Royal College of Physicians

Setting higher standards

Royal College of Physicians of London

Higher Specialty Trainee

Obstetric Medicine Credential

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Introduction to the RCP Obstetric Medicine Credential for Higher Specialty Trainees

Welcome to the Royal College of Physicians (RCP) Credential in Obstetric Medicine. It has been designed for Higher Specialty Trainees with an interest in Obstetric Medicine, who wish to gain a credential in this specialist area.

The following pages include information regarding approved training centres (Appendix I), as well as eligibility criteria and time commitment for undertaking the credential. There are details of the Capabilities in Practice (CiPs) which must be achieved (Table 1), descriptions of the areas of expertise that need to be demonstrated to achieve competence, and recommendations as to how these should be evidenced (Table 2) as well as the outcome decision aid (Table 3).

Also included are descriptions of the role of the Educational Supervisor (Appendix II) and External Reviewers (Appendix III), and outlines of the certification and appeals processes. In addition, each training centre will provide trainees with an **induction pack** which will contain an introduction to the Obstetric Medicine team, an overview of the unit, key contacts, and an outline job plan.

This is a learner-led credential. You will need to plan your own learning and identify opportunities to gain the knowledge and expertise required to complete the credential. You will be supported by an Educational Supervisor in your obstetric medicine training centre who will provide guidance during your training period there, and advice on how the knowledge and skills developed during the credential might be used when you return to your usual clinical environments.

We would like to wish you every success with this credential.

Obstetric Medicine Credential Training Requirements

Eligibility

Applications to undertake the Higher Specialty Trainee Credential in Obstetric Medicine are accepted from physicians in any medical specialty who hold the full MRCP diploma, have successfully completed IMT 3 training (or equivalent), and are at ST5 level or above[1]. Any trainee wishing to undertake the credential should currently be, or have previously been, involved in working on the acute medical take.

Trainees must be fully registered with the GMC, and must not have any restrictions on their practice which could prevent them from completing the credential training or practising as a physician upon completion of the credential.

Once a trainee is accepted to undertake the credential, their Educational Supervisor must ensure that a completed copy of 'Form B' (Appendix IV) is sent to the Assessment Unit of the RCP London (obstetricmedicine@rcplondon.ac.uk).

Time Commitment

When completed full-time, the RCP Obstetric Medicine credential for Higher Specialty Trainees runs over a 12-month period. During that period, participants are required to spend a minimum of 50% of their clinical practice time at one of the Obstetric Medicine training centres approved to host the RCP credential. Less than full time trainees may need longer, *pro rata*, to complete the credential. The appropriate credential training period will be agreed with the Educational Supervisor at the start of the credential. (See also 'Reasonable adjustments and mitigating circumstances' in the Exceptional Circumstances section.)

It is recommended that trainees undertaking the credential should continue to be involved in acute medical on-call, and this commitment will be discussed and agreed locally.

Details of the approved training centres can be found in Appendix I.

The Credential Process

Trainees must identify learning needs and learning opportunities which enable them to develop the knowledge, skills and behaviours necessary to achieve all five 'Capabilities in Practice' (CiPs) at level 4 (see Table 1).

In order to achieve the 'Capabilities in Practice' (CiPs) required for the Obstetric Medicine credential, trainees must address the 22 areas of expertise contained in Table 2. The types of evidence which could be provided to demonstrate development in these areas are summarised in column C of the table. A list of relevant abbreviations is provided in Appendix V. The evidence required to complete the credential (including minimum numbers of assessments) can be found in the Outcome Decision Aid (Table 3).

As well as an Educational Supervisor who will be allocated for the duration of the Obstetric Medicine credential, day-to-day supervision will be provided by Clinical Supervisors, who should be identified by, and work within, the approved training centres.

[1] This includes trainees with a national training number in a medical specialty, or those taking the CESR route

Clinical supervisors will have expertise within the field of Obstetric Medicine and may include physicians, maternal medicine obstetricians, midwives and anaesthetists. Clinical supervisors may change during the course of the credential, depending on individuals' availability and other clinical commitments. Similarly, if a trainee is spending time in a different department, their Clinical Supervisor for that period may need to change accordingly.

The Clinical Supervisor will be able to assess performance, provide an appropriate level of supervision for clinical activities based on the competence of the individual trainee, and offer feedback either informally, or formally through the completion of WPBAs or MCRs as appropriate.

Table 4 illustrates the recommended milestones for completion of the credential training requirements over the 12 month period for a full-time trainee. Less than full-time trainees will need to agree with their Educational Supervisor how they will fulfil the credential requirements and whether a *pro rata* extension to the credential training period is needed.

It is anticipated that trainees who are on track to complete the credential successfully will achieve a *minimum* of level 2 on each CiP (see Table 1) by the time of their interim review meeting with the Educational Supervisor. If these targets are not achieved, the trainee and Educational Supervisor should discuss an action plan. In rare cases this may result in withdrawal from the credential. In most cases it will be possible to develop a viable solution to remedy gaps and weaknesses in performance. In some cases it may be necessary to apply for an extension to the normal duration of the credential training (see Extension to remedy gaps or weaknesses in performance).

Portfolio of Evidence

It is the responsibility of the trainee to maintain a portfolio of evidence which shows their progress and demonstrates achievement of the credential requirements. Patient confidentiality must be safeguarded throughout the portfolio. The growing portfolio of evidence, and any gaps or weaknesses in experience or performance, should be discussed with the Educational Supervisor at each interim review meeting.

It is expected that trainees will use their ePortfolio to record evidence of their engagement with the obstetric medicine credential, although paper forms are available should this be more acceptable to the individual trainee.

The trainee must ensure that their portfolio is ready for review by their Educational Supervisor no less than 4 weeks before the anticipated completion date of the credential (or adjusted duration of training placement for those working less than full time. All relevant evidence (such as WPBAs, log of cases, reflections) in line with the decision aid, should be available to the Educational Supervisor, with evidence of linking to the obstetric medicine curriculum. The trainee and their Educational Supervisor will then review the portfolio together, and complete an end-of-placement report form, as a mutually agreed end-of-programme meeting.

During the course of the credential, trainees must continue to engage in the ARCP process, but assessment of completion of the credential in Obstetric Medicine will be made by the Educational Supervisor and External Reviewer (see Assessment of completion of the Higher Specialty Trainee Credential in Obstetric Medicine below).

Portfolios will also be assessed by an External Reviewer, who will have been appointed at the start of the credential and allocated by the approved training centre. For more information about their role and responsibilities, please see Appendix III.

Table 1: Outline Grid of Levels Expected for Clinical Capabilities in Practice (CiPs) for the Obstetric Medicine Credential for Higher Specialty Trainees

	1st interim meeting	2nd interim meeting	Completion
Obstetric Medicine Credential CiP *For pregnant women, postpartum women and where appropriate, for women with medical conditions/problems who are planning a pregnancy:*	**Minimum Level**	**Minimum Level**	**Level**
1. Manage acute referrals in maternity assessment unit/accident and emergency department/medical assessment unit	**2**	**3**	**4**
2. Provide continuity of care to medical in-patients	**2**	**3**	**4**
3. Manage outpatients with long term conditions	**2**	**3**	**4**
4. Manage medical problems across the range of specialties	**2**	**3**	**4**
5. Manage an MDT including discharge and forward planning	**2**	**3**	**4**
Level descriptors: Level 1: Entrusted to observe only – no provision of clinical care Level 2: Entrusted to act with direct supervision Level 3: Entrusted to act with indirect supervision Level 4: Entrusted to act unsupervised			

Table 2 Areas of expertise required for Obstetric Medicine Credential

Trainees must develop sufficient expertise in **each** of the 22 areas listed in column A to meet the descriptor in column B.

A. Area of Expertise	B. Descriptor (key observable activities, tasks and behaviours)	C. Evidence[2]
Hypertension in pregnancy	Explains the potential side effects of antihypertensive drugs and tolerability in pregnancy and breastfeeding. Understands the impact of pre-existing hypertension on maternal and fetal outcome and specifically the increased risk of pre-eclampsia. Demonstrates how to recognize and treat the complications of pre-eclampsia: • HELLP • Eclampsia • Cerebral haemorrhage • Pulmonary Oedema Appropriately prescribes antihypertensive medication to achieve target blood pressure levels recommended by British Hypertension Society Guidelines and the NICE Hypertension in Pregnancy guidelines. Explains the increased risks of adverse maternal and fetal outcomes of pre-eclampsia and specifically of chronic hypertension with super-imposed pre-eclampsia. Appropriately manages intra and post-partum fluid balance. Appropriately manages prophylactic and therapeutic anticonvulsant therapy in women with pre-eclampsia or eclampsia. Counsel women with previous pre-eclampsia regarding recurrence and subsequent cardiovascular risks and preventative measures. Recognises and manages previous pre-eclampsia in the antenatal period.	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection

[2] These are examples of the types of evidence which may be provided by a trainee to demonstrate experience and competence in this area of expertise. Details and guidance for all workplace-based assessment forms listed in the Outcome Decision Aid (Table 3) are available from the JRCPTB website at https://www.jrcptb.org.uk/assessment/workplace-based-assessment. Copies can be printed from the website's document library by using the search function.

Renal disease in pregnancy	Demonstrates how to counsel patients with Chronic Kidney Disease (CKD, including on dialysis or with a renal transplant) about the risks and implications of pregnancy and how to manage women to minimise risks to mother and fetus. Appropriately manages de-novo renal disease in pregnancy or a deterioration in renal function in a pregnant transplant or CKD patient. Ensures continuity and coordination with specialist input. Appropriately manages the renal consequences of pre-eclampsia and acute kidney injury in pregnancy and the puerperium. Appropriately recognises and manages electrolyte disorders and fluid balance.	MCR CbD ACAT Logbook of cases Simulation training with assessment Mini-CEX Reflection
Heart disease in pregnancy	Explains how pregnancy, delivery and the postpartum period may affect cardiac physiology in normal women and in those with pre-existing cardiac disease. Explains and manages the risks of pregnancy for the mother and fetus for different cardiac disorders: • Corrected and uncorrected congenital heart disease • Rheumatic heart disease • Ischaemic heart disease • Marfan's syndrome • Artificial heart valves • Arrhythmias • Cardiomyopathy Explains the risks of recurrence of congenital heart disease in the fetus in mothers with congenital heart disease. Demonstrates ability to diagnose and investigate pulmonary oedema in the antenatal and post-partum period. Recognises the need for referral to, and the role of, specialist cardiologists in the management of women preconception, antenatally and in the postpartum period.	Mini-CEX CbD Logbook of cases Simulation training with assessment Reflection
Management of gastrointestinal diseases during pregnancy	Explains and manages the risks of pregnancy for the mother and fetus for chronic and pregnancy induced gastrointestinal diseases: • Inflammatory bowel disease • Irritable bowel syndrome • Pancreatitis • Hyperemesis gravidarum • Gastroesophageal reflux disease • Constipation • Diarrhoea	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection

	Appropriately manages acute abdominal pain in pregnancy and in the puerperium. Appropriately recognises when women with gastrointestinal disease require specialist multidisciplinary care for preconception counselling, antenatal and postnatal care. Appropriately manages de-novo gastrointestinal disease in pregnancy and is aware when specialist input is required. Appropriately manages the electrolyte imbalance of hyperemesis gravidarum during pregnancy.	
Liver Disease in pregnancy	Explains the effects of pregnancy on physiology in normal individuals and those with pre-existing hepatobiliary disease. Appropriately manages the risks of pregnancy for the mother and fetus for chronic and pregnancy induced hepatobiliary diseases: • Chronic active hepatitis • Primary biliary cirrhosis • Viral hepatitis • Alcoholic liver disease • Jaundice • Gallstones • Intrahepatic cholestasis of pregnancy • Acute fatty liver of pregnancy Demonstrates how to manage co-morbid medical conditions in patients with liver transplant during a pregnancy with specialist input. Appropriately manages acute cholecystitis in pregnancy and in the puerperium. Demonstrates when women with hepatobiliary disease require specialist multidisciplinary care for preconception counselling, antenatal and puerperal period. Appropriately manages de-novo hepatobiliary disease in pregnancy and is aware when specialist input is required. Appropriately manages the causes of pregnancy induced liver abnormalities. Explains the need for referral to and the role of specialists in the management of women preconception, antenatally and in the postpartum period.	MCR CbD Logbook of cases Simulation training with assessment Reflection
Respiratory Disease in pregnancy	Explains the effects of pregnancy on pulmonary physiology in normal individuals and those with pre-existing respiratory disease. Explains the potential risks of pregnancy to the mother and fetus in patients with chronic respiratory disease.	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection

	Appropriately manages co-morbid medical conditions in patients with pre-existing respiratory disease or lung transplant during a pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and who/when to refer for specialist input: • Asthma • Pulmonary embolism • Pneumonia • Sarcoidosis • Pneumothorax • ARDS • ILD Appropriately manages acute respiratory failure in pregnancy and in the puerperium. Demonstrates the awareness of BTS/SIGN guidelines for the management of asthma. Explains to women with respiratory disease about the risks and implications of pregnancy and acts to minimise risks to mother and fetus. Appropriately manages de-novo respiratory disease in pregnancy or a deterioration in pulmonary function in a pregnant patient and is aware when specialist input is required. Explains the risks and implications of pregnancy to a patient to enable the woman to make an informed decision regarding pregnancy. Demonstrates the involvement of women in the care of their asthma and support self-management plans.	DOPS
Diabetes in pregnancy	Explains the metabolic effects of pregnancy. Explains the importance of glucose control prior to conception and during pregnancy and providing preconception counselling in all child bearing women with pre-existing diabetes. Demonstrates how to manage the microvascular and macrovascular complications in patients with pre-existing diabetes mellitus during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input. Recognises the complications and outcomes of infants of women with diabetes mellitus. Demonstrates how to manage acute diabetic emergencies in pregnancy and in the puerperium: • Diabetic ketoacidosis • Hypoglycaemia	CbD Logbook of cases Simulation training with assessment Reflection Mini-CEX ACAT

	Recalls the risk factors for gestational diabetes, current diagnostic criteria and appropriate screening strategies. Counsels women with pre-existing diabetes mellitus about the risks and implications of pregnancy and acts to minimise risks to mother and fetus regarding: • Pre-eclampsia • Macrosomia • Intrauterine Growth Restriction (IUGR) • Preterm delivery	
Endocrinology in pregnancy	Explains the physiological changes in normal pregnancy and in those with pre-existing endocrine disorders. Explains the potential risks of pregnancy to the mother and fetus in patients with pre-existing endocrine diseases. Appropriately manages endocrine disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input: • Thyroid disease • Parathyroid disease • Adrenal disease • Pituitary disease • Addison's disease • Vitamin D deficiency Recalls how to manage pregnancy-induced endocrine disorders: • Postpartum thyroiditis • Lymphocytic hypophysitis • Pituitary apoplexy • Diabetes insipidus	CbD Logbook of cases Simulation training with assessment Reflection
Neurological diseases during pregnancy	Recalls the physiological changes in normal pregnancy and in those with pre-existing neurological disorders. Outlines the potential risks of pregnancy to the mother, fetus and neonate of women with pre-existing neurological diseases. Awareness of the importance of stabilisation of the disease prior to conception and during pregnancy and providing preconception counselling in all child bearing women with pre-existing neurological diseases. Recalls how to manage neurological disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input: • Epilepsy • Migraine	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection

	• Multiple Sclerosis • Myasthenia Gravis • Idiopathic intracranial hypertension • Stroke Appropriately manages pregnancy induced neurological disorders: • Bell's palsy • Carpal Tunnel Syndrome • Cerebral Vein Thrombosis (CVT) • Reversible cerebral vasoconstriction syndrome (RCVS) Demonstrates how to manage a seizure occurring in pregnancy. Demonstrates the difference between CVT and TTP.	
Rheumatological disease during pregnancy	Explains to women with rheumatological disease about the risks and implications of pregnancy and acts to minimise risks to mother and fetus. Appropriately manage disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input; • Systemic Lupus Erythematosus • Antiphospholipid Syndrome (APS) • Rheumatoid Arthritis • Mixed connective tissue disease • Spondyloarthritides • Scleroderma Appropriately manages de-novo rheumatological diseases in pregnancy and is aware when specialist input is required. Explains the results of immunological assays relevant to connective tissue disease in pregnancy (anti-Ro). Appropriately manages APS in pregnancy.	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection
Haematological diseases during pregnancy	Explains the physiological changes in normal pregnancy and in those with pre-existing haematological disorders. Explains the potential risks of pregnancy to the mother, fetus and neonate of women with pre-existing haematological diseases. Explains the importance of stabilisation of the disease prior to conception and during pregnancy and providing preconception counselling in all women of child bearing age with pre-existing haematological diseases. Appropriately manages haematological disorders during pregnancy with particular emphasis on minimisation of the	CbD Mini-CEX Logbook of cases Simulation training with assessment Reflection

	risk to the mother and fetus and when to refer for specialist input; • Anaemia • Haemoglobinopathies • Haemophilia • Immune thrombocytopenic purpura Appropriately manages pregnancy induced haematological disorders: • Gestational thrombocytopenia • Disseminated Intravascular Coagulation (DIC) Explains and manages the pregnancy complications of sickle cell disease. Appropriately manages de-novo haematological disease in pregnancy and is aware when specialist input is required. Appropriately manage sickle cell disease in pregnancy as part of multidisciplinary team. Understands the management of a major obstetric haemorrhage	
Thromboembolism or a history of thromboembolism in pregnancy	Explains the physiological changes in coagulation in normal pregnancy. Demonstrates understanding of the RCOG green top guidelines for thromboprophylaxis and treatment of venous thromboembolism (VTE) in pregnancy. Explains the importance of VTE prior to conception and during pregnancy and providing preconception counselling in all child bearing women with pre-existing thromboembolic diseases. Explains the risk factors for VTE. Appropriately manages pregnancy induced VTE. Explains to women with previous VTE about the risks and implications of pregnancy and acts to minimise risks to mother and fetus. Appropriately manages de-novo VTE in pregnancy and is aware when specialist input is required including use of systemic and catheter directed thrombolysis.	CbD Logbook of cases Simulation training with assessment Reflection Mini-CEX
Skin diseases during pregnancy	Explains physiological changes in normal pregnancy and in those with pre-existing skin disorders. Explains the potential risks of pregnancy to the mother, fetus and neonate of women with pre-existing skin diseases. Awareness of the importance of stabilisation of the disease prior to conception and during pregnancy and providing preconception counselling in all women of child bearing age with pre-existing skin diseases.	CbD Logbook of cases Simulation training with assessment Reflection

	Demonstrates how to manage skin disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input: • Eczema • Psoriasis • Acne Recalls how to manage pregnancy induced skin disorders: • Polymorphic eruption of pregnancy • Atopic eruption of pregnancy • Pemphigoid gestationis Explains to women with pre-existing skin disorders about the risks and implications of pregnancy and acts to minimise risks to mother and fetus.	
Therapeutics and radiology in pregnancy	Explains the effects of pharmacokinetic changes during pregnancy. Appropriately manages drug therapy in pregnant women with medical problems during the antenatal and postpartum and manages any potential risk of these drugs to the fetus and neonate. Demonstrates ability to counsel women regarding the balance of risks or drug use in pregnancy for maternal and fetal wellbeing. Demonstrates awareness of the different forms of contraception and ability to advice most suitable options. Explains the need for appropriate use of steroids during pregnancy. Demonstrates an awareness of the safety of radiological investigations to both pregnant women and the fetus. Appropriately counsels pregnant women regarding the most suitable radiological investigations during pregnancy.	CbD Logbook of cases Simulation training with assessment Reflection Mini-CEX
Psychiatric disorders during pregnancy	Describes the effect of pregnancy and postpartum on pre-existing psychiatric diseases and substance abuse. Explains the potential risks of pregnancy to the mother, fetus and neonate. Demonstrates how to manage psychiatric disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input: • Anxiety • Depression • Bipolar affective disorder • Schizophrenia	CbD Logbook of cases Simulation training with assessment Reflection

	• Alcohol abuse • Substance abuse Appropriately manages pregnancy induced psychiatric disorders: • Postnatal depression • Puerperal psychosis Demonstrates how to recognize acute psychosis. Demonstrates how to deliver advice on abstinence of substances and alcohol.	
Management of infectious diseases during pregnancy	Explains the potential risks of pregnancy to the mother, fetus and neonate in women with pre-existing infectious diseases. Appropriately manage infectious disorders during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and with specialist input; • HIV • Tuberculosis • Malaria • Pneumonia • UTI / Pyelonephritis • Influenza • Infection related to obstetrics Demonstrates knowledge regarding prevention of transfer of disease to fetus and neonate.	CbD Logbook of cases Simulation training with assessment Reflection ACAT
Cancer during pregnancy	Explains the potential risks of pregnancy to the mother, fetus and neonate of women with pre-existing cancer. Demonstrates ability to engage with oncology MDM regarding timely and appropriate staging and chemotherapy in pregnancy. Appropriately manages cancer during pregnancy with particular emphasis on minimisation of the risk to the mother and fetus and when to refer for specialist input;	CbD Logbook of cases Simulation training with assessment Reflection MCR
Resuscitation of the pregnant woman	Demonstrates knowledge of how advanced life support is altered in a pregnant woman.	CbD Logbook of cases Simulation training with assessment Reflection ALS/mMOET
Provide Obstetric Medicine consultation to other medical and non-medical	Diagnose, manage, and refer to experts if required	CbD Mini-CEX Logbook of cases Simulation training

specialties in both inpatient and outpatient settings		Reflection End of placement report
Participate in a multidisciplinary Obstetric Medicine team and network	Explains role of local maternity systems (LMS) providers of maternity and medical care and tertiary centres in the pathways of care for pregnant or post-partum women with medical problems Demonstrates ability to work with maternal medicine obstetrician to assess women, plan care, and communicate to all stakeholders in the referral unit Recognise the importance of audit and quality improvement Undertake a quality improvement project and contribute to these processes to ensure continued service improvement	Reflection on letters following consultation in tertiary centre Attendance at Local Maternity Service meetings QIP report/QIPAT
Participate in an inter-professional health care team	Participate in managing transitions of care across multiple health care settings	RCA CbD Mini-CEX Logbook of cases Simulation training Reflection End of placement report
Teaching and learning	Facilitate the learning of women, families and members of the interdisciplinary team Demonstrate attendance at suitable obstetric medicine CPD and other learning activities	CbD Mini-CEX Logbook of cases Simulation training Attendance certificates Reflection End of placement report

Table 3 Outcome Decision Aid

The decision aid documents the targets to be achieved by the end of the credential for satisfactory completion. Details and guidance for all workplace-based assessment forms listed in the Outcome Decision Aid are available from the JRCPTB website at https://www.jrcptb.org.uk/assessment/workplace-based-assessment. If use of the ePortfolio is not feasible, paper copies can be printed from the website's document library by using the search function.

Requirement	Notes	
Educational Supervisor (ES) report	PDP and (minimum of) initial meeting and one interim review meetings, plus end of placement review. The final educational meeting should review achievements and outcomes for the whole duration of the credential. In addition, there should be an ES meeting once a month to discuss progress.	ES confirms meeting or exceeding expectations and no concerns
Clinical Supervisor	Induction meeting/interim meeting/end of clinical supervision meeting	Clinical supervisors will have expertise within the field of Obstetric Medicine and may include physicians, maternal medicine obstetricians, midwives and anaesthetists
Capabilities in Practice (CiPs) for Obstetric Medicine	See Table 1 for level descriptors. Trainees should complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP	ES to confirm trainee is performing at or above the level expected for all CiPs
Multiple Consultant Report (MCR)	Each MCR is completed by a consultant who has supervised the credential trainee's clinical work.	Minimum of 4 MCRs, written by consultants who have personally supervised the trainee
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). Replies should be received within 3 months. MSF report must be released by the ES and feedback discussed before the end of placement. If significant concerns are raised then arrangements should be made for a repeat MSF	Evidence of satisfactory MSF completed during the course of the credential
Supervised Learning Events (SLEs): ACAT	Minimum number to be carried out by consultants. Encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. ACATs should be used to demonstrate global assessment of trainee's	Minimum 6 required

Requirement	Notes	
	performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (e.g. prioritisation, working with the team). Each ACAT must include a minimum of 5 cases. It is not for comment on the management of individual cases	
Supervised Learning Events (SLEs): CbD and/or mini-CEX	Minimum number to be carried out by consultants. Encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the credential, and completed by a range of assessors. Structured feedback should be given to aid the trainee's personal development, and the trainee should reflect on the learning event.	Minimum 20 required (minimum of 6 ACAT, 4 CbD and 4 mini-CEX. The remaining 6 can be either)
Quality improvement project	Quality improvement project plan and report to be completed. Project to be assessed by ES using quality improvement project tool (QIPAT)	Undertake a QIP
Clinical activity: Outpatients	Mini-CEX / CbD to be used to give structured feedback. Reflective practice recommended. Summary of clinical activity recorded	Minimum 80 outpatient clinics by end of 12 months (or adjusted period of time, as appropriate)
Clinical activity: acute referrals and continuing ward care of patients	Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for involvement to be recorded in the patient's clinical notes. Also to be involved in the day-to-day management of acute or acute on chronic medical problems in pregnancy	Evidence of active involvement in the care of at least 100 women presenting with an acute/ acute on chronic medical problem in pregnancy
Delivering Teaching	Satisfactory record of 12 hours of delivering teaching	2 teaching observation forms involving multidisciplinary team
Teaching Attendance	Evidence of simulation training: skills and drills including human factors and scenario training Demonstrate attendance at relevant Obstetric Medicine CPD/learning activities	At least 15 hours relevant Obstetric Medicine CPD/learning activities. Attendance on courses such as mMOET, MEmO
Log Book	Log book of anonymised cases and reflection in accordance with GMP	
Reflective Practice	Evidence of engagement with reflective practice	Satisfactory completion of at least 2 reflective logs

Table 4 Milestones for Completion of Training Requirements for Obstetric Medicine Credential (Higher Specialty Trainee)

This is a guide only. Expectations and requirements should be regularly discussed and reviewed with the trainee's Educational Supervisor

Milestones in 52 weeks[3] In conjunction with local and training site	12/52 weeks	24-36/52 weeks	By end of placement
Educational Supervisor meeting	In the first month	Two interim review meetings	End of placement meeting
WPBA including ACATs	3/16	8-12/16	16/16
Clinical Supervisor meeting	In the first month		End of placement meeting
Number of outpatient clinics	20/80	40-60/80	80/80
Acute referral cases and in-patient cases settings including virtual/telephone/face-to-face	Minimum 20	Minimum 40 (cumulative)	80-100 for completion
Delivering Teaching		4-8/12 hours	12/12 hours
MCR		1-3/4	4/4

[3] The total number of weeks and timing of interim reviews can be adjusted *pro rata* for trainees working less than full time.

Exceptional Circumstances: Interruptions and Extensions

In the event that a trainee in the Obstetric Medicine credential needs to interrupt training or requires an extension, they should let their Educational Supervisor know immediately. The trainee should also contact the Assessment Unit at the RCP with a comprehensive description of the circumstances, using the following email address: obstetricmedicine@rcplondon.ac.uk. The Assessment Unit will then give advice on how to proceed, and recommend adjustments (interruption or extension) as appropriate.

It is the trainee's responsibility to request an extension or interruption and provide sufficient documentary evidence to support their case. Requests for extension or interruption should be submitted as early as possible to allow time to review the evidence and confirm the decision. Interruptions and extensions cannot normally be considered later than four weeks before the credential training period is due to end.

Reasonable adjustments and mitigating circumstances

If an interruption or extension is granted as a reasonable adjustment under the terms of the Equality Act, or as mitigation for absence due to significant and certified illness or other serious circumstances, that interruption or extension should be as long as appropriate to adjust for the impact of the protected characteristic or serious circumstances. The interruption or extension should not be longer than necessary, since this would unfairly advantage the trainee. Extensions of this type do *not* affect the trainee's access to a separate extension to remedy gaps or weaknesses in performance.

Extension to remedy gaps or weaknesses in performance

The Educational Supervisor may advise that a trainee who cannot achieve the credential criteria within the allocated time be granted **one** three-month extension[4] to remedy gaps or weaknesses in performance. This recommendation should be passed on to, and agreed by, the External Reviewer, to ensure that they are aware such an extension has been granted.

An extension to remedy gaps or weaknesses may occur during the credential training period as part of an improvement action plan[5] **OR** after the portfolio of evidence has been assessed. It is not permitted for trainees to have more than one such extension.

Details of confirmed extensions to remedy gaps and weaknesses in performance should be communicated to the RCP (obstetricmedicine@rcplondon.ac.uk) by the Educational Supervisor. The RCP will maintain a record to ensure that regulations are followed e.g. that an extension to remedy gaps and weaknesses is not inappropriately granted following portfolio submission, if this had already been used during the credential training period.

[4] Or period adjusted *pro-rata* for those working less than full time.
[5] See The Credential Process section above

Assessment of completion of the Higher Specialty Trainee Credential in Obstetric Medicine

The assessment process is summarised in Figure 1.

First, the trainee's portfolio of evidence (ePortfolio or paper portfolio) is assessed by their Educational Supervisor to discern whether the criteria of the Obstetric Medicine credential have been met. The Educational Supervisor makes a recommendation (pass, 3-month extension to remedy gaps and weaknesses in performance[6], or fail) and passes this recommendation to the External Reviewer.

The External Reviewer will review the portfolio of evidence, and if there is concordance between the assessments of the Educational Supervisor and the External Reviewer the RCP will issue an outcome letter in line with their recommendations. If the outcome is a pass, then the credential is awarded and the RCP will issue a Certificate of Completion for the Credential in Obstetric Medicine.

Should there be disagreement between the Educational Supervisor and the External Reviewer, a second External Reviewer will be invited to review the portfolio of evidence and provide the assessment decision (pass, fail, or extension[7]). The second External Reviewer will be appointed by the RCP, drawing upon advice from senior members of the Obstetric Medicine community in the UK. The second External Reviewer will be from a different training centre to both the trainee and the first External Reviewer. If there is no suitable second External Reviewer available within the UK Obstetric Medicine community, an international appointment may be made.

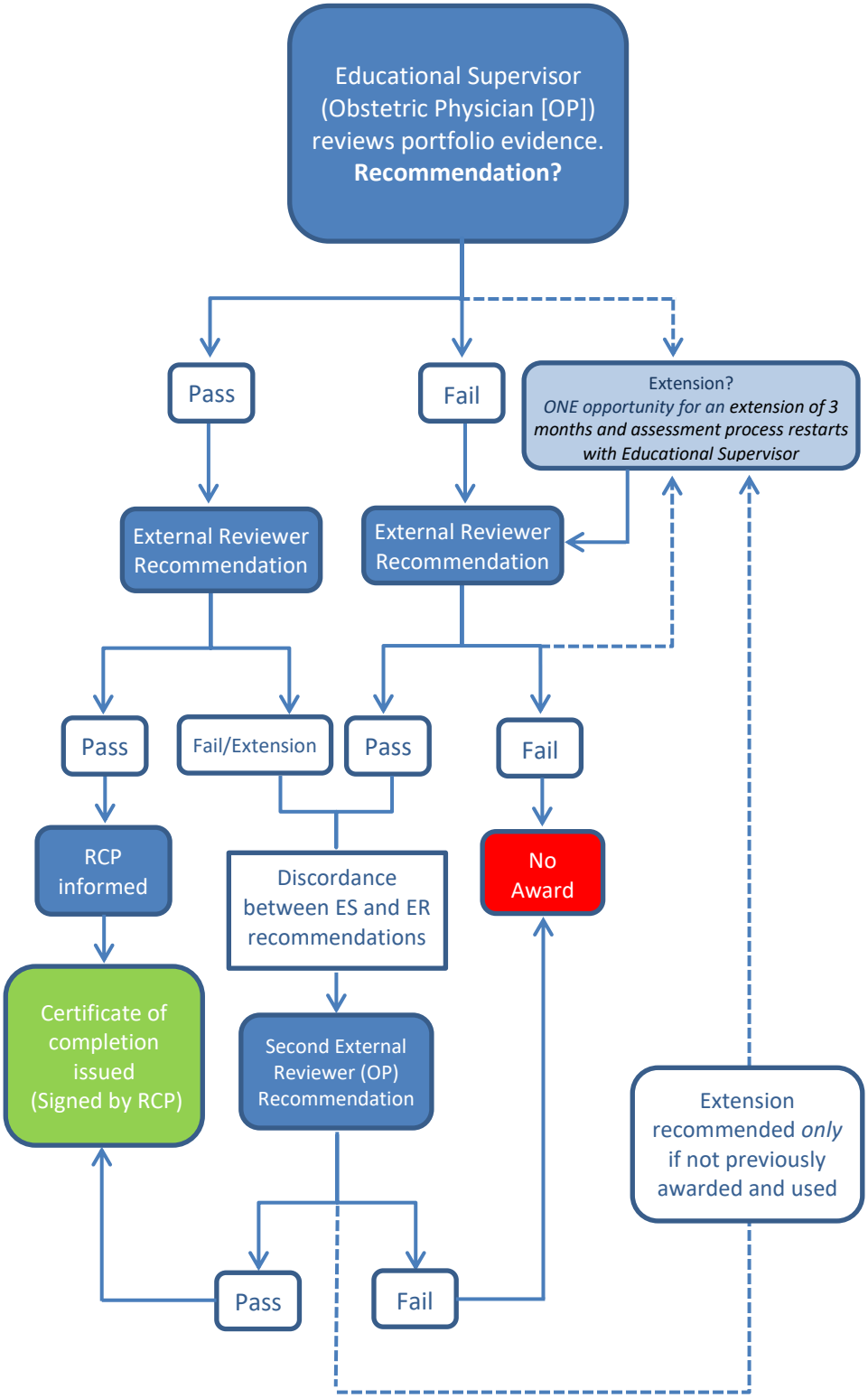
If an extension is awarded at any stage in the assessment process, following the extension the assessment process starts anew with the Educational Supervisor's assessment. This is followed by one or two External Reviewer assessments as described above and in Figure 1, **except** that within this second assessment cycle the possible outcomes at each stage are limited to pass or fail.

Under certain circumstances it may be possible for a trainee to appeal (see next section).

[6] Three-month extension to remedy gaps and weaknesses in performance is only available if not already awarded and used prior to final portfolio submission for assessment.

[7] Second External Reviewer can only recommend three-month extension to remedy gaps or weaknesses in performance if not previously awarded and used by the trainee at another time during the credential.

Figure 1 Obstetric Medicine Credential Certification Process



Appeals Process

The appeals process is summarised in Figure 2.

The permitted grounds for appeal are:

- Assessment processes not followed correctly
- Mitigating circumstances warranting an extension which the trainee was unable, through no fault of their own, to submit in time for the extension request to be reviewed and decided before the final portfolio submission date.

In the event that the trainee is dissatisfied with the decisions of the Educational Supervisor and External Reviewer(s) an appeal may be lodged by emailing both the Educational Supervisor and the Assessment Unit of the RCP London (obstetricmedicine@rcplondon.ac.uk). This should be done within 10 working days of the outcome being communicated to the trainee. The trainee should outline in their email the reasons for their appeal, including documentary evidence to support their appeal where appropriate (for example a medical note or death certificate). An additional External Reviewer will then be appointed by the RCP to examine the grounds for appeal and review the trainee's portfolio of evidence, and decide whether the appealed outcome should be upheld.

If the appeal is successful due to mitigating circumstances (2nd bullet point above), the trainee may be granted an opportunity for extension of the credential training period, as described in the 'reasonable adjustments and mitigating circumstances' section above. The portfolio would then be reassessed by the Educational Supervisor at the end of the agreed extension period.

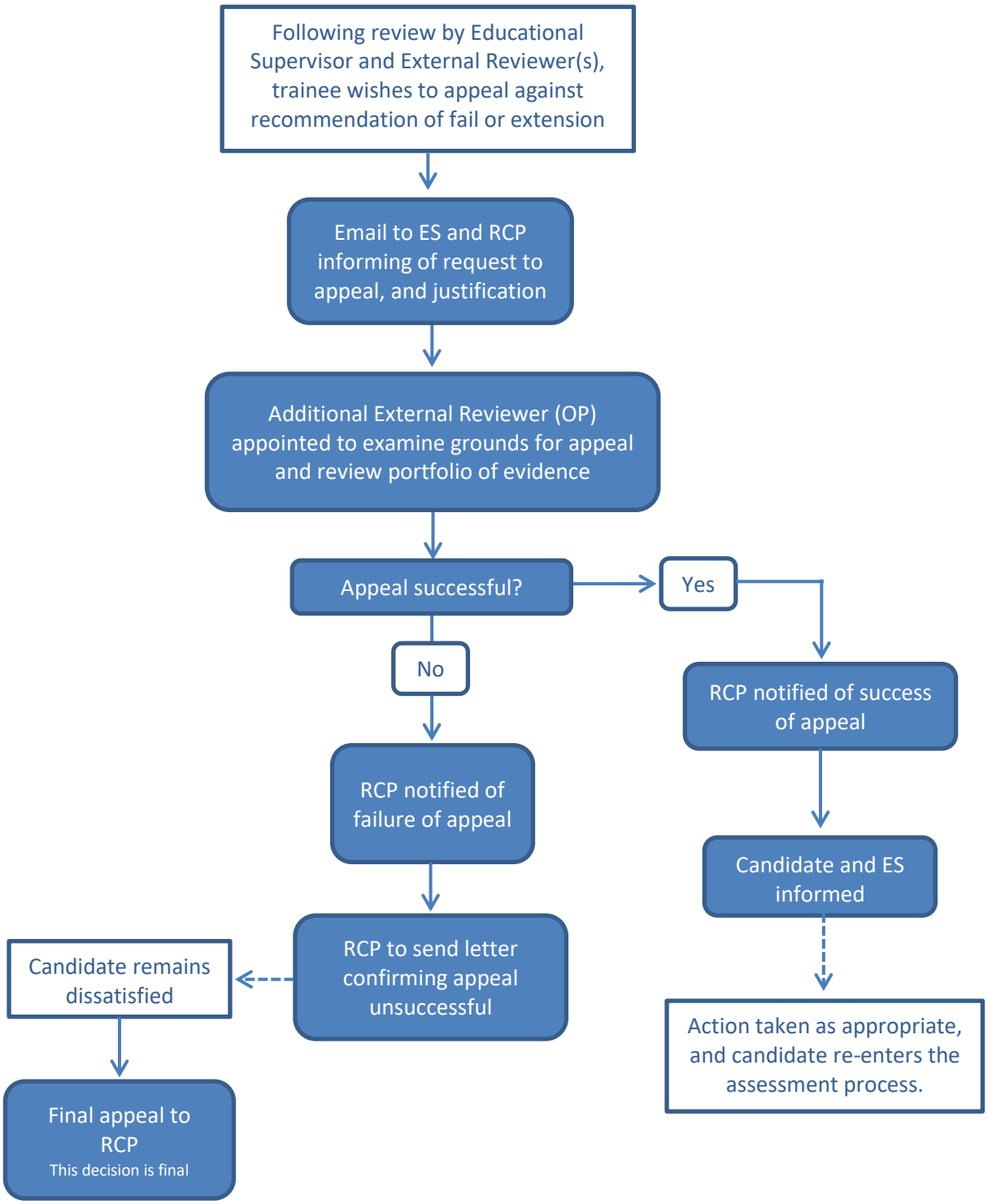
If the trainee believes that the first appeal process was not conducted correctly, a second and final appeal can be made to the RCP, which must include reasoning as to why the trainee believes the original appeal process was not followed correctly. The decision of the RCP Head of Assessment Unit[8] is final.

[8] Or their nominated representative

Figure 2 Obstetric Medicine Appeals Process

The permitted grounds for appeal are:

- *Assessment processes not followed correctly*
- *Mitigating circumstances warranting an extension which the trainee was unable, through no fault of their own, to submit in time for the extension request to be reviewed and decided before the final portfolio submission date.*



Appendix I: Obstetric Medicine Approved Training Centres

Guy's & St Thomas' NHS Foundation Trust (GSTT)

St Thomas's Hospital has a busy maternity unit delivering approximately 6500 babies per year. The Obstetric Medicine team sees approximately 12% of these women antenatally in outpatients, and a considerable number of patients are seen while admitted. The service here includes weekly joint Obstetric Medicine/cardiology clinics and monthly epilepsy/obstetric clinics and MDT. There is an Obstetric High Dependency Unit (HDU) with three beds in the Hospital Birth Centre (HBC) for particularly sick or complex high risk women.

University College London Hospitals NHS Foundation Trust (UCLH)

The Elizabeth Garrett Anderson (EGA) maternity unit at UCLH delivers around 6000 babies each year. The Obstetric Medicine team here run specialist clinics for pregnant women, and women planning pregnancy, with a wide range of acute and chronic medical disorders. The obstetric physician has a particular interest in the management of gestational syndromes, especially pre-eclampsia. Clinics are also held at other maternity units within the North Central London Maternity Network – The Whittington Hospital, The Royal Free Hospital, and a virtual clinic to support Barnet and North Middlesex hospitals.

Oxford University Hospitals NHS Foundation Trust (OUH)

More than 7000 babies are born in the John Radcliffe Hospital Women's Centre every year. The Silver Star Service is a multidisciplinary team including obstetrician physicians, maternal fetal medicine subspecialty obstetricians, specialty physicians, psychological medicine, high risk midwifery and obstetric anaesthetics. We care for women in pregnancy with pre-existing medical conditions as well as conditions which arise during pregnancy. The service includes weekly joint obstetric medicine/cardiology MDT and clinic, weekly MDTs of all high risk patients, perinatal medical health clinic, general obstetric medicine clinics as well as a rapid access obstetric medicine clinic for urgent review of women with new or worsening medical symptoms and a preconception counselling service.

Queen Charlotte's & Chelsea Hospital

As part of Imperial College Healthcare Trust, the maternity unit at Queen Charlotte's & Chelsea Hospital delivers over 6000 babies per year. The de Swiet Obstetric Medicine Centre provides a multidisciplinary team approach for the management of pregnant women with any pre-existing medical disorder, in addition to pregnancy-specific medical disorders. This includes neurological, heart, endocrine/glandular, joint and connective tissue, bowel, kidney/renal, lung/respiratory, liver and metabolic disorders, haematological/blood disorders including sickle cell disease, thrombosis and coagulation problems, high blood pressure, diabetes and cancer.

Appendix II: Obstetric Medicine Credential- Educational Supervisor

1. Appointment of an Educational Supervisor

As a component of the Obstetric Medicine Credential for Higher Specialty Trainees, each clinical service provider offering the credential is required to allocate and confirm the role of a suitable consultant to act as a named Educational Supervisor for trainees undertaking the credential at that site. The Educational Supervisor should have completed training in line with the General Medical Council's *Recognition and Approval of Trainers* (http://www.gmc-uk.org/education/10264.asp), and must be on the GMC list of approved postgraduate trainers.

An Educational Supervisor is a nominated consultant (or equivalent) who has accepted the role as the individual responsible for supporting, guiding and monitoring the progress of a named trainee in the credential for a specified period of time. Every trainee should have a named Educational Supervisor and should be informed of the name of their Educational Supervisor in writing.

In advance of the credential trainee taking up their post, the Educational Supervisor should ensure that they are adequately prepared for the role to:

- Ensure safe and effective patient care throughout the credential process
- Establish and maintain an environment for learning
- Teach and facilitate learning
- Enhance learning through assessment
- Support and monitor educational progress
- Guide personal and professional development
- Continue their own professional development as an educator.

In addition, the Educational Supervisor should be familiar with the Obstetric Medicine Credential Competencies in Practice (CiPs- Table 1), areas of expertise (Table 2) and Outcome Decision Aid (Table 3). The Educational Supervisor must ensure that they have sufficient identified time agreed within their job plan to carry out the role effectively.

In some cases, a credential post may cross more than one department. The clinical service provider should ensure that the Educational Supervisor who is appointed has responsibility for liaising with the trainee's key clinical supervisors in these departments and for coordinating the feedback, support and guidance.

2. Role and responsibilities of the Educational Supervisor for Obstetric Medicine[9]

The Educational Supervisor is required to oversee the learning experience, performance and progress of the trainee and provide guidance to enable them to gain and/or enhance their skills, knowledge and attitudes to fulfil the objectives of the credential and meet the clinical service need.

Main duties and responsibilities

The Educational Supervisor should:

- ensure that the trainee gains appropriate clinical experience commensurate with the objectives of the credential;
- provide clinical guidance (supervision) as appropriate to the level and experience of the credential trainee;
- set aside protected time (normally 1 hour per week) to enable the trainee and the named Educational Supervisor to review cases, discuss progress and issues;
- provide assessment of the trainee and their progress on the credential and hold review meetings at least monthly in line with the milestones in Table 4
- ensure that they maintain an appropriate written record to enable continuity of guidance and feedback to the trainee as appropriate;
- ensure that the credential trainee provides them with a copy of all assessments they have undertaken during the programme (if paper forms are used), or that they have appropriate access to the trainee's ePortfolio

3. Supporting and guiding the Obstetric Medicine Credential Trainee

The responsibility of the credential trainee is:

- To work with the Educational Supervisor to develop and demonstrate attainment of the appropriate skills/knowledge/attitudes sought from the credential and in line with the GMC's *Good Medical Practice* within the agreed timeframe
- To provide satisfactory evidence of their progress for review by the Educational Supervisor and External Reviewer

It is suggested that the Educational Supervisor adopts the following practices to facilitate achievement of the objectives for the credential in Obstetric Medicine:

[9] Based on the original documentation *'Post-CCT Fellowships Guidelines- Educational Guide'* created by the JRCPTB

Ensuring safe and effective patient care throughout the credential

The Educational Supervisor should ensure that:

- the credential trainee has appropriate departmental/team(s) induction;
- the health, wellbeing and safety of patients is maintained at all times;
- credential trainees are involved in service improvement;
- educational interventions are used to improve patient care

Establishing and maintaining an environment for learning

The Educational Supervisor should:

- be proactive in encouraging the credential trainee to share their views on their experience;
- establish a learning community within their department and/or in relevant areas of the organisation;
- monitor, evaluate and take steps to address areas for improvement in the trainee's education and learning;
- ensure that the trainee is exposed to appropriately skilled teachers and supervisors;

Teaching and facilitating learning

The Educational Supervisor is expected to:

- demonstrate exemplary subject knowledge and skills;
- help the credential trainee to further develop their self-directed learning;
- encourage and facilitate reflective learning;
- understand and be able to apply educational frameworks to the credential trainee's individual needs;
- ensure that the trainee is able to make contributions to clinical practice as appropriate, and in line with the level of their performance and competence

Enhancing learning through assessment

The Educational Supervisor should:

- plan and/or monitor assessment opportunities to support the development of the trainee and to meet the level and standard expected from attainment of the Obstetric Medicine credential;

- understand and apply assessment frameworks which are relevant to assessment of the trainee's skills, knowledge and attitude and complement the normal revalidation process as outlined in the GMC's *The Good Medical Practice Framework for Appraisal and Revalidation* (http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf

- provide regular feedback to the trainee that is clear, focussed and aimed at enabling them to improve specific aspects of their performance

Supporting and monitoring educational progress

The Educational Supervisor is expected to:

- Explore and agree a learning contract and professional development plan with the trainee at the beginning of the credential;

- understand the clinical and core component aspects of the credential and how these might be achieved;

- identify learning and clinical service needs and discuss and gain agreement from the trainee on the objectives to be met;

- facilitate opportunities for a wide-range of relevant learning opportunities and to support the trainee in accessing these, where appropriate;

- review and monitor the credential trainee's progress through regular, timetabled meetings;

- ensure that appropriate written records are maintained and shared with the trainee to enable appropriate feedback and guidance and to provide a record of progress throughout the credential which enables the trainee to recognise strengths and to address areas of concern;

- provide guidance, and monitor the development of the trainee's portfolio (it is the trainee's overall responsibility to ensure that their portfolio is maintained and developed and that all supporting documentation is included);

- respond effectively and efficiently to emerging problems with a trainee's progress, liaising with their clinical supervisors for constructive feedback, as appropriate;

- be proactive in seeking opportunities for support and guidance for trainees whose learning needs are outside the scope and responsibility of the educational guide

Guiding personal and professional development

The Educational Supervisor should:

- ensure that the credential trainee takes part in multi-source feedback;
- provide guidance on the development of a portfolio and the overlap with the appraisal and revalidation process;
- provide guidance on the wider national context of professional development for doctors;
- act as a positive role model and to continue to develop own skills and techniques relevant to clinical service and personal and professional development

Continuing own professional development as an educator

The Educational Supervisor is expected to:

- participate fully in local appraisal, validation and educational development activities;
- actively evaluate own practice and act on formal (e.g. appraisal) and other (e.g. views of colleagues, patients, trainees, fellows) feedback received;
- develop and act on a personal development plan

Appendix III: Obstetric Medicine Credential- External Reviewers

1. External reviewing and quality assurance

External reviewing provides a means of ensuring the highest academic standards are maintained on the RCP Obstetric Medicine Higher Specialty Trainee Credential and is an important part of the process of ensuring objectivity and fairness for the doctors undertaking the credential.

2. Appointment of External Reviewers

As a component of the Obstetric Medicine RCP Credential for Higher Specialty Trainees, suitable persons should be appointed to the role of External Reviewer. The following are criteria for appointment:

- External Reviewers must be from outside the Obstetric Medicine training centre(s) where the trainee has undertaken obstetric medicine credential training
- External Reviewers must not provide direct supervision on the Higher Specialty Trainee Obstetric Medicine credential during the period of the trainee's credential training[10]
- External Reviewers must be experts in the area of Obstetric Medicine
- External Reviewers must meet any specified qualification requirements of the professional, statutory and regulatory bodies
- External Reviewers will be asked at the time of appointment, or continuation in appointment, to declare any interest in or connection with any doctor or staff on the credential for which they are acting as External Reviewer whether that interest or connection is personal or professional. If such an interest or connection exists, the External Reviewer in question should not be appointed.
- After serving a period of four consecutive years, an External Reviewer is not eligible for reappointment in the same training centre for a period of five years
- Continue own professional development as an External Reviewer

3. Role and responsibilities of the External Reviewers for the RCP Obstetric Medicine Credential

Role purpose – First External Reviewer

The first External Reviewer is required to examine the portfolio of work of each physician undertaking the credential and make a judgment as to whether they pass or fail, or require an extension.

The External Reviewer is allocated by the approved training centre at the start of the Obstetric Medicine credential.

[10] Normally 12 months prior to assessment submission but this period may have been extended in line with credential regulations, see page 21

Main duties and responsibilities

Review the quality of the doctor's portfolio and logbook to judge whether they have met all relevant criteria

- Provide a mark of **pass** or **fail** or **recommend extension**
- Follow and apply all relevant criteria when assessing a doctor's portfolio of evidence and logbook
- Liaise with the Educational Supervisor as appropriate
- Provide feedback on assessment decisions to the Educational Supervisor and External Reviewers as appropriate
- To ensure that an appropriate written record is maintained to enable continuity of process

Role purpose – Second External Reviewer

The second External Reviewer is required to make a judgement in cases where there is disagreement between the Educational Supervisor and the first External Reviewer as to the mark awarded, or the granting of an extension.

Main duties and responsibilities

- Review the quality of the doctor's portfolio and logbook to judge whether they have met all relevant criteria
- Provide a mark of **pass** or **fail** or **recommend extension**
- Follow and apply all relevant criteria when assessing a doctor's portfolio of evidence and logbook
- Liaise with the Educational Supervisor and first External Reviewer as appropriate
- Provide feedback on assessment decisions to the Educational Supervisor and External Reviewer, and, if appropriate, to the RCP.
- To ensure that an appropriate written record is maintained to enable continuity of process

Appendix IV: Form B- Confirmation of Trainee Details

Confirmation of Trainee Details for Higher Specialty Trainee Obstetric Medicine Credential
Please complete in BLOCK CAPITALS

Part 1- to be completed by trainee

Full Name _____

GMC Number _____

Email (NHS email preferred) _____

Current grade/Job title _____

Usual place of work _____

Approved Training Centre for Credential _____

Start date of credential _____

Full time / Less than full time (circle as appropriate)

Signed _____

Part 2- to be completed by Educational Supervisor

I can confirm that:

☐ The trainee named above meets eligibility criteria to undertake the Higher Specialty Trainee Credential in Obstetric Medicine

☐ An External Reviewer (ER) has been appointed by the Training Centre

Name of ER: _____

☐ I am the Educational Supervisor for the above-named trainee

Proposed completion date for credential (*pro rata* for LTFT trainees):_____

Signed (Educational Supervisor)_____

Print name _____

Job title _____

Date _____

Once completed, please return to the Assessment Unit at RCP London (obstetricmedicine@rcplondon.ac.uk)

Appendix V: Abbreviations

ACAT	Acute care assessment tool
CbD	Case-based discussion
CiP	Capability in practice
DOPS	Direct observation of procedural skills
EA	Educational Supervisor
GMP	Good Medical Practice
GPC	Generic Professional Capabilities
HST	Higher Specialty Trainee
MCR	Multiple consultant report
MEmO	Medical Emergencies in Obstetrics (Course)
Mini-CEX	Mini-clinical evaluation exercise
mMOET	Managing Medical and Obstetric Emergencies and Trauma (Course)
MSF	Multi-source feedback
PDP	Professional development plan
RCA	Root cause analysis
QIPAT	Quality improvement project assessment tool
SLE	Supervised learning event
TO	Teaching observation
WPBA	Workplace-based assessment

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