

OBSTETRICS AND GYNAECOLOGY RESIDENCY

TRAINING REQUIREMENTS

(A) INTRODUCTION

- **Definition and Scope**

The surgical specialty of obstetrics-gynaecology focuses on reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation, and referral.

- **Duration of Training**

The education in obstetrics-gynaecology is spread over a minimum of 6 years (R1 – R6), with an intermediate examination (MMED examinations/MRCOG or its equivalent) taken after the first four years of training.

Entry into the residency programme would require the completion of Transitional Year or PGY1.

(B) PROGRAMME OVERVIEW

- 48 months of training that is accredited by ACGME-I (R1-R4)
- 24 months of training that is accredited by JCST

(C) TRAINING REQUIREMENTS R1 – R4

1. Clinical / Operative Experience

The 48-month clinical training program includes the following:

1. Thirty-two months spent on clinical assignments in the essential content of obstetrics and gynecology, including labor and delivery, surgical gynecology, gynecologic oncology, and reproductive endocrinology and infertility.
2. Each resident must have experience with a variety of procedures including spontaneous and operative vaginal delivery, cesarean section, laparotomy, laparoscopy, hysteroscopy, vaginal surgery, incontinence and gyn oncology.
3. For at least 30 months throughout the four years of education, residents should develop and maintain a continuing physician- patient relationship with a panel of patients, at least half-day per week.
 - a. The continuity of care clinics must not be interrupted for longer than two months in any of these four years.
 - b. Residents should be provided opportunity on at least a weekly basis to return to the parent institution for their continuity clinic experience.
4. The program must ensure that residents' clinical experience emphasizes appropriate involvement in the process that leads to selection of the surgical option, the preoperative assessment, and the postoperative care of the patients for whom they share surgical responsibility.
 - a. Continuity of care of these patients must be documented.
5. A minimum of six additional months must be spent in other primary and preventive care settings relevant to the healthcare of women, such as obstetrical high-risk clinic, family medicine rotation, internal medicine ambulatory assignment, or emergency medicine rotation.

Following shows a summary of the rotation schedules of O&G residents by Year of

residency in the 2 Sponsoring Institutions:

SingHealth (SHS)

Year	Months OB	Months GYN	Months Ambulatory Clinic
Ob Gyn Yr 1	3.5	2.5	5
Ob Gyn Yr 2	5	5	2
Ob Gyn Yr 3	3	5	3
Ob Gyn Yr 4	2	9	2
Total	13.5	21.5	12

****Remarks:**

Only the general O&G clinic months (i.e. Clinic month, O&G 24 Hours' Clinic and Ultrasound Clinic month) and the weekly continuity clinic are included in the calculation of the above ambulatory clinic months. The Continuity Clinic is a half-day weekly session spreads over about 40 weeks every year. As such, it is equivalent to roughly 20 full days (1 month) clinic experience per year.

Sub-specialties outpatient clinics are not counted in this calculation.

National University Health System (NUHS)

Year	Months OB	Months GYN	Months Ambulatory Clinic
Ob-Gyn Yr 1	5	4	12
Ob-Gyn Yr 2	4	5	12
Ob-Gyn Yr 3	4	4	10
Ob-Gyn Yr 4	5	4	10
Total	18	17	44

Upon completing the ACGME-I training programme, residents are expected to master clinical knowledge and skills in:

- General Obstetric aspects including preconception health screening, antenatal care, intrapartum care, and postnatal care, and
- General gynaecological aspects including health screening for women for gynaecological and breast malignancies, management of common gynaecological problems e.g. menstrual disorders, menopause, pelvi-abdominal masses, uterine fibroids, ovarian cysts, endometriosis, urinary prolapse and urinary complaints, management of unintended pregnancies, contraceptive services, management of menopause e.g. symptoms, use of hormone replacement therapy and prevention and detection of osteoporosis, and emergency obstetric & gynaecological consultations at the O&G 24 hours clinic.

ACGME Case Log's Minimum Requirement

Following is the minimum number set by the ACGME to be logged into the residents' case log for each category, which the program will use it to benchmark against the residents' case log performance:

Category of Procedure	Minimum number of cases
1. NVD	200
2. Operative Vaginal Delivery	15
3. C-section	145
4. Abortions	20
5. Hysteroscopy	40
6. Laparoscopy	60
7. Cystoscopy	10
8. Incontinence and Pelvic Floor Procedures	25
9. Invasive Cancer Surgery	25
10. TVH	15
11. TLH	20
12. TAH	35
13. Transvaginal US	50

2. Regularly Scheduled Didactic Sessions

Residents are required to attend educational activities of program to increase resident's knowledge bases and attendance will be taken. Each sponsoring institution has a different didactic program schedule for its own residents. SHS OBGYN didactics (National Training Program) are scheduled on Friday afternoons. NUHS OBGYN didactics are scheduled daily from 0730hrs to 0830hrs; in addition, NUHS conducts numerous subspecialty modular workshops on certain weekends of the year. Attendance at these meetings is compulsory unless the resident is on leave. A minimum attendance of 75% is required for all the scheduled didactics. Records of attendance will be provided to resident periodically as part of their overall performance evaluation.

Please refer to Annex A for the Regularly Scheduled Didactic Sessions at SHS and NUHS

3. Scholarly Activities

The program emphasizes a focus on commitment to scholarly activity in the area of research under the direction of a faculty mentor. There will be an appropriate balance between structured educational activities, including didactic lectures, clinical learning and patient care responsibilities.

(D) TRAINING REQUIREMENTS R5 – R6

1. Foundational Requirements

The R5-R6 years must be in compliance with ACGME-I's Foundational Requirements.

Foundational requirements for O&G can be found at: <http://www.acgme-i.org/web/requirements/internationalfoundational.pdf>

2. Program Overview

This consists of 24 months of residency training that is accredited by JCST.

3. Specialty Specific Requirements

a) Postings required in R5 and R6

Postings	Duration
Maternal Fetal Medicine	6 months
Benign Gynecology	6 months
Reproductive Endocrinology	6 months
Gynecological Oncology	6 months

b) Minimum thresholds for case logs in R5 and R6

Procedure	Minimum thresholds
Cesarean section	20
Instrumental delivery	10
Ectopic pregnancy	10
Open ovarian cystectomy	5
Laparoscopic ovarian cystectomy	15
Vaginal hysterectomy	10
Pelvic floor repair / incontinence procedure	10
Abdominal hysterectomy	20
Open Myomectomy	10
Diagnostic laparoscopy	15

c) Didactic Sessions

R5 and R6 residents have to attend regular didactic sessions conducted by their respective sponsoring institutions. Attendances at the didactics are recorded and will be presented at assessment meetings for promotion. A minimum 75% attendance is mandatory.

d) Scholarly activity

R5 and R6 residents are encouraged to publish 1 peer reviewed paper as the first author in a peer reviewed journal.

4. Resident Competencies

	R5	R6
1. Patient Care	Demonstrates comprehensive understanding of the vary patterns of presentation and treatment options for a variety of OBGYN conditions. Recognizes atypical presentations of OBGYN conditions; identify indications for consultation, referral, and / or transfer of care for patients with complications. Effective supervises and educates lower level residents in OBGYN care. Collaborates	Manages patients with complex and atypical OBGYN conditions and complications. Applies innovative approaches to complex and atypical OBGYN conditions and implements treatment plans based on emerging evidence.

	and provides consultation to other members of the OBGYN health care team.	
2. Medical Knowledge	Demonstrates advanced knowledge necessary for management of OBGYN conditions. Effectively supervises and educates lower level residents regarding OBGYN conditions. Collaborates and provides consultation to other members of the OBGYN team regarding care of patient. Manages or co-manages critically ill OBGYN patients.	Applies innovative approaches to complex and atypical OBGYN cases. Implements treatment plans based on emerging evidence.
3. Practice-based Learning and Improvement	Tailors evidence based practice based on the values and preferences of each patient. Reads and assesses strength of evidence in current literature and applies it to one's own practice. Analyses his or her own outcomes as compared to national standards.	Designs a hypothesis-driven or hypothesis-generating study. Contributes to peer reviewed medical literature.
4. Interpersonal and Communication Skills	Delivers bad news to families about complications or death. Capable of informing patients and families about a medical error that caused harm. Incorporates risk management in the process. Role models effective communication to junior colleagues. Participates in education of patients and families. Leads inter professional and interdisciplinary health care teams to achieve optimal outcomes. Leads effective transitions of care and team debriefing. Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team.	Capable of effective communication in the most challenging situations, and invites participation from all stakeholders. Educates other health care professionals regarding OBGYN. Provides effective consultation in complex and atypical patients.
5. Professionalism	Consistently models compassion, integrity and respect for others. Coaches others to improve compassion, integrity, and respect for patients. Coaches	Assumes long term or leadership role in community outreach activities to improve health of vulnerable populations. Participates in institutional or community

	others to improve punctuality and responsiveness; offers assistance to ensure patient care duties are completed in a timely fashion. Demonstrates self-awareness of fatigue and stress, and mitigates the effects.	peer counselling related to professionalism.
6. Systems-based Practice	Reports errors and near misses to the institutional surveillance system and superiors. Recognizes when root cause analysis is necessary and is capable of participating in root cause analysis. Actively participates in quality improvement / patient safety projects.	Contributes to peer reviewed medical literature. Organises and leads institutional QI / patient safety projects.

(E) LOG OF OPERATIVE / CLINICAL EXPERIENCE

All residents must keep a log of their operative / clinical experience in the logbook and logcharts assigned.

The log book provides information on:

- case management data – patients managed, operative procedures, case mix, etc;
- educational activities - including teaching, research, publications, presentations at meetings, attendance at courses, workshops and seminars;
- administrative and non-clinical work directly related to that specialty.

(F) ASSESSMENT AND EXAMINATIONS

I. Supervisors Assessment

The supervisor's evaluation of the resident should be performed at the end of every rotation using the designated form.

II. Feedback

Residents should perform a yearly evaluation of teaching faculty and the training programme using the designated forms. These forms must be submitted to the RAC and kept absolutely confidential.

III. Examinations

R1	R2	R3	R4	R5	R6
• CREOG In-Training Examination	• CREOG In-Training Examination	• CREOG In-Training Examination	• CREOG In-Training Examination • MRCOG	• CREOG In-Training Examination	

(G) CHANGES IN TRAINEESHIP PERIOD AND LEAVE OF ABSENCE

I. Changes in Training Period

Residency should be continuous. If a training programme is interrupted for any reason whatsoever, the RAC may at its discretion, require the resident to undergo a further period of training in addition to the minimum requirements of the programme or terminate the residency altogether. All residents are required to conform to the residency training plan as approved by the RAC and complete all the exit and training requirements within the maximum candidature.

II. Leave Of Absence

All residents are to comply with the prevailing MOH policy on Leave of Absence.

III. Overseas Postings

Overseas attachment during Senior Residency training is not permitted with the exception of Radiation Oncology and Neurosurgery (*refer to JCST Circular 114/14*).

Didactic Sessions - SHS

Name Of Activity	R/RS/O	Frequency Per Month
National Training Program	R	4
High Risk Consult	RS	4
Birth Defect Meeting	RS	4
Reproductive Medicine Journal Club	RS	1
Urogynecology Journal Club	RS	1
Tumor Board	RS	4
Labor Ward Journal Club	RS	4
Cesarean Section Audit	RS	4
Cytopathological Conference	O	1
Grand Ward Rounds	O	4
Practice-Based Learning and Improvement/ Systems-Based Practice/ Basic Teaching Session	O	1 1-2

Didactic Sessions – NUHS

Name Of Activity	R/RS/O	Frequency Per Month
Obstetric M&M Meeting	R	1 except Jun & Dec
Gynecology M&M Meeting	R	1 except Jun & Dec
OSCE	R	2 per month
Guideline Review	R	2 per month
Science Tuesday	R	4 except Jun & Dec
OBGYN Grand Round	R	4 except Jun & Dec
Journal Club	R	1 except Jun & Dec
Perinatal Meeting	R	1 except Jun & Dec

June MRCOG Tutorials	R	10 in Jun
Dec MRCOG Tutorials	R	10 in Dec
PROMPT Practical Obstetric Multi professional Training	R	Run 4 times per year. Resident attends 1 course a year.
Hysteroscopy workshop	R	Once annually
Laparoscopy workshop	R	Once annually
MIS (Minimally invasive surgery) module	R	2 to 3 times a year
MRCOG OSCE Course	R	Runs annually in Singapore. For R4 only
Anatomy of Complications Workshop	R	Runs twice annually. Resident attends 1 course during residency training

Didactic Sessions – NUHS (continued)

Name Of Activity	R/RS/O	Frequency Per Month
Benign gynecology meeting	RS	4
Tumor Board Meeting	RS	4
Reproductive Endocrinology Meeting	RS	4
O&G Risk Management	RS	1
Gynecology US Didactics	R	Every 6 months – 6 sessions
Robotics Surgery Training	R	4 per year
Contraceptive Workshop	R	2 per year

Legend:

Activities is required (R), optional (O), or required of residents only when they are on particular services (RS).