AGEP CiP 1: The doctor uses ultrasound appropriately to diagnose and guide treatment of women with complications of early pregnancy.** | |
|---|---|
| **Key Skills** | **Descriptors** |
| Diagnoses women with miscarriage | • Applies the diagnostic criteria to diagnose miscarriage.<br>• Has skills to assess when an interval scan is required.<br>• Counsels women on the choice between expectant, medical and surgical management of miscarriage.<br>• Manages and investigates those women diagnosed with a second trimester miscarriage. |
| Diagnoses women with ectopic pregnancy | • Is able to diagnose an ectopic pregnancy on ultrasound scan.<br>• Counsels women on the choice between expectant, medical and surgical management of ectopic pregnancy. |
| Diagnoses women with inconclusive scans | • Arranges appropriate follow up for women with early pregnancies of uncertain viability.<br>• Demonstrates understanding of management protocols for women classified with a pregnancy of unknown location.<br>• Demonstrates understanding of diagnostic uncertainty. |
| Diagnoses women with pelvic tumours in early pregnancy | • Organises appropriate management plans for women with other pelvic pathology in early pregnancy. |
| Diagnoses women with recurrent pregnancy loss | • Is able to fully evaluate the endometrial cavity and assess for the presence of any uterine pathology or congenital anomaly in women presenting with recurrent pregnancy loss.<br>• Arranges required investigations and follow up. |
| Diagnoses women with gestational trophoblastic disease | • Recognises and instigates initial management of suspected trophoblastic disease.<br>• Arranges follow up for women confirmed to have trophoblastic disease. |
| Manages women with hyperemesis gravidarum | • Recognises and instigates inpatient, outpatient or domiciliary treatment of hyperemesis as appropriate. |

| **AGEP CiP 2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.** | |
|---|---|
| **Key Skills** | **Descriptors** |
| Diagnoses women with acute gynaecological problems | • Uses ultrasound to form differential diagnosis of acute gynaecological symptoms.<br>• Ultrasound diagnosis of uterine pathology: |

| | |
|---|---|
| | ○ fibroids<br>○ endometrial polyps<br>○ adenomyosis<br>• Ultrasound diagnosis of adnexal pathology:<br>○ ovarian cysts<br>○ tubal pathology<br>○ pelvic masses<br>○ adnexal torsion<br>• Is able to detect haemoperitoneum and assess severity. |
| Manages the care of women with acute pelvic pain | • Diagnoses and assesses clinically women with acute pelvic pain.<br>• Is able to perform emergency surgery such as open and laparoscopic ovarian cystectomy, laparoscopic adhesiolysis and surgical management of ectopic pregnancy.<br>• Collaborates with consultants and other specialties and works as part of a multi-disciplinary team. |
| Manages the care of women with haemorrhagic and septic shock | • Has kept up to date with resuscitation skills.<br>• Makes appropriate decisions rapidly in daily clinical practice.<br>• Manages women presenting with heavy vaginal bleeding. |
| Manages the care of women with acute pelvic infection | • Organises the correct investigations and instigate appropriate treatment. |
| Manages the care of women with other acute gynaecological problems | • Is able to diagnose and manage:<br>○ perineal abscesses<br>○ non-obstetric genital tract trauma<br>○ emergency presentations of gynaecological malignancies<br>○ ovarian hyperstimulation syndrome |

| **AGEP CiP 3: The doctor demonstrates the skills to develop and manage an acute gynaecology and early pregnancy service.** | |
|---|---|
| **Key Skills** | **Descriptors** |
| Demonstrates service development | • Liaises with management teams and Clinical Commissioning Groups.<br>• Has an understanding of financial considerations.<br>• Participates in clinical governance experience.<br>• Demonstrates involvement in quality improvement.<br>• Is able to undertake data analysis and collection related to outcomes. |
| Develops clinical guidelines and patient information | • Is aware of available sources of both written and web-based information.<br>• Designs or adapts patient information for local use and understands local process.<br>• Participates in writing protocols, clinical pathways, service development and evidence-based guidelines. |

| | |
|---|---|
| | • Establishes and/or enhances local clinical pathways. |

These key skills also map to a variety of generic professional capabilities. Evidence supporting progress in this ATSM should link to generic core capabilities such as dealing with complexity, teamwork and leadership and knowledge of patient safety issues.

When considering whether progress is being made in the ATSM it is both the trainee's/doctor's wider skills as a medical professional and those relating to knowledge and processes of leadership and teamwork which need to be assessed in the round, as well as clinical competence.

To help trainees/doctors and trainers assess progress in this ATSM, there is a Statement of Expectations for trainees/doctors for each AGEP CiP. It offers guidance as to what constitutes acceptable progress in the ATSM.

| | **Statement of Expectations for the AGEP ATSM** |
|---|---|
| **Meeting expectation AGEP CiP1** | A trainee/doctor meeting expectations will be able to independently perform a history, examination and investigations for women with early pregnancy complications. This will include an ultrasound scan if appropriate. They will be able to make a diagnosis or recognise diagnostic uncertainty. They will be using this information to plan further investigations and create appropriate a management plan. |
| **Meeting expectation AGEP CiP2** | A trainee/doctor meeting expectations will be able to independently perform a history, examination and investigations for women with acute gynaecological problems. This will include an ultrasound scan if appropriate. They will be able to make a diagnosis or formulate a differential diagnosis. They will be using this information to plan further investigations and create appropriate a management plan. |
| **Meeting expectations AGEP CiP3** | A trainee/doctor meeting expectations will engage in clinical governance processes and be performing relevant audits, collaborating in adverse incident investigations, complaint handling and producing clinical guidelines and patient information. They will have an understanding of how to develop the clinical service in collaboration with local management teams and clinical commissioning groups. They will be familiar with patient support groups and information and resources available for patients with early pregnancy problems. |

## 3 The Capabilities in Practice (CiPs) explained

Each AGEP CiP is made up of the following components:

a) A high-level learning outcome describing in a generic way what a doctor will be able to do once they have successfully achieved the CiP.
b) Key skills and descriptors which give further detail to this statement and give guidance on how the trainee/doctor can be judged against the expectations of the CiP.
c) Procedures which need to be learned and mastered as part of the CiP.
d) Knowledge criteria needed by the trainee/doctor to provide a foundation for the skills and practices covered by the CiP.

## a) High-level learning outcome

The high-level learning outcome of each AGEP CiP describes in a generic way what a doctor can do once they have successfully completed the CiP. A competency level must be proposed by a trainee/doctor for each of these high-level learning outcomes using the entrustability scale listed in Table 1 at ATSM Educational Supervisor meetings, and prior to ARCPs. The ATSM Educational Supervisor will make their own judgement based primarily on the evidence presented by the trainee/doctor which may be aligned with the trainee/doctor opinion, or may differ.

## b) Key skills and their descriptors

Beneath each high-level learning outcome are a series of key skills which provide further detail and substance to what the purpose and aims are of the AGEP CiP. These give guidance to the trainer and trainee/doctor as to what is needed to be achieved for completion of the AGEP CiP. Competency levels do not need to be ascribed to these individual key skills prior to assessments; however the evidence collected by the trainee/doctor should be supporting progress in the acquisition of these skills over the course of training. Review of these key skills, and progress with them, forms an essential part of the global assessment of progress with the AGEP CiP.

## c) Practical procedures

The procedures associated with this ATSM are listed in Table 2 and progress will be evidenced with OSATS, reflections and procedure logs. Training courses, simulation training and case based discussions may also help to support procedural competency sign off. The procedures requiring three summative OSATS (competent to level 4) are the same as those in the previous ATSM and are listed in Section 2 of the ATSM. For other procedures in this ATSM where level 5 competency is required it is highly recommended that three summative OSATS assessed as being competent are collected, but it is not currently mandatory.

## d) Knowledge criteria

It is recognised that the full spectrum of acute gynaecological and early pregnancy problems will not be witnessed by the trainee/doctor whilst they undertake the ATSM, and expecting independent competency in managing the full range of acute gynaecological and early pregnancy problems is unachievable. However, a certain level of knowledge is expected as this will facilitate in the evidence-based management of all acute gynaecological and early pregnancy problems, common and uncommon. The knowledge criteria for each AGEP CiP make clear what level of theoretical understanding and foundation knowledge is expected of an AGEP ATSM holder. This will be at a higher level than the knowledge base expected for the MRCOG examinations. Trainees/doctors who do not witness the range of acute gynaecological and early pregnancy problems covered by this ATSM should, at the very least, have working knowledge of them all.

# 4 How are the levels of supervision used to assess progress?

Each clinical AGEP CiP has to be signed off using the new 5 levels of supervision, as defined in Table 1 below.

**Table 1 – Levels of supervision**

| Level | Descriptor |
|---|---|
| Level 1 | Entrusted to observe |
| Level 2 | Entrusted to act under direct supervision: (within sight of the supervisor). |

| | |
|---|---|
| Level 3 | Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision) |
| Level 4 | Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required) |
| Level 5 | Entrusted to act independently |

This method of sign-off moves away from a process of box-ticking and towards a process that says 'I trust you to do these work activities. If not, I need to identify the underlying competencies that need to be developed so that you can progress to the next level of trust.'

The approach focuses on the outcome of training and defines this outcome in terms of the work that a trainee/doctor is trusted to do. By the end of training, doctors are 'trusted' to undertake all work tasks independently and without supervision. An AGEP CiP is therefore a critical part of professional work that can be identified as a unit to be entrusted to a trainee/doctor once efficient competence has been reached.

The concept allows each task to be linked explicitly to the most crucial competencies which are then observed during normal clinical practice.

AGEP CiPs emphasise the role of observation and judgement, and replicate real-life practice. For example, a consultant must decide what each trainee/doctor can be trusted to do, as well as determine the amount of supervision, direct or indirect, that they need to undertake activities safely. These kinds of judgements are routinely made in the workplace and are based on the experience of the consultant. By the end of training, a doctor must be trusted to undertake all the key critical tasks needed to work as a consultant – and that becomes the outcome and end point of training.

The trainee/doctor will make a self-assessment to consider whether they meet expectations for the time spent undertaking the ATSM, using the five supervision levels listed in Table 1 and highlighting the evidence in the ePortfolio. The ATSM Educational Supervisor will then consider whether the trainee/doctor is meeting expectations or not by assigning one of the five supervision levels.

Trainees/doctors will need to meet expectations for the time spent undertaking the ATSM as a minimum to be judged satisfactory to progress. The expectations for the level of supervision expected by the end of training for all the AGEP CiPs in this ATSM is level 5.

## 5 How are the procedures associated with the clinical CiPs assessed?

The procedures associated with this ATSM are listed in Table 2 and progress will be evidenced with OSATS. Each procedure requires three summative OSATS assessed as being competent prior to be able to performing the practical procedure independently with support (level 4).

**Table 2 – Outline grid of supervision level expected for procedures**

| ***Procedures*** | ***Level by end of training **** | ***CIP 1*** | ***CIP 2*** |
|---|---|---|---|
| Pelvic ultrasound | 5 | X | X |
| Complex uterine evacuations | 5 | X | |
| Laparoscopic and open surgery for complex ectopic pregnancy | 4 | X | |

| *Procedures* | *Level by end of training ** | *CIP 1* | *CIP 2* |
|---|---|---|---|
| Laparoscopic and open surgery for ovarian cysts and adnexal torsion | 5 | | X |
| Laparoscopic ovarian cystectomy, adhesiolysis | 5 | | X |
| Surgical drainage of pelvic and complex perineal abscesses | 5 | | X |

*Corresponds to 5 levels of supervision used to assess AGEP CiPs

## 6 What kind of evidence might be relevant to this ATSM?

As a trainee/doctor progresses through their ATSM training they will be expected to collect evidence which demonstrates their development and acquisition of the key skills, procedures and knowledge. Examples of types of evidence are given below, **but please note that this is an indicative, not a prescriptive, list**. Other sources of evidence may be used by agreement except for the workplace-based assessments – i.e. if they are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity. This evidence will be reviewed by the ATSM Educational Supervisor when they are making a global assessment of the progress against the high-level learning outcome of each CiP.

- OSATS
- CbD
- Mini-CEX
- Discussion of correspondence Mini-CEX
- Reflective practice
- TO2 (including SO)
- NOTSS
- Local, Deanery and National Teaching
- RCOG (and other) eLearning
- Conferences and courses attended
- Procedural log
- Case log
- Case presentations
- Quality Improvement activity

The mapping of workplace-based assessments to AGEP CiPs is shown below in table 3:

Table 3

| AGEP CiP | OSATS | Mini-CEX | CbD | NOTSS | TO1/ TO2 | Reflective practice |
|---|---|---|---|---|---|---|
| **1: The doctor uses ultrasound appropriately to diagnose and guide treatment of women with complications of early pregnancy.** | | X | X | | X | X |

| AGEP CiP | OSATS | Mini-CEX | CbD | NOTSS | TO1/ TO2 | Reflective practice |
|---|---|---|---|---|---|---|
| **2: The doctor has the knowledge and clinical skills to manage the care of women presenting with acute gynaecological problems.** | | X | X | | X | X |
| **3: The doctor demonstrates the skills to develop and manage an acute gynaecological and early pregnancy service/** | | X | X | X | X | X |

## 7 Generic Capabilities in Practice

The non-clinical skills previously referred to in the ATSM curriculum have now been removed because they are covered by the 10 Core CiPs 1-8, 13 and 14. Trainees/doctors undertaking the ATSM at ST6 and ST7 will be assessed against the expectations for a senior trainee/doctor laid out in the explanatory documents for these core CiPs, which can be found with the details of the core curriculum (Core CiP Guides). However, the evidence collected for the sign-off of these core CiPs at senior level is expected to reflect the ATSM undertaken by the trainee/doctor. At least one quality improvement project therefore should pertain to acute gynaecology and early pregnancy complications, and teaching sessions and evidence of advanced communication skills using CbDs should, for example, be obtained through acute gynaecology and early pregnancy complication working. Post-CCT trainees/doctors who will have these generic CiPs signed off already should, nevertheless, provide evidence which proves they have these non-clinical skills as required by someone who has a special interest in acute gynaecology and early pregnancy complications.

## 8 When can an AGEP CiP be assessed?

A trainee/doctor can make a self-assessment of their progress in an AGEP CiP at any point in the training year. The first question for a trainee to ask themselves is

- Do I think I meet the expectations for this year of training?
  If the answer is yes than the next questions to ask are:
- Have I produced evidence and linked that evidence to support my self-assessment?
- Is this the best evidence to support this? Have I got some evidence about the key skills?
- Is this evidence at the right level?

- Do I understand the knowledge requirements of this AGEP CiP? If not do I need to look at the knowledge syllabus as outlined in the full curriculum?

Once the trainee/doctor has completed the self-assessment the ATSM Educational Supervisor needs to review the evidence and ask the same questions

- Do I agree with the trainee/doctor for the self-assessment for this AGEP CiP? Is this sufficient evidence to support sign off of the AGEP CiP at level 5?
- Is this the best evidence? Would some of this evidence be more appropriate in other AGEP CiPs as evidence? For example would the CbD about a change of practice be better linked to a clinical AGEP CiP?
- Is there other evidence that has been missed?
- Is the level right for this trainee/doctor? Are they meeting the standards of expectations?

When the ATSM Educational Supervisor judges that the trainee/doctor has met the expectations for that year they can sign off the AGEP CiP. Most crucially this is a global judgement. There does not have to be evidence linked to every key skill. One piece of well presented evidence with some reflection may be enough to sign off the AGEP CiP. It is the **quality** of the evidence not the quantity which is key. The progress a trainee/doctor is making with the acquisition of technical procedural skills which form part of that AGEP CiP, and their knowledge base, should also be considered when giving a global rating.

Each clinical AGEP CiP in this module has to be signed off using the new 5 levels of supervision, as defined in Table 1 (above), and the generic capabilities will need to be signed off with reference to the statements of expectations described in the core curriculum for an advanced trainee/doctor. Each AGEP CiP must eventually be signed off to level 5.

Progress with the aspects of the generic CiPs relevant to this ATSM must be kept under constant review by the trainee/doctor and ATSM Educational Supervisor. The educational supervisor's report prepared for the ARCP will document how these are being achieved and evidenced.

Once the ATSM Educational Supervisor has assigned an entrustability level for each AGEP CiP, based on the global assessment methodology, the trainee/doctor has an opportunity to document why they disagree with their ATSM Educational Supervisor, if disagreement exists over any one particular AGEP CiP.

The ATSM Educational Supervisor will be expected to make an overall assessment of progress with the ATSM, as detailed below in Table 4. The ATSM assessment will then feed into the educational supervisor's report for the ARCP.

Table 4

**Global judgement to be used for each AGEP CiP**

<u>Trainee/doctor self-assessment</u>
FOR EACH AGEP CiP (1-3)

Link to evidence on the ePortfolio.

<u>ATSM Educational Supervisor's assessment</u>
I agree with the trainee's/doctor's self-assessment and have added my comments to each AGEP CiP.

I do not agree with the trainee's/doctor's self-assessment for the following reasons:

ATSM Educational Supervisor's overall progress with the ATSM

- Not meeting expectations for the AGEP ATSM; may not achieve level 5 on the entrustability scale across all AGEP CiPs in the appropriate time scale
- Meeting expectations for the AGEP ATSM; expected to achieve level 5 on the entrustability scale across all AGEP CiPs in the appropriate time scale.

## 9 Are there any examples or case studies?

**Example 1 - ATSM Educational Supervisor focus**

You are an ATSM Educational Supervisor having a meeting with a trainee/doctor, who asks for sign off of AGEP CiP 1 after considering the questions regarding the evidence. They feel that they meet the statement of expectations. They have submitted the following evidence linked to the AGEP CiP 1.

- WPBAs
- Reflection on a patient with a miscarriage or ectopic pregnancy
- Evidence of involvement in a QI project relevant to early pregnancy
- eLearning module

Therefore, based on your meetings with the trainee/doctor you feel that they have provided evidence which demonstrates progress since commencing the ATSM. You were impressed by the QI project which had been undertaken regarding the use of serum hCG levels and you discussed with the trainee how this project could be extended for use across all doctors in the department. You feel the quality of the evidence which is linked to the AGEP CiP 1 is good, so you can feel confident in signing off the AGEP CiP 1 as complete.

**Example 2 – ST7 trainee (trainee/doctor focus)**
You are an ST7 trainee considering sign-off for AGEP CiP 2. You are 5 months into ST7 and have submitted the following evidence linked to the AGEP CiP.

- WPBAs
- TO2s
- Attendance at the AEPU annual meeting

You feel this evidence matches the Statement of Expectations for ST7 because it shows evidence of the cases you have seen and feedback from your TO2.

You discuss this AGEP CiP 2 and your request to be signed off with your ATSM Educational Supervisor at your next meeting.

The ATSM Educational Supervisor considers the key questions:

- **Do I agree with the trainee/doctor self-assessment for this AGEP CiP? Is this sufficient evidence to support sign off of the AGEP CiP at level 5?** The evidence consisted of a WPBA regarding the management of simple ovarian cysts.
- **Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?** While this evidence covers some of the knowledge aspect of the AGEP CiP, they have not

demonstrated all of the key skills required e.g. the TO2 did not have any other non-gynaecologists involved but comments on team working.

- **Is the level right for this trainee?** This is not the right level for ST7 as they have shown little insight into their own clinical performance, as evidenced by the lack of reflection.

You discuss with the trainee that you do not feel able to sign off this AGEP CiP currently. You discuss what would be an appropriate level of WPBA for AGEP CiP completion including the management of ovarian torsion. You agree with the trainee that the evidence could be strengthened by including some of the specialist nurses on the next TO2. You discuss opportunities for the trainee to lead the next departmental MDT.