

Entrustable Professional Activities (EPAs)

List of EPAs for Obstetrics and Gynaecology

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Managing Uncomplicated Pregnancies During the Antenatal, Intrapartum and Postpartum Periods	Level 4
EPA 2: Managing Complicated Pregnancies During Antenatal, Intrapartum, Postpartum Periods	Level 4
EPA 3: Managing Foetal Chromosome Anomalies	Level 4
EPA 4: Managing Women with Obstetrics Emergencies	Level 4
EPA 5: Managing Women with Acute Gynaecological Conditions (Including Sepsis) and Early Pregnancy Problems	Level 4
EPA 6: Managing Women with Benign Gynaecological Conditions in an Ambulatory setting	Level 4
EPA 7: Managing Women Requesting Termination of Pregnancy, Contraception and Those Presenting with Sexually Transmitted Infections (STIs)	Level 4
EPA 8: Managing Women with Menopausal Issues	Level 4
EPA 9: Managing Women with Periprocedural complications (including Sepsis)	Level 4
EPA 10: Managing Subfertile Couples	Level 4
EPA 11: Managing Women with Uncomplicated Pelvic Organ Prolapse and Incontinence Problems	Level 4
EPA 12: Managing Initial Presentation of Women with Suspected Preinvasive and Invasive Gynaecological Cancers	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Be present and observe, but no permission to enact EPA
Level 2	Practise EPA with direct supervision
Level 3	Practise EPA with indirect supervision
Level 4	Unsupervised practice allowed
Level 5	May provide supervision to junior learners during training

Obstetrics and Gynaecology EPA 1

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Title	Manging Uncomplicated Pregnancies During the Antenatal, Intrapartum and Postpartum Periods
Specifications and limitations	The resident demonstrates understanding of the antenatal period, mechanism of labour, and postpartum period. He/she can carry out routine management of low-risk women in uncomplicated pregnancies, labour, and the postpartum period. The resident should have comprehensive understanding of varying patterns of presentations and should be able to identify evolving complications. • Conducts a booking visit, takes a comprehensive history of antenatal risk factors, and arranges appropriate investigations including vaccination status • Counsels regarding aneuploidy screening, foetal anomaly screening scan, foetal growth scan, GBS screening, and relevant vaccinations • Conducts a follow up antenatal visit • Carries out a comprehensive assessment of women presenting in labour including identification of risk factors. • Assesses the foetal wellbeing by interpreting cardiotocography (CTG) during antenatal period and labour • Counsels women with options of analgesia during labour • Formulates plan of subsequent care following delivery • Carries out appropriate assessment and management of women with uncomplicated postpartum period • Provides guidance on breastfeeding and initiates management / refers women with breastfeeding problems appropriately • Counsels women about common contraceptive options in the postpartum period • Arranges appropriate follow up plans • Works within the framework of multidisciplinary team • Uses appropriate referral pathways and local protocols This EPA is a fundamental requirement for all residents to achieve Level 4 within Junior Residency, as residents at this level are expected to manage low-risk pregnancies, labour, and postpartum patients. While residents are expected to achieve Level 4 by residency year 4, an additional Entrustment-based Discussion will be conducted in year 6 to ensure the entrustment level is maintained throughout years 5 and 6. This entrustment includes the resident's recognition of his/her personal limitations in knowledge and skills when managing such patients and can recognise early patient's developing possible complications leading to involvement of multidisciplinary team, referrals to /seeking help from subspecialties and other relevant specialties. Limitations: This document is intended to address the scope of practice of an obstetrician in providing comprehensive care to low risk women during uncomplicated antenatal period. A summative entrustment decision for this EPA is applicable only to uncomplicated and low risk pregnancies. Examples of exclusion from this entrustment include women with risk factors and complicated pregnancy at risk of developing complications during antenatal, intrapartum or postpartum period. This EPA also excludes women with complications. The resident should however be able to recognise evolving complications and seek appropriate help from seniors.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 2

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Title	Managing Complicated Pregnancies During the Antenatal, Intrapartum, Postpartum Periods
Specifications and limitations	The resident demonstrates the ability to identify high-risk and complicated pregnancies, understanding of the complicated antenatal period, mechanisms of normal and abnormal labour, and of the puerperal period. The resident also demonstrates comprehensive understanding of varying presentations and treatment options for complicated pregnancies, competence in managing antenatal and intrapartum care of high-risk pregnancies, and the ability to identify and manage evolving complications of labour and the puerperium. • Performs pre-pregnancy counselling regarding risk factors, optimising health and chronic medical condition, arranging for multidisciplinary consultations as appropriate e.g. in women with chronic hypertension and pre-existing diabetes who are planning pregnancy, and carry out appropriate assessment and management of women with a complicated antenatal history. • Conducts a booking visit, take a comprehensive history of pre-existing and evolving antenatal risk factors, arranges appropriate investigations to assess these conditions, counsels on aneuploidy, microdeletion and structural anomaly screening, prenatal genetic diagnoses, serial surveillance of foetal growth, and conducts suitable follow-up at the high-risk and multidisciplinary clinics. • Manages acute presentations of complex antenatal pathology (with remote supervision) for e.g. hyperemesis gravidarum, imminent eclampsia, severe pre-eclampsia, diabetic ketoacidosis, hepatorenal compromise, haematological disorders. • Conducts a comprehensive assessment of women presenting in labour including identification of intrapartum risk factors e.g. maternal pyrexia, malpresentation, assesses foetal-wellbeing by interpreting CTG in complex scenarios, offers appropriate intrapartum analgesia based on the benefits of each type of analgesia, and assesses the situation as a whole to derive a detailed diagnosis and plan management, including mode and timing of delivery. • Recognises acute and delayed-onset puerperal complications, investigates and manages these appropriately if they present early e.g. postpartum haemorrhage, obstetric trauma, and uterine inversion, or late e.g. venous thromboembolism (VTE), puerperal sepsis and wound complications. • Assesses and interprets results of investigations e.g. arterial blood gas (ABG), venous Doppler, CT pulmonary angiogram (CTPA) for suspected VTE, and formulates an initial management plan. • Performs appropriate surgical procedures required in postpartum period as detailed in the Skill section of this EPA. • Works within the framework of a multidisciplinary team. • Uses appropriate referral pathways and local protocols. • Provides cost-conscious care and counsels patients on appropriate and relevant contraceptive options. This entrustment includes the residents' recognition of (1) personal limitations in knowledge and skills when managing such patients, (2) developing complications and (3) the importance of early involvement of the multidisciplinary team and other relevant specialties. Limitations: This document is intended to address the scope of practice of an obstetrician in providing comprehensive care to high-risk women during the antenatal, intrapartum and puerperal periods. A summative entrustment decision for this EPA is applicable to such high-risk patients as outlined above. Exclusions from this EPA include: • Antenatal

	○ Women with rare complex pathology requiring higher level of supervision e.g. peripartum cardiomyopathy, pregnancies complicated by medical disorders unresponsive to standard treatment, pregnancy with eclampsia, and diabetes ketoacidosis in pregnancy, early onset severe intrauterine growth restriction (IUGR) and rare foetal anomalies including genetic disorders • Intrapartum ○ Life-threatening and uncommon or rare complications e.g. Maternal collapse, septic shock, major antepartum haemorrhage (APH) or PPH, morbidly adherent placenta, eclampsia, major/rare foetal anomaly, pregnancies or borderline viability • Postpartum ○ Cardiovascular collapse, life-threatening complications e.g. Disseminated intravascular coagulation (DVC), VTE, uterine inversion and rupture.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 3

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Title	Managing Foetal Chromosome Anomalies
Specifications and limitations	• Conducts pre-test counselling to a pregnant patient on her options for prenatal screening for foetal genetic conditions, including explanation of the test, benefits and limitations, potential results and turnaround time. • Conducts post-test counselling regarding the results of a prenatal screening test (e.g. nuchal translucency scan, first trimester screening, mid-trimester serum screening or non-invasive prenatal testing). This includes explaining the results in a sensitive and supportive manner and discussing appropriate management options. • Conducts counselling to a pregnant patient who has been diagnosed with a common foetal genetic condition (e.g. Trisomy 21, 18 and 13, Turner syndrome, thalassemia major, Bart's hydrops). This includes explanation of the diagnosis and prognosis of the condition, management options and appropriate referrals. • Manages a patient who has been diagnosed with a foetal genetic condition apart from those listed in point 3. This includes appropriate and time sensitive referrals to a multidisciplinary team. • Identifies and provides counselling to a patient or couple who is at higher risk of a pregnancy being affected by a genetic condition. This includes taking an appropriate personal and family history and drawing a 3-generation pedigree. • Applies ethical principles regarding counselling and manages patients undergoing prenatal screening and genetic testing Limitations: The following are not included under this EPA: • Counselling of patients requiring advanced genomic testing (e.g. targeted testing, panel testing, chromosomal microarray [CMA], whole exome sequencing [WES], whole genome sequencing [WGS]) • Management of patients diagnosed with genetic conditions other than the conditions listed in point 3 of the specification. • Counselling for preimplantation genetic testing. • Performance of invasive testing procedures (e.g. amniocentesis, chorionic villus sampling) or foetal anomaly scans.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 4

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Title	Managing Women with Obstetrics Emergencies
Specifications and limitations	The resident should understand the importance of timely recognition and asking for help early for various obstetric emergencies- maternal collapse, postpartum haemorrhage, sepsis, eclampsia, cord prolapse and shoulder dystocia; failing which there is increased risk of maternal and perinatal mortality and severe morbidity. The resident should also be able to demonstrate a comprehensive understanding of the various presentations and aetiology of these emergency conditions, have appropriate differential diagnoses and initiate appropriate management. He/she must demonstrate knowledge in the appropriate management of these various emergencies, and practical skills where applicable, including manoeuvres for delivery of the foetus. Specifically: • Performs a prompt, comprehensive but targeted assessment of the at risk mother or foetus, including a detailed history and physical examination for pregnant women presenting with signs and symptoms of suspected maternal sepsis, eclampsia and PPH. • For maternal collapse, carries out primary obstetric survey which includes gathering appropriate history from other sources, conducting physical examination and ordering relevant investigations to assess the common reversible causes of collapse such as the '4Hs' and '4Ts'. • Arrives at a reasonable list of differential diagnoses for maternal sepsis, eclampsia, postpartum haemorrhage and maternal collapse. • Orders relevant investigations that will help to distinguish these emergencies from other possible medical conditions in pregnancy, or assess severity of the condition: - Maternal sepsis: full blood count (FBC), c-reactive protein (CRP), lactate, blood cultures, vaginal swabs, relevant imaging - Eclampsia: Urine protein:creatinine ratio/24-hour total urine protein and blood tests to rule out HELLP syndrome- FBC, renal panel, liver function tests, Coagulation profile - Postpartum haemorrhage- FBC, disseminated intravascular coagulation (DVC) screen, imaging (ultrasound scan) • Formulates an appropriate treatment plan for women presenting with these Obstetric emergencies - Maternal sepsis: initiates SEPSIS SIX bundle in 1st hour - gives oxygen, IV fluids and IV antibiotics, after taking blood cultures, serial lactates and monitoring urine output. - Eclampsia: Magnesium sulphate bolus followed by infusion, anti-hypertensive for blood pressure control and expedited delivery (antenatal patients) after maternal stabilisation. - PPH: Various methods to stop haemorrhage depending on aetiology- uterotonics with chain of escalation, early treatment of haemorrhagic shock with activation of Massive Transfusion Protocol (MTP) and early recourse to surgical methods if pharmacological therapy is suboptimal – e.g., uterine artery embolization, balloon tamponade, B-lynch suture, internal iliac artery ligation, hysterectomy. - Maternal collapse: if there is no response to correctly performed cardiopulmonary resuscitation (CPR) within 4 minutes of maternal collapse or if resuscitation is continued beyond this in women more than 20 weeks of gestation, delivery via perimortem caesarean should be undertaken to assist maternal resuscitation and this should be achieved within 5 minutes of the collapse • Performs standard manoeuvres for shoulder dystocia and to reduce cord compression during cord prolapse. • Involves a multidisciplinary approach when encountering such emergencies- including but not limited to teams from anaesthesiology and critical care,

	neonatology, haematology, infectious disease, neurology, cardiology, and arranges appropriate referrals via referral pathways and local protocols. • Involves Intensive Care Unit early in the management of these emergencies that are at high risk of maternal mortality and severe morbidity. • Coordinates teamwork and transfer of care, by delegating various team members to carry out specific tasks and take up leadership role if required, especially during maternal resuscitation. • Documents in line with clinical governance, generates clinical incident forms, and highlight cases for risk management where appropriate. • Communicates with stakeholders, including detail debriefing of event and family conferences. Limitations: This document is intended to address the scope of practice of an obstetrician in providing comprehensive care to patients presenting with various obstetric emergency situations. This entrustment includes the resident's recognition of his/her personal limitations in knowledge and skills, and ability to ask for help early from a senior Obstetrician as well as obtain input from a multidisciplinary team. Some emergencies are rarer than others, such as maternal collapse. Ideally, such cases should be led by a senior obstetrician with experience in managing such grave emergencies. However, due to the unpredictable nature of the condition, a junior obstetrician in training might be the initial responder and therefore should be competent in the early management, including calling for help by activating code to get senior and multi-disciplinary involvement as soon as possible. Due to the urgency of the case, the residents should still be able to step up and undertake subsequent management including decision for and performing a perimortem caesarean section in these circumstances if senior help is not immediately available. This principle of early escalation for senior input underpins all obstetric emergencies, which even the more common conditions can escalate unpredictably and quickly in severity.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 5

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Title	Managing women with Acute Gynaecological Conditions (including Sepsis) and Early Pregnancy Problems
Specifications and limitations	This document is intended to address the scope of practice of a resident in providing comprehensive care to patients presenting with acute gynaecological problems (including sepsis) and early pregnancy problems in an emergency setting. Resident demonstrates ability to manage acute gynaecological conditions (including sepsis) and early pregnancy problems. Resident should be able to demonstrate a comprehensive understanding of varying patterns of presentation and treatment options for women presenting with such conditions. • Performs comprehensive assessment, arrives at a differential diagnosis, orders relevant investigations and formulates a treatment plan for women presenting with acute gynaecological conditions (including sepsis) and early pregnancy problems • Identifies risk factors for these conditions • Orders relevant investigations such as urine pregnancy test, full blood count, blood ABO group / Rh Typing & Antibody Screening, serum beta HCG, CRP, Renal panel, LFTs, glucose, lactate, blood culture, vaginal swabs, ultrasound scan, etc. • Recognises red flag signs of sepsis: hypothermia, tachycardia, tachypnoea, hypoxia, hypoxia, hypotension, oliguria, impaired consciousness and failure to respond to the treatment. • Initiates SEPSIS SIX bundle within the first hour • Provides care to patients with complex presentations of acute gynaecological conditions (including sepsis) and early pregnancy problems • Considers source control if an obvious source of infection is identified e.g. drainage of abscess, evacuation of retained products etc. • Uses a multidisciplinary approach for patients with rare and complex pathology • Performs common procedures relevant to acute gynaecology and early pregnancy problems • Arranges appropriate follow up plans and referrals to multidisciplinary teams and uses appropriate referral pathways • Involves Intensive Care unit early in the management of severe sepsis and septic shock and considers transfer of care. • Follows local infection control guidelines for hospital specific isolation and precautions. • Provides cost-conscious care. • Recognises and organises appropriate referral for non-gynaecological conditions e.g. acute abdomen due to suspected acute appendicitis or other surgical emergencies. Limitations: A summative entrustment decision for this EPA is applicable only to hemodynamically stable patients and common conditions associated with acute gynecological problems (including sepsis) and early pregnancy. Examples of exclusion from this entrustment include: a collapsed patient presenting with ruptured ovarian cysts, ruptured ectopic pregnancy or septic shock and rare-complex conditions such as multi-organ failure, suspected malignancy or caesarean scar ectopic pregnancy.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing Women with Benign Gynaecological Conditions in an Ambulatory setting
Specifications and limitations	The resident demonstrates a comprehensive understanding of the varying patterns of presentation and treatment options for women presenting with benign gynaecological conditions in an outpatient setting. ● Diagnoses and manages common ambulatory gynaecological disorders ● Orders relevant investigations bearing in mind cost effective care ● Involves senior input for complicated gynaecological disorders or disorders refractory to initial management ● Provides care to patients with rare and atypical gynaecological pathology using a multidisciplinary approach ● Conducts a first and follow-up gynaecological visits, take a comprehensive history of risk factors, perform a comprehensive gynaecological examination including an examination of breast, abdomen and pelvis, arrange appropriate investigations and counsel regarding management options ● Counsels and carries out gynaecological office procedures ● Provides cost conscious care in an ambulatory setting ● Uses appropriate referral pathways and local protocols ● Communicates effectively with patients, family members, physicians, nurses, allied health professionals, and administrators Limitations: A summative entrustment decision for this EPA is applicable only to hemodynamically stable patients and common conditions associated with benign gynaecology excluding colposcopy, contraception and menopause. Examples of exclusion from this entrustment include: acute conditions in early pregnancy and presenting with ruptured ectopic pregnancy, acute conditions in gynaecology and presenting with ovarian accidents.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 7

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Title	Managing Women Requesting Termination of Pregnancy, Contraception and those Presenting with Sexually Transmitted Infections (STIs)
Specifications and limitations	The resident demonstrates the ability to provide care for women requesting/requiring termination of pregnancy, contraception and those presenting with STIs. The resident demonstrates a comprehensive understanding of varying presentations of STIs. The resident must be aware of the law relating to sexual offences, children and sexual activity, gender-based violence, notifiable diseases and induced abortion. • Performs a comprehensive assessment, orders relevant investigations and formulates a treatment plan • Arranges relevant investigations such as full blood count (FBC), c-reactive protein (CRP), Renal panel, liver function tests (LFTs), glucose, lactate, blood culture, vaginal swabs, and ultrasound scan for STIs • Identifies risk factors for sepsis in a given clinical setting • Advocates disease prevention and health promotion • Uses a multidisciplinary approach appropriately • Uses appropriate local evidence-based protocols, guidelines, and referral pathways • Arranges appropriate follow up plans • Directs patients to reputable patient information • Provides cost-conscious care The resident should however be able to recognise evolving complications and seek appropriate help from seniors. This entrustment includes the gynaecologist's recognition of his/her personal limitations in knowledge and skills when managing complicated and atypical presentations, leading to referral/advice from subspecialties and other relevant specialties and involvement of a multidisciplinary team. Finally, while there may be conscientious objection to certain skills relating to abortion, the knowledge criteria must be met and there should be no delay in referring the patients on. Limitations: A summative entrustment decision for this EPA is applicable only to uncomplicated requests for termination of pregnancy, management of genital and sexual health related infections, and contraception counselling in an ambulatory setting. Examples of exclusion from this entrustment: women with hemodynamically unstable patients with septic shock, complex medical conditions, multiple co-morbidities, adolescents/adults unable to provide informed consent & girls under 16 years of age.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 8

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Title	Managing Women with Menopausal Issues
Specifications and limitations	A summative entrustment decision for this EPA is applicable only to uncomplicated menopause transition/menopause issues in an ambulatory setting. The resident demonstrates a comprehensive understanding of problems associated with menopause transition. The resident demonstrates the ability to provide safe care to manage the menopause and related conditions. The resident should also be able to promote healthy lifestyles and offer interventions to prevent gynaecological and non-gynaecological disease in the longer term. • Understands the physiology of the menopause transition and menopause (premature, early, natural, and surgical) • Demonstrates knowledge of the aetiology, pathogenesis and features of common complaints and conditions relating to the menopause • Demonstrates professional skills and attitudes relating to menopausal concerns and issues • Performs a comprehensive assessment, arrives at a differential diagnosis, orders relevant investigations and formulates a treatment plan • Advocates health promotion, and disease prevention • Performs office procedures • Uses a multidisciplinary life course approach appropriately for healthy ageing • Uses appropriate local evidence based protocols and guidelines and referral pathways • Arranges appropriate follow up plans • Directs patients to reputable patient information • Provides cost-conscious care The resident should however be able to recognise evolving complications and seek appropriate help from seniors. This entrustment includes the resident's recognition of his/her personal limitations in knowledge and skills when managing complicated and atypical presentations, leading to referrals/advice from subspecialties and other relevant specialties and involvement of a multidisciplinary team. Limitations: Examples of exclusion from this entrustment: premature menopause requiring pubertal induction, premature menopause under 30 years, women with complex medical conditions, multiple co-morbidity, and medical issues normally looked after by other specialties.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing Women with Periprocedural Complications (Including Sepsis)
Specifications and limitations	This document is intended to address the scope of practice of a gynaecologist in providing comprehensive care to patients presenting for either major or minor gynaecological surgery. Resident demonstrates comprehensive understanding of basic surgical principles including pre-operative optimisation of patients, intraoperative steps and post-operative care. • Performs a complete physical examination and appropriate investigations, and establishes appropriate indications for surgery. • Identifies risk factors for surgical complications ○ Patient factors - e.g. body mass index (BMI), pre-existing medical conditions ○ Surgical factors - e.g. previous multiple surgeries, large pelvic masses with distorted anatomy • Discusses with the patients the risks and benefits of surgery and alternative treatment methods including non-intervention • Demonstrates competency in pre-surgical optimisation and arranges pre-surgical assessments required. • Demonstrates ability to practice ERAS (Early recovery after surgery) principles. • Prescribes prophylactic antibiotics and adopt steps for venous thromboembolism (VTE) prophylaxis pre- and post- operatively. • Takes pre-emptive steps to prevent complications during surgical procedures. • Monitors for intra-operative and post-operative complications • Institutes expedient management of intra-operative and post-operative complications including early involvement of seniors, arranging appropriate referrals, etc. • Recognises postoperative complications including haemorrhage, sepsis, injury to vital organs, burst abdomen, VTE, wound complications etc. • Works within the framework of multi-disciplinary team approach for patients with complex gynaecological problems. • Uses appropriate referral pathways and local protocols. • Provides cost-conscious care • Recognises and organizes appropriate referral for intra-operative and post-operative complications such as injury to bowel, bladder or ureter. This entrustment includes gynecologist's recognition of his/her personal limitations in knowledge and skills when managing patients presenting for either major or minor gynaecological surgery with complex atypical presentations leading to involvement of multidisciplinary team, referral/seeking help from subspecialties and other relevant specialties. Limitations: A summative entrustment decision for this EPA is applicable only to common gynecological conditions requiring surgery. Examples of exclusion from this entrustment include: rare or complex gynaecological pathology, suspected malignancy and non-gynaecological conditions such as those arising from gastro-intestinal or urological organs.
PA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 10

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Title	Managing Subfertile Couples
Specifications and limitations	This document is intended to address the scope of practice of a general gynaecologist in providing comprehensive care to couples who are trying to achieve a pregnancy. This EPA aims to ensure the resident is equipped with the basic knowledge of working up for male and female infertility through obtaining a relevant history, perform physical examination and order appropriate investigations to offer of couple trying to achieve a pregnancy at the competency level of a general gynaecologist at the clinical rank of an Associate Consultant. • Identifies that a couple who has regular unprotected sexual intercourse for 12 months or more but not able to conceive will warrant review and investigations • Conducts a full history of the couple (both female and male partners), including a relevant sexual history • Orders the appropriate investigations to assess the female hypothalamic-pituitary-ovary (HPO) axis, ovarian reserve, tubal status, uterine structures as well as screening tests for relevant infections (rubella, varicella, Hepatitis B, Human Immunodeficiency Virus (HIV), syphilis), thyroid function and thalassemia screen and detailed understanding on ordering the semen analysis, and how to interpret these investigations • Works within the framework of multidisciplinary team involving subspecialists such as the diagnostic imaging team, embryologists, specialty nurses • Applies ethical principles when communicating and investigating patients with subfertility • Adopts appropriate therapeutic approaches such as follicle tracking, timed intercourse, ovulation induction (OI), intrauterine insemination (IUI) • Uses appropriate referral pathways - sexual dysfunction in either male/female, andrology/urology services, endocrinology service • Counsels patients with regard to individualized treatments, options including prognosis for live birth • Provides cost-conscious care in the local context This entrustment includes the gynaecologist's recognition of his/her personal limitations in knowledge and skills when managing such patients and is able to recognise when to refer to the subspecialist early and involving a multidisciplinary team, referral/seeking help from other relevant specialties Limitations: A summative entrustment decision for this EPA is applicable to the initial management of the couple who are trying to conceive. This EPA excludes any subspecialty work.
EPA Entrustment Level to be Attained by Exit	Level 4

Obstetrics and Gynaecology EPA 11

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Title	Managing Women with Uncomplicated Pelvic Organ Prolapse and Incontinence Problems
Specifications and limitations	As urogynecology is a sub-specialty, subsequent management of patients with pelvic floor disorders (PFD) requiring surgical intervention, and holistic management of patients with complex multi-compartmental PFD should be under the direct supervision of a urogynaecologist. A summative entrustment decision for this EPA is applicable only to uncomplicated PFD only. This EPA includes applied understanding and rational management of PFD, conditions which include pelvic organ prolapse (POP), stress urinary incontinence, overactive bladder, mixed urinary incontinence, overflow incontinence and voiding dysfunction. • Performs an appropriate clinical evaluation, assessment and management of women with POP and uncomplicated urinary incontinence and/or overactive bladder • Administers and interprets basic urogynaecological investigations including urine FEME, urine culture, pad tests, assessment of post void residual volume, bladder diaries • Interprets urodynamic studies as part of the advanced evaluation of women with POP with co-existent urinary disorders or women with mixed urinary incontinence or unresponsive to initial therapy • Undertakes counselling of women with POP with regard to treatment options, including the role of lifestyle modification, pelvic floor exercises, vaginal pessaries and surgery, including complications • Undertakes counselling of women about common conservative, medical and surgical options related to urinary incontinence. • Performs simple vaginal hysterectomies and cystoscopies • Performs pelvic floor repair surgeries, with supervision • Assists in surgical procedures related to urinary incontinence and vault suspension e.g. mid urethral slings, sacrospinous ligament fixation, uterosacral ligament suspension • Uses appropriate referral pathways and local protocols • Works within the framework of a multidisciplinary team, including specialist nurses, physiotherapists, urologists and colorectal surgeons • Refers to a urogynaecologist for such cases, when indicated for complex and repeat pelvic floor surgeries for POP • Provides cost conscious care Limitations: Examples of exclusion from this entrustment include: • POP refractory to multiple failed vaginal pessary placements • Recurrent complications from vaginal pessaries • Women with surgical failure • Intractable overactive bladder and incontinence due to complications of surgery, childbirth and cancer • voiding dysfunction requiring prolonged urinary catheterisation, and • POP with co-existent gynaecological disorders e.g. urinary or faecal incontinence and cancer.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing Initial Presentation of Women with Suspected Preinvasive and Invasive Gynaecological Cancers
Specifications and limitations	This document is intended to address the scope of practice of a general gynaecologist in providing comprehensive care to patients presenting with gynaecological malignancy and/or pre-invasive gynaecological conditions. Since gynae-oncology is a sub-specialty, holistic management of patients presenting with suspected cancer can only be provided by a sub specialist trained in gynae-oncology following exit from the Residency program. The residents at the end of residency training should be competent to perform initial management including assessment and investigations of women presenting with suspected gynaecological malignancies. Subsequent management of such patients will be under the direct supervision of a gynae-oncologist. A summative entrustment decision for this EPA is applicable only to common gynaecological malignancies and pre-invasive cervical conditions including initial assessment, investigation and counselling relating to management of such conditions. Residents should be familiar with the therapeutic options and have experience assisting trained specialist to perform such procedures. This activity contains or may contain the following elements: <u>Non-technical:</u> • Performs comprehensive clinical evaluation and assessment for the diagnosis of gynaecological malignancies and pre-invasive conditions, including history taking and physical examination • Undertakes required diagnostic procedures including clinical biopsy, imaging and interpretation of results • Undertakes counselling of patients diagnosed with gynaecological malignancies with regard to breaking bad news and discussing treatment options, prognosis and survival • Identifies medical conditions that require preoperative optimisation and referrals to various subspecialties • Takes consent for colposcopy and treatment for premalignant conditions of the cervix and endometrium • Recognises intra-operative, early and delayed post-operative complications and manages the complications with early involvement of seniors and other specialties • Arranges appropriate follow up plans • Provides cost-conscious care • Works within the framework of multidisciplinary team • Uses appropriate referral pathways and local protocols/guidelines • Applies ethical principles when communicating with and managing patients with gynaecological malignancies and/or pre-invasive conditions <u>Technical:</u> • Positions and prepares patient in the operating room • Performs relevant gynaecological oncology surgeries under direct and indirect supervision • Performs relevant colposcopies, biopsies, endometrial sampling, endocervical curettage under direct and indirect supervision • Assists in various therapeutic procedures such as LEEP, laser/needle/cold knife conisation, laser vaporisation and cold coagulation This entrustment includes gynaecologist's recognition of his/her personal limitations in knowledge and skills when managing patients with presenting with complicated gynaecological oncology problems leading to involvement of multidisciplinary team,

	referral/seeking help from other relevant specialties.
	Limitations: Examples of exclusion from this entrustment include: • Rare conditions for e.g. malignancy or preinvasive conditions in pregnancy • Recurrent disease • Rare histologies • Complex pre-malignant or malignant cases • Vulvar/vaginal dysplasias • Collapsed patients presenting with a ruptured ovarian tumour
EPA Entrustment Level to be Attained by Exit	Level 4