QRGP Prevocational Training Program: obstetrics and gynaecology training outcomes

Learning objectives

Obstetric & Gynaecological Care

RG prevocational doctors require experience in assessing and caring for women presenting for obstetric, gynaecological, and women's health issues. Learning activities include:

- the assessment and management of a woman presenting with gynaecological or obstetric problems.
- provision of contraceptive advice.
- diagnosis of pregnancy and urinary pregnancy testing.
- antenatal and postnatal care.
- the assessment and management of a woman presenting in labour.
- palpation of a pregnant abdomen, including foetal heart detection.
- vaginal and speculum examination, endocervical swab and pap smear.
- breast examination.

10-week placements are highly desirable, 5-week placements are acceptable.
This placement would be suitable for perioperative care experience.

QRGP Prevocational Logbook

The QRGP Prevocational Logbook obstetrics and gynaecological skills are outlined below. Logbook items marked in blue are also suitable for an Entrustable Professional Activity (EPA). While it is not a requirement, trainees seeking out a supervisor to sign off these logbook items, may wish to consider asking their supervisor to undertake an EPA at the same time as this would substantially enhance the learning obtained from this episode of care.

Obstetrics & Women's Health

A - Prevocational doctor operating independently – demonstrate on a real patient
Urethral catheterisation in female
Perform foetal heart sound detection
Fundal height assessment
Perform urine pregnancy test and manage the finding Note: This activity is suitable for EPA1
Conduct ante-natal visit Note: Depending on the scenario, this activity may be suitable for EPA1 or 2
Conduct post-natal visit Note: This activity is suitable for EPA1
Conduct well baby check Note: This activity is suitable for EPA1
Manage post-natal mental health issues Note: This activity is suitable for EPA1
B - Performed to a pass standard in a certified course in a simulated environment
Manage shoulder dystocia
Manage normal delivery However, if this activity is undertaken in a clinical situation, it would be suitable for EPA1, 3 or 4

EPAs

As in any 10-week clinical placement, the Australian Medical Council (AMC) requires two EPAs: EPA1 plus one of either EPAs 2, 3 or 4.

EPA 1 – Clinical Assessment	e.g. Clinical assessment, of a patient presenting with a gynaecological or obstetric problem
plus one of either:	
EPA 2 – Recognition and care of an acutely unwell patient	e.g.: • Acutely unwell patient presenting with a gynaecological or obstetric problem. • First antenatal visit[1]. • Assessment of a woman in labour[1].
OR	
EPA 3 – Prescribing	e.g.: • Provide contraceptive advice and prescribe appropriate options. • Prescribe Rx (e.g. medication, fluid or blood) for a O&G condition.
OR	
EPA 4 – Handover	e.g.: • Documentation, handover of care, or referral within the facility • Discharge, or transfer of care to another facility

Many of the items listed in the QRGP Prevocational Logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the QRGP Logbook can and are encouraged to be undertaken. While undertaking EPAs of Logbook items is not a QRGP requirement, the list does provide Rural Generalist trainees valuable guidance on the types of everyday clinical tasks that are important for vocational training and can assist to meet EPA requirements.

The QRGP recommends that two anaesthetic, two O&G and two paediatric EPAs are undertaken during prevocational training. These EPAs do not necessarily need to be undertaken during dedicated anaesthetic, O&G or paediatric terms. Rather, they can be undertaken in any clinical placement providing the appropriate opportunity and supervision.

The QRGP has provided four examples of suitable obstetric and gynaecological EPAs (unrelated to the QRGP Logbook) overleaf to assist trainees to identify suitable cases and understand the standard that is expected**.** *These are intended as a guide to fulfilling the AMC's two EPAs per term requirement.*

[1] The initial antenatal assessment, or a woman in labour, are suitable for EPA2. They necessarily involve risk assessment and appropriate management depending on the risk to mother and /or baby wellbeing.

EPA1: Patient assessment

Title	**Conduct a clinical assessment of a woman presenting with an obstetric or gynaecological problem incorporating history, examination, and formulation of a differential diagnosis, a management plan and appropriate investigations.**
Focus and Context	This EPA is based on EPA1 and applies to women presenting to a GP clinic, ED, outpatient department, for assessment and/or hospital admission, or reviewing a patient in response to a particular concern, a ward-call task, or clinical review during a ward round. *This activity may be undertaken in multiple settings (community, rural, regional and urban), including: GP clinics, emergency departments, inpatient and outpatient units and in the care of different populations.*
Description	This activity requires the ability to, where appropriate or possible to: 1. Obtain a history, including a gynaecological, reproductive and if indicated sexual history. 2. With consent and chaperone, examine the patient as indicated including breast and/or gravid uterus and/or pelvic and/or speculum and or vulval examination if indicated. 3. Perform necessary bedside investigations e.g. cervical screening, urine pregnancy test, foetal heart detection. 4. Synthesise relevant information including the patient's clinical record, social circumstances, support systems, clinical assessments, investigations, facility protocol, guidelines and literature. 5. Develop provisional and differential diagnoses and/or problem lists. 6. Produce and communicate a plan for further investigation and management, involving senior colleagues where appropriate, including documentation and indications for review.

EPA2: Risk assessment of a woman presenting for care during pregnancy

Title	**Assess clinical and situational risk, identify unstable or potentially unstable scenarios and escalate if indicated. Examine, investigate, diagnose and manage a woman presenting for care during pregnancy.**
Focus and Context	This EPA is based on EPA2 and applies to pregnant women presenting to a GP clinic, ED, outpatient department, for assessment and/or hospital admission. The woman does not necessarily need to be critically ill. Rather the presentation requires a structured assessment of the clinical or situation risk to inform the development of an appropriate and safe management plan in the context in which the woman presents. For example: • Initial antenatal visit • In labor • Acutely unwell (e.g. abdominal pain, PV bleeding, fever) The critical aspects that differentiate it from EPA1 is that the prevocational doctor needs to: 1. Undertake a risk assessment, identify scenarios that place the mother or baby at risk, or potential risk, examine, investigate, formulate a diagnosis and a management plan for ongoing care 2. Recognise the acutely unwell and/or deteriorating patient, act immediately, demonstrating a timely approach to management. 3. Identification of women who are not suitable for antenatal or intrapartum care in the facility they presented to. 4. Anticipate patients requiring urgent transfer to another facility and notify retrieval services and receiving hospital. *Perform this activity in multiple settings (urban, regional or rural or community), including inpatient and ambulatory care settings or in emergency departments, in- and after-hours.*
Description	This activity requires the ability to, as appropriate and where possible: 1. Recognise clinical and situational scenarios that place the mother and baby at risk, or potential risk. 2. Recognise scenarios that are not suitable for care in the facility the woman presented to. 3. Recognise clinical deterioration, acutely unwell or at risk pregnant women. 4. Seek appropriate assistance and follow local processes for escalation of care. 5. Respond by initiating immediate management. 6. Communicate critical information in a concise, accurate and timely manner to facilitate decision-making. 7. If required commence resuscitation, and involve other necessary services, such as intensive care or retrieval services.

EPA3: Contraceptive advice

Title	**Provide contraceptive advice and discuss appropriate options given patient need and circumstances.**
Focus and Context	This EPA is based on EPA3 and applies in any clinical context but the critical aspects are to either: 1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product. 2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate for the patient. *Perform this activity in multiple settings (urban, regional of rural) including inpatient and ambulatory care settings or emergency departments.*
Description	This activity requires the ability to, as appropriate and where possible: 1. Explore clinical and social circumstances. 2. Review medical, O&G and contraceptive histories. 3. Identify any contraindications, adverse effects or interactions with existing therapies. 4. Undertake a physical and or gynaecological examination if indicated. 5. Explain and discuss options with the patient. 6. Choose appropriate contraceptive method in collaboration with the patient. 7. Where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration. 8. Provide instruction on medication administration, effects and adverse effects using appropriate resources. 9. Address any patient concerns about benefits and risks, and, as appropriate, seek advice and support to address those concerns. 10. Write an accurate and clear prescription.

EPA4: Documentation, handover and referral of a pregnant woman

Title	**Referral or handover care of a pregnant woman to another health care provider, including concise and accurate verbal handover, and documentation to ensure ongoing continuity of care.**
Focus and Context	This EPA is based on EPA 4 and applies to the transfer of care of a pregnant woman across a health sector boundary (e.g. private specialist, outpatient department, emergency department, inpatient unit or another hospital). Critical aspects are to: 1. Provide effective, accurate and concise verbal or oral handover of care. 2. Produce timely, accurate and concise documentation. 3. Provide appropriate administrative and social support for the woman and her family, and where indicated, expedite retrieval and/or transport. *Perform this activity in multiple settings including general practice, hospital emergency department, outpatient clinic or inpatient unit.*

Description	This activity requires the ability to:
	1. Communicate effectively to:
	• ensure continuity of care.
	• share patient information with other health care providers and multidisciplinary teams in conjunction with referral or the transfer of responsibility for patient care.
	• use local agreed modes of information transfer, including oral, electronic and written formats to communicate:
	  • patient demographics.
	  • a concise medical history and relevant physical examination findings.
	  • current problems and issues.
	  • details of relevant and pending investigation results.
	  • medical and multidisciplinary care plans
	  • planned outcomes and indications for follow-up.
	2. Document effectively to:
	• enable other health professionals to understand the issues and continue care.
	• produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation.
	• produce accurate records appropriate for secondary purposes.
	• complete accurate medical certificates.
	• appropriate use of clinical handover tools.

ACRRM Obstetric & Gynaecological Prevocational Training Requirements

While a 10-week obstetric and gynaecological prevocational clinical experience is an ACRRM prevocational training requirement, it is a valuable experience for all QRGP prevocational trainees. Accordingly, all QRGP are required to undertake an obstetric clinical experience.

While ACRRM provides alternate options for trainees to acquire the prerequisite skills, trainees, supervisors and training hospitals should be aware that trainees are expected to achieve the same level of competency and capability in other ways. The concession to allow five week placements comes at some inconvenience to trainees, who must undertake supplementary training to comply with college fellowship curriculum requirements. It can be particularly problematic for trainees to fulfil these requirements once they have left the hospital training environment. Training hospitals, supervisors and trainees have a shared responsibility to proactively ensure trainees have the clinical opportunities they need to fulfil college training requirements.

Prevocational doctors who do not undertake a 10-week obstetric and gynaecological placement (e.g. a 5-week O&G placement or PIERCE) will need to provide:

1. Their end of term assessment
2. A log of 25 antenatal and 25 postnatal cases using the ACRRM Case Log Proforma: https://www.acrrm.org.au/docs/default-source/all-files/case-log-proforma.docx?sfvrsn=c8109feb_14
3. Demonstrate they have obtained the required capabilities in intrapartum care by either:
   - providing evidence they have obtained sufficient experience of deliveries
   - completing one of the following simulation courses:
     - Rural Emergency Obstetrics Training (REOT)
     - Preparation in Maternity Safety (PIMS)
     - CRANA Maternity Emergency Care Course

Please refer to the ACRRM Fellowship Training Program Handbook for further details on strategies to meet the obstetric and gynaecology prevocational training requirement prior to Fellowship : https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_45