Regulation and application for MRCOG part 1 and 2

Trying to highlight few important rules and regulations based on MRCOG examination website. These regulations might change or modified from time to time and you will be advised to up date yourself with these changes by visiting the MRCOG website at www.rcog.org.uk.

Mr A Rahim Halloob FRCOG, FFFP
RCOG overseas Invigilator, Iraq Centre
Chairman of RCOG-ILG

Part 1 MRCOG

This section of the MRCOG website brings together everything you need to know about the Part 1 MRCOG.

All the latest news and announcements about the Part 1 MRCOG will appear on this page. If you are an exam candidate, please check this page regularly to keep up to date.

Applying for the exam

Apply for the March 2014 Part 1 MRCOG exam.

Closing date: the March 2014 Part 1 MRCOG closing date is 1 December 2013.

If you request an application form on or after Wednesday 27 November 2013, please note that the Examination Department cannot guarantee to send the form to you in time for the 1 December 2013 closing date. This is due to the volume of candidates applying at this stage.

If you are thinking about sitting the Part 1 MRCOG exam:

• Read the College’s regulations on the Part 1 MRCOG, and the regulations on exam currency and number of attempts

• See the Part 1 MRCOG exam calendar – where and when you can sit the exam

• Find the answers to frequently asked questions

Preparing for the exam

If you have already registered to sit the Part 1 MRCOG exam, or want to find out more about the Part 1 MRCOG:

• Read a summary of the Part 1 MRCOG syllabus

• Find out about the format of the Part 1 MRCOG

• Search for MRCOG revision courses on the RCOG Events page
• See what revision resources are available to help you prepare

• Find out how the pass mark is set

**After the exam**

If you have already sat the Part 1 MRCOG exam:

• Download the pass list for the most recent exam (September 2013, PDF)

• Read the College’s complaints and appeals policy (PDF)

**Contact RCOG**

If you can’t find what you’re looking for on the website, or have any questions, please email the Part 1 MRCOG Secretary or call +44 20 7772 6253.

**Regulations on Part 1 MRCOG and Part 2 MRCOG currency and number of attempts**

• The following regulations on exam currency (length of time an exam pass remains valid during the training programme) and the number of attempts permitted apply to all candidates who wish to be entered onto the UK Specialist Register, now or in the future and irrespective of the route taken.

• These regulations are the result of a GMC-led consultation on UK national postgraduate professional exams and represent an agreement between all medical royal colleges and faculties.

• These regulations don’t apply to exam candidates who don’t plan to enter the UK Specialist Register and practise O&G in the UK.

**Exam currency**

The currency of an exam pass refers to the length of time the pass remains valid during the training programme. Once this period has expired, the original exam will need to be retaken.

• Candidates who have passed the Part 1 MRCOG need to attempt the Part 2 MRCOG within 7 years

• The 7-year period is pro rata: trainees in less than full-time training, or who take a break from training, need to attempt the Part 2 MRCOG within 10 years of passing the Part 1 MRCOG

• Where trainees have passed the Part 1 MRCOG while out of programme, the pass will be considered current as long as the trainee re-enters the programme within 7 years of passing the exam

• The Part 1 MRCOG may be attempted before entry to UK specialty training

These changes are being applied prospectively, so candidates who passed the Part 1 or Part 2 MRCOG in March 2013 or before are not affected.
Number of attempts

The number of attempts rule sets out how many times candidates intending to enter onto the UK Specialist Register can attempt each part of the MRCOG.

• Candidates will be permitted no more than 6 attempts at each of the Part 1 MRCOG and Part 2 MRCOG exams.

Candidates wishing to attempt either the Part 1 MRCOG or the Part 2 MRCOG following 6 previous fails must have supporting documentation from their Head of School (or equivalent) outlining the exceptional reasons for permitting a further attempt at the exam.

Find out more

For more information, please email the Examination Department or call +44 20 7772 6210.

Part 1 MRCOG: exam calendar

This page provides details of when and where you can sit the Part 1 MRCOG exam.

3 March 2014

• Exam centres: London, Manchester, Glasgow, Belfast

• Provisional exam centres: Bangladesh (Dhaka), China (Hangzhou), Egypt, Greece (Thessaloniki), Hong Kong, India (Kolkata and Mumbai), Iraq (Basrah), Jordan, Malaysia, Netherlands, Pakistan (Islamabad), Saudi Arabia (Riyadh), Sudan, UAE (Dubai), West Indies (Jamaica)

• Closing date for applications: 1 December 2013

1 September 2014

• Exam centres: London, Manchester, Edinburgh, Dublin

• Provisional exam centres: Bangladesh (Dhaka), Egypt, Greece (Thessaloniki), Hong Kong, India (Bangalore and Delhi), Iraq (Erbil), Myanmar (Yangon), Netherlands, Nigeria (Abuja), Oman, Pakistan (Islamabad), Saudi Arabia (Jeddah), Singapore, Sudan, UAE (Abu Dhabi), West Indies (Trinidad)

• Closing date for applications: 1 June 2014

Important notes

• Candidates wishing to sit the exam in India must indicate which centre on their entry form
• The entry fee is £378 (£315 +VAT) for candidates sitting the exam in the UK (irrespective of the candidate's nationality), or £315 for candidates sitting the exam outside the UK (irrespective of the candidate's nationality)

• Candidates applying online may do so until 17.00 (GMT) on the closing date. Candidates applying by post must submit their complete application before the closing date; application envelopes post-marked on or after the closing date will not be accepted.

• Incomplete applications and those which do not fulfil the regulations will be returned

How do I apply to sit the Part 1 MRCOG?
Applications are only open for a short period of time: please check the main Part 1 MRCOG page for details of when you’ll be able to apply.

To apply:
• If you don’t already have an account with the RCOG website, first please register with the RCOG website

• Once you’ve registered, log in to the RCOG website

• If you’re sitting the exam for the first time, you’ll be able to access an application form and guidance on how to fill it in

• If you’re resitting the exam, you’ll be able to apply and pay online (or request a paper application form)

How much does it cost to sit the Part 1 MRCOG?
• For candidates sitting the exam in the UK (irrespective of the candidate’s nationality), the fee is £378

• For candidates sitting the exam outside the UK (irrespective of the candidate’s nationality), the fee is £315

Who should I make my cheque payable to?
Please make cheques payable to Royal College of Obstetricians and Gynaecologists. If you’re resitting the Part 1 MRCOG, you’ll be able to pay online.

What documents do I need to send in with my application?
You’ll need to send the following documents:

• A signed application form
• A cheque for the exam fee, made out in pounds sterling, payable to Royal College of Obstetricians and Gynaecologists

• An attested copy of your medical degree (see below) – this only applies to candidates sitting the exam for the first time

The College is unable to check the status of individual applications on request. If you wish to obtain proof of delivery, please send your form via recorded delivery or a postal service that offers tracking advice.

**What can I send as proof of my primary medical degree?**

**You can send:**

• An attested copy of your primary medical degree certificate, or

• Your medical registration certificate, provided it states your primary medical degree and university

These documents must be in English.

**Can I submit original certificates with my application?**

No. Certificates must be certified/attested copies rather than originals. The College cannot guarantee the return of original certificates to applicants.

**Where can I get my documents certified/attested?**

The following people/institutions can certify/attest your documents:

• A Fellow or Member of the RCOG

• The university/hospital issuing the certificate

• The British Council or your embassy

• A solicitor

What if my degree/medical certificate isn’t in English?

You'll need to provide an authorised translation of your degree certificate or medical registration certificate.

I have entered the Part 1 MRCOG exam stating my new/married name on the form, but have received an acknowledgement saying I have been registered under my former name – why?

For reasons of medical security, the Examination Department is only permitted to register you for an exam using the name that appears on your degree certificate or certificate of medical registration.
What documents would you need to register me under my new/married name?

You would need a re-issued degree certificate or certificate of medical registration stating your new/married name, as well as a copy of your marriage certificate/affidavit showing both your former and your new name. Sending a marriage certificate/affidavit alone is not sufficient.

I have sat the Part 1 MRCOG before – do I need to send my medical degree certificate to you again to resit the exam?

No. We need to see your degree certificate or attested copy once only.

How do I get my entry ticket?

Your entry ticket will be emailed to you approximately 3 weeks before your exam. You will need to print out your entry ticket and bring it with you to the exam, together with photographic identification.

What if I need a visa to get to the exam venue?

The College cannot advise you on this matter. Please contact the relevant consulate for information about any visa requirements before applying for the exam. If you need a letter from the Examination Department confirming your attendance at the exam, please inform us when applying for the exam, and ensure that you apply in good time.

Can I postpone my exam?

The regulations state that candidates who withdraw their application for a particular exam after the closing date, or who fail to appear, shall forfeit the exam fee. The application forms include a reminder of this regulation. This means the College can't refund your entry fee after an exam's closing date and your candidature for the exam will remain. If you fail to attend the exam, your entry will not be counted as an attempt.

In certain prescribed circumstances, the College does consider refunding the entry fee. If you wish to apply for this, please do so in writing (hard copy, not email or fax) to the Part 1 MRCOG Secretary at the RCOG, enclosing documentary evidence to support your circumstances.

How is data about my exam dealt with?

Once you have successfully completed your exam, the details of your award from the College (including date) are regarded as public information. Names of successful candidates are posted on a printed pass list in open view at the College, on the College website and on admission ceremony
programmes, where applicable. This basic information will also be released to bona fide third-party enquirers, such as other educational bodies or prospective employers.

If you’re registered or anticipate being registered with the General Medical Council (GMC), your personal data, including data about your exam results, will be passed to the GMC for quality assurance and for research purposes, and to facilitate the award of Certificate of Completion of Training (CCT).

**How many times can I attempt the Part 1 MRCOG?**

Candidates intending to be entered on to the UK Specialist Register, now or in the future, are permitted no more than 6 attempts at the Part 1 MRCOG. There is no limit on attempts for candidates not in wishing to enter the UK Specialist Register. Candidates wishing to apply for the Part 1 MRCOG who have failed on 6 or more previous occasions need to provide supporting documentation from their Head of School outlining the exceptional reasons for permitting a further attempt at the exam.

Is there a time limit between passing the Part 1 MRCOG and passing the Part 2 MRCOG?

No, but the College does require you to have attempted the Part 2 at least once within 7 years of passing the Part 1 or gaining exemption from the Part 1. You do not have to pass the Part 2 within 7 years, but if you do not even attempt it you will have to pass the Part 1 again. For more information, read the regulations on exam currency and number of attempts.

**What courses do you recommend to help prepare for the exam?**

The only courses the RCOG can wholeheartedly recommend are those run by the College itself. Visit the College’s Events pages for more details.

For online learning we strongly recommend StratOG, the College’s e-learning platform. This structured training resource is continuously updated, uses innovative tools and includes interactive assessments with instant, detailed feedback. StratOG is available free of charge to members of the RCOG Trainees’ Register. Other exam candidates can pay to access this useful resource.

Can I obtain a certificate for passing the Part 1 MRCOG?

No: as the MRCOG is a two-part exam, certificates are only issued on completion of Part 2. Please retain your Part 1 pass letter as this is the only certification you’ll receive.

**Please don't use 'Part 1 MRCOG' on letterheads, business cards, nameplates etc.**
Part 1 MRCOG: syllabus

The Part 1 MRCOG covers the basic and applied sciences relevant to the clinical practice of O&G. The syllabus is summarised on this page, explaining what you will need to know for the Part 1 MRCOG exam. For more detail about the content of each module, please visit the curriculum pages, or download a PDF of the full curriculum for each module using the links below.

There is inevitably overlap between modules, and not all subjects and domains are relevant to a particular module, as shown in the blueprinting grid (PDF).

**Modules**

• Module 1: Clinical skills
• Module 3: Information technology, clinical governance and research
• Module 5: Core surgical skills
• Module 6: Postoperative care
• Module 7: Surgical procedures
• Module 8: Antenatal care
• Module 9: Maternal medicine
• Module 10: Management of labour
• Module 11: Management of delivery
• Module 12: Postpartum problems (the puerperium)
• Module 13: Gynaecological problems
• Module 14: Subfertility
• Module 15: Sexual and reproductive health
• Module 16: Early pregnancy care
• Module 17: Gynaecological oncology
• Module 18: Urogynaecology and pelvic floor problems
Module 1: Clinical skills
You'll need to demonstrate knowledge of:

• Patterns of symptoms and understand the importance of risk factors
• Pathological basis for physical signs and clinical investigation
• How to interpret results of clinical investigations

Download the full curriculum for module 1 (PDF). From RCOG Website

Module 2: Information technology, clinical governance and research
You'll need to demonstrate knowledge of:

• Principles of screening, clinical trial design (multicentre, randomised controlled trials, etc.) and the statistical methods used in clinical research
• Levels of evidence, quantification of risk, power of study, level of significance, informed consent and ethical and regulatory approvals in research
• Principles of safe prescribing, quality control in medicine and the accuracy of tests

Download the full curriculum for module 2 (PDF). From RCOG Website

Module 5: Core surgical skills
You'll need to demonstrate knowledge of:

• Underlying physiology, pathology and biophysics of basic surgical skills
• Methods of measuring clinically important physiological variables, including the range of imaging techniques
• Basic clinical skills in core surgical practice
• Pathophysiology underpinning fluid and electrolyte balance, coagulation, control of blood flow, wound healing, inflammation and immune response, including tissue grafting
• Pathology, management and epidemiology surrounding surgical complications, infection, infection control and trauma

Download the full curriculum for module 5 (PDF).
Module 6: Postoperative care

You'll need to demonstrate knowledge of:

• Applied clinical science related to the postoperative period, including physiological and biochemical aspects of fluid balance, the metabolism of nutrients after surgery and the biochemistry of enzymes, vitamins and minerals

• Organisms implicated in postoperative infections and the therapies used to treat them

• Therapeutic drugs used perioperatively, including analgesics and thromboprophylactic agents

• Histopathology of the pelvic organs, the breast and the endocrine organs, including the pituitary and the hypothalamus

• Classification systems of gynaecological and obstetric conditions

Download the full curriculum for module 6 (PDF).

Module 7: Surgical procedures

You'll need to demonstrate knowledge of:

• Surgical anatomy of the pregnant and non-pregnant female, including anatomy of the abdomen and pelvis, detailed functional anatomy of bones, joints, muscles, vasculature and the lymphatic and nerve supply of pelvic structures, including the genital, urinary and gastrointestinal tracts and the pelvic floor

• Functional anatomy, including mechanisms involved in continence, pelvic support and sexual response

• Impact of surgery and anaesthesia on the cells, tissues and organs, including the body’s responses to trauma, haemostasis and homeostasis

• Properties and effects of analgesic and anaesthetic agents

Download the full curriculum for module 7 (PDF).

Module 8: Antenatal care

You'll need to demonstrate knowledge of:

• Maternal anatomical, endocrine and physiological adaptations occurring in pregnancy

• Pathology of major organ systems, including the common haemoglobinopathies and connective tissue disorders as applied to pregnancy

• Screening tests commonly performed in pregnancy
• Fetal anatomy, including abnormalities, embryology, endocrine function and physiology

• Normal fetal physiology and development, together with the aetiology of fetal malformations and acquired problems, including abnormalities of growth; this will include regulation of amniotic fluid volume and fetal interaction with the amniotic fluid

• Development and function of the placenta in pregnancy, with specific knowledge of how the placenta handles drugs

• Principles of inheritance and features and effects of common inherited disorders

• Basic ultrasound findings in pregnancy

• How to define and interpret data on maternal, neonatal and perinatal mortality

• Impact of maternal health and other variables, e.g. social deprivation, on pregnancy outcome

Download the full curriculum for module 8 (PDF).

Module 9: Maternal medicine

You'll need to demonstrate knowledge of:

• Epidemiology and pathological processes that underlie common maternal diseases in pregnancy, including diabetes and endocrine, respiratory, cardiac and haematological disease

• Pathophysiology and presentation of common infections that affect pregnant women and the treatments and interventions used for these infections

• Drugs used to treat maternal disease, and the potential maternal and fetal complications associated with their use

• Imaging methods used to screen for maternal and fetal complications of maternal disease, e.g. ultrasound, X-ray and magnetic resonance imaging, and how to interpret their results

Download the full curriculum for module 9 (PDF).

Module 10: Management of labour

You'll need to demonstrate knowledge of:

• Physiology, biochemistry and endocrinology of parturition, including maturation of the fetal endocrine system, the influence of hormones on signaling pathways in the myometrium and the biochemistry of myometrial contractility

• Principles of tocolysis and stimulation of uterine contraction

• Fetal physiology in late pregnancy
• Fetal assessment in late pregnancy and labour, and how to interpret the results
• Placentation and the implications of infection on labour, and the optical therapeutic options

Download the full curriculum for module 10 (PDF).

Module 11: Management of delivery

You’ll need to demonstrate knowledge of:
• Anatomical adaptations of the pelvis and abdomen in late pregnancy and labour, and the mechanism and physiology of childbirth and the third stage of labour
• Aetiology and pathology of congenital and bone malformations of the genital tract
• Mode of action of drugs used in labour, at delivery and in the third stage of labour
• Indications for and risks of operative delivery
• Biochemical basis of acid–base balance, normal fetal physiological changes in labour and how to interpret fetal and cord blood analysis
• Female perineum and principles underlying the management of perineal repair

Download the full curriculum for module 11 (PDF).

Module 12: Postpartum problems (the puerperium)

You’ll need to demonstrate knowledge of:
• Physiology and structural changes in the neonate
• Physiology of lactation, uterine involution and the pathology and management of puerperal sepsis and infection
• Common puerperal complications, including mental health issues
• Postpartum contraception and other drugs used postpartum and during lactation

Download the full curriculum for module 12 (PDF).
Module 13: Gynaecological problems

You'll need to demonstrate knowledge of:

• Anatomy, physiology and histopathology of the pituitary gland and female reproductive tract, including an understanding of changes at puberty, at menopause and during the menstrual cycle, including ovulation

• Epidemiology, microbiology and therapeutics of benign gynaecological conditions, including infection

• How to interpret results of commonly performed investigations for benign gynaecological conditions

• Principles of medical and surgical management of gynaecological problems

Download the full curriculum for module 13 (PDF).

Module 14: Subfertility

You'll need to demonstrate knowledge of:

• Epidemiology of subfertility and treatment

• Anatomy, development, function and cell biology of the organs of the male and female reproductive tracts in the context of their relevance to fertility and its disorders

• How to interpret results of investigations commonly performed as part of the investigation of subfertility

Download the full curriculum for module 14 (PDF).

Module 15: Sexual and reproductive health

You'll need to demonstrate knowledge of:

• Physiology, endocrinology, epidemiology and pharmacology of contraception

• Epidemiology and serology of sexually transmitted infections (STIs), the microorganisms involved, the drugs used in their treatment and the pathological features of STIs

• Termination of pregnancy, including assessment, Fraser competency, surgical management and the drugs used in medical termination of pregnancy

Download the full curriculum for module 15 (PDF).
Module 16: Early pregnancy care

You’ll need to demonstrate knowledge of:

• Basic sciences pertaining to early pregnancy and its loss, including the endocrine aspects of the maternal recognition of pregnancy, the luteal maintenance of early pregnancy and the physiology of fetomaternal communication

• Aetiology and histopathology of miscarriage, ectopic pregnancy and trophoblastic disease

• Diagnostic features of ultrasound used in early pregnancy, the epidemiology of pregnancy loss and the medical agents used to manage pregnancy loss (miscarriage, ectopic pregnancy and trophoblastic disease)

• How to interpret the results of investigations used in early pregnancy problems

Download the full curriculum for module 16 (PDF).

Module 17: Gynaecological oncology

You’ll need to demonstrate knowledge of:

• Surgical anatomy of the abdomen and pelvis

• Cellular biology of cancer, genetic origins of cancer and principles of diagnosis and screening for gynaecological cancer

• Pain pathways, transmission of pain centrally and pathology of pain in gynaecological malignancy

• Epidemiology and aetiology of cancers affecting women

• Pathology of and classification systems for gynaecological cancer and premalignant gynaecological conditions

• Principles of radiotherapy and chemotherapy in the management of gynaecological cancer and their effects on gonadal function

Download the full curriculum for module 17 (PDF).

Module 18: Urogynaecology and pelvic floor problems

You'll need to demonstrate knowledge of:

• Structure of the bladder and pelvic floor and their innervation

• Mechanisms of continence and micturition and principles of pelvic floor support

• How congenital anomalies, pregnancy and childbirth, disease, infection and estrogen deficiency affect these mechanisms
Principles underlying the treatment of bladder and pelvic floor problems and the impact of other drugs on bladder function

Part 1 MRCOG: format

This page contains an overview of the Candidate Instructions available to all candidates following registration and covers the number of papers, question types and the division of marks. Please also refer to the Candidate Instructions for specific details, information, instructions and rules applying to different sittings of the exam.

Number of papers

The Part 1 MRCOG exam consists of two written papers, each lasting 2 hours and 30 minutes (5 hours examining time in total).

Each paper contains 60 single best answer questions (SBAs) and 30 five-part multiple choice questions (MCQs). In each paper, the SBAs are worth 150 marks and the MCQs are worth 150 marks.

Each correct SBA answer is therefore worth the same number of marks as 2.5 correct MCQ answers.

Time management is your own responsibility, but for each paper we recommend spending around 75 minutes on the SBAs and 75 minutes on the MCQs.

Question types please see RCOG Website

SBAs

Please see the sample SBA questions for a better understanding of this question format.

Answering the questions

The answer sheet is numbered 1–60. Against each number there are 5 lozenges labelled A–E.

Each question in the question booklet consists of:

• an options list, labelled A–E to match the answer sheet
• a lead-in statement, which tells you clearly what to do
• a list of 1–5 questions, each numbered, again to match the answer sheet

The options will nearly always be listed in alphabetical or numerical order for ease of reference. If not, they will be in the most appropriate order for easy reference.
Answer each question by boldly blacking out the letter that corresponds to the single best answer in the options list. You may feel that there are several possible answers, but you must choose only the most likely one from the options list.

**Marking**

Incorrect answers are not penalised. It is in your best interests to ensure you fill in one lozenge for each of the 60 SBAs by the end of the exam.

If you mark 2 or more lozenges for the same question, no mark will be awarded, even if one of the answers is correct. Please ensure any mistakes are clearly and fully erased.

**MCQs**

Answering the questions

The answer sheet is numbered 61–90. Each question number has 5 components, labelled A–E. Against each letter there are 2 lozenges labelled T (for true) and F (for false). Answer each question by boldly blacking out either the T or F lozenge.

An example question is as follows:

•The pudendal nerve

A. derives its fibres from the second, third and fourth sacral segments

B. runs between the pyriformis and coccygeus muscles before leaving the pelvis

C. has the pudendal artery on its medial side as it lies of the ischial spine

D. gives off the inferior haemorrhoidal (rectal) nerve in the pudendal canal

E. innervates the clitoris

A, B, D and E are true; C is false.

**Marking**

Each correct answer is awarded 1 mark. Incorrect answers are not penalised: each incorrect answer is awarded 0 marks. It is in your best interests to ensure you fill in one lozenge for each of the MCQs by the end of the exam.
**If both lozenges (T and F) or neither lozenge is marked, 0 marks are awarded. Please ensure any mistakes are clearly and fully erased.**

**Division of marks**

For each of the two papers, marks are evenly distributed between the SBA and MCQ components, and each paper contributes the same proportion of marks to the overall total.

The distribution of marks across the two papers by subject domain varies from sitting to sitting.

**MRCOG: pass mark**

**What is the pass mark for the Part 1 and Part 2 MRCOG?**

Part 1 and Part 2 MRCOG papers use a pass mark that has been standard set. **Standard setting** is a recognition that some of the question papers and OSCE stations are more difficult than others and a different pass mark is used for each exam, depending on the difficulty of each exam. Therefore, pass marks and pass rates fluctuate and there is no fixed level or quota.

**How does standard setting work?**

Standard setting is a complex process that varies for each type of paper. Essentially, it involves assessing the questions individually for their difficulty.

A large panel of carefully trained representative consultants implements the Part 1 and Part 2 MRCOG standard setting procedures. The panel reviews the questions testing knowledge of British O&G practice, bearing in mind the standard a competent trainee should achieve by the end of core training.

The standard setting system used for the Part 1 MRCOG was designed with advice from an educational consultant and was subject to a pilot before being rolled out. The system has been demonstrably successful in its aim of ensuring an even level of performance testing.

- For the Part 1 MRCOG, a modified Angoff method is used for the MCQ and SBA papers.
- For the Part 2 MRCOG, a modified Angoff method is used for the MCQ and EMQ papers; a limen method is used for the short answer questions; and a modified Rothman method is used for the oral exam.

**Why is standard setting used?**

The aim of standard setting is to improve the fairness and validity of the exam process and to set levels of competence for exam success.
The use of standard setting bears no relationship to the percentage of candidates who will succeed in the exam, or to any other external factors.

MRCOG Part2

General information

Medical practitioners who intend to train for the MRCOG exam are encouraged to inform the College in writing as soon as possible. This will help both the trainee and the College. Advice on training programmes can be obtained by candidates from the consultants with whom they are working, from the Deanery College Adviser in their region, College Tutors, the Careers Adviser at the College or from the Representative Committees overseas. The contact details may be obtained from the Examination Department. All trainees are encouraged to join the Trainees' Register.

Success in the Membership exam and subsequent admission to Membership does not imply the attainment of specialist or consultant status. A further period of supervised training is required for this purpose.

Fees

All fees relating to exams and Membership subscriptions are reviewed annually.

There is no fee for application of assessment of training; you will be informed of the Part 2 exam fee upon successfully completing this.

Regulations for Membership

Candidates for Membership are required:

• To comply with the Regulations relating to medical registration.

• To undertake the periods of training set out in the Regulations.

• To pass the Part 1 and Part 2 examinations.

• To fulfil the requirements of the Regulations in relation to declaration of conduct, admission by the President in Council and payment of the prescribed fees.

Candidates must confirm that they are not currently suspended or removed from medical practice by any authorising body or involved in disciplinary proceedings related to medical practice in any country.
Candidates infringing the regulations will be deemed unsuitable for Membership of the College.

Council may refuse to allow a candidate to attempt either part of the MRCOG exam or to become a Member of the College. Under such circumstances the candidate will be advised of the appeals procedure.

The Part 2 MRCOG exam

Candidates who have completed the requirements for entry to the Part 2 examination leading to Membership should:

• have held for not less than 4 years a medical qualification recognised by the General Medical Council under Section 19 of the Medical Act 1983; and

• have for not less than 3 years had their names, or been entitled to have their names, entered as fully registered medical practitioners in the Register maintained by the General Medical Council.

Council may waive this provision for candidates whose degrees do not qualify them for entry on the above Register.

Candidates must attempt the Part 2 exam on at least one occasion within 7 years of passing the Part 1 exam. Those candidates failing to comply with this regulation will be required to pass the Part 1 exam again.

Post-registration training

There are two routes to approval of training for entry into the Part 2 MRCOG exam. Route A is exclusively for trainees in the recognised UK specialist training programme. Route B is for all other trainees.

Route A

Trainees in the recognised UK specialist training programme must be in intermediate training to be eligible to sit the Part 2 MRCOG examination. Consequently, trainees must be at ST3 level or above at the date of application for the Assessment of Training.

Trainees are required to complete an Application for Assessment of Training form, including ticking Route A and providing their National Training Number. Candidates are not required to submit any supporting documentation; should the College require any additional information candidates will be contacted via email after receipt of their application.

Route B

Trainees not in the recognised UK specialist training programme should demonstrate that they have spent a minimum of 4 years in obstetrics and gynaecology full-time or equivalent post-registration posts in the UK or overseas before being eligible to sit the Part 2 MRCOG exam. This must include at
least 2 years (full-time or equivalent) in the specialty within the 4 years preceding a candidate’s initial application.

All posts overseas, if hospital-based in obstetrics and gynaecology, are now generally accepted. Under route B suitable training carried out before successful attainment of the Part 1 MRCOG can be counted towards the requirement (in this context, registration refers to registration as a doctor, not with the College).

**Regulations for all training applications**

- A minimum of 6 consecutive months in any single post is required
- Training must be completed by the preceding 7 February for the March/May exam, or by the preceding 7 August for the September/November exam
- Flexible training in recognised posts is permitted provided approval of the College is obtained in advance
- Candidates seeking special permission to attempt the exam despite not having fulfilled the requirements regarding registration or training should apply on the prescribed form to the Examination and Assessment Committee as early as possible, enclosing a covering letter outlining their special circumstances/reasons for non-standard application; candidates will be advised of the Committee's decision

**Format of the Part 2 MRCOG exam**

The Part 2 written exam is held in the British Isles and at selected overseas centres in March and September. The exam, which is in English, comprises two multiple-choice (MCQ) question papers, two extended matching (EMQ) question papers and one written short answer question paper.

Only those candidates who achieve a pass in the written exam will proceed in May (following the papers in March) and November (following the papers in September) to the next part of the exam, which is held in the British Isles and, on occasions, at overseas centres.

The remainder of the exam will consist of a 3-hour oral assessment. Candidates will be examined in a sequence of twelve 14-minute stations. Two of these stations will be rest or preparatory stations where pieces of work will be provided for discussion at the next active station. At all stations, apart from the rest stations, a single examiner will be present. At some stations a role player may also be present. Candidates should expect to be assessed on their ability to obtain obstetric and gynaecological histories, to counsel patients and to demonstrate clinical skills. At other stations candidates will be expected to critically appraise pieces of written work in discussion with examiners and to discuss aspects of obstetrics, gynaecology and allied subjects in structured oral examinations. The examination will test not only factual knowledge and understanding, but also problem solving skills, diagnosis, investigation, treatment, clinical skills and communication skills.
Method of application

All candidates for the Part 2 exam must apply on the prescribed form for an assessment of their post-registration training and their eligibility to register for the exam. The form must reach the Examination Department of the College by:

• the preceding 1 October for the March/May exam, or
• the preceding 1 April for the September/November exam

Each application must be accompanied by:

certificates (preferably attested) confirming the nature, grade and dates of the appointments held from graduation/internship onwards. Please note that certificates must be on hospital headed paper signed by the Consultant-in-charge or Chairman of the Division. Candidates failing to provide the appropriate certificates will have their application returned. Original certificates will not be accepted. The College cannot guarantee the return of original certificates to applicants. If applicants wish to keep their certificates, attested copies must be submitted.

On receiving notification of acceptance of eligibility or on applying for re-examination, the candidate shall, as directed, submit the correct entry fee, in pounds sterling, which is to be received not later than:

• 20 December for the March/May exam, or
• 1 July for the September/November exam

General rules to be observed by all candidates for the Part 1 and Part 2 MRCOG exams

• Cheques or banker's drafts in pounds sterling should be made payable to Royal College of Obstetricians and Gynaecologists. Do not send cash. The College incurs unnecessary bank charges due to cheques or drafts being returned by the bank on which they are drawn. In order to minimise this cost the College will add a surcharge of £5.00 to the cost of the examination, where a payment is returned unpaid.

• Late entries are not accepted. No amendments may be made after the closing date for receipt of applications. Any requests for special arrangements must be submitted prior to the closing date for applications.

• Candidates who withdraw their applications for a particular exam after the closing date, or who fail to appear, shall forfeit the exam fee. Attendance at any part of an exam will count as an attempt.

• All candidates will be issued with a personal registration number. This number must be quoted in all correspondence.

• The College will accept copies of certificates attested by the British Embassy, British High Commission, British Consulate, British Council, University issuing the medical degree certificate, the candidate's own Embassy, or by a Fellow or Member of the College. Certificates not in English must be accompanied by an attested English translation. Candidates may submit medical registration certificates in lieu of degree certificates only if the degree and university are clearly stated.
• Candidates must bring evidence of identification, which includes their name (which should be the same as that in 4.1) and photograph, to all sections of the Part 1 and Part 2 Membership exams for scrutiny by the invigilators and examiners. Candidates who fail to produce satisfactory identification at the beginning of any section of the exam will normally be refused entry to that exam. For reasons of medical security, all candidates for exams must ensure that they can be easily identified in accordance with their photographic identification. In addition, for ease of identification, candidates for the oral exams must ensure that their clothing is not worn in such a way that it obscures the face.

• Question papers, answer sheets and exam materials remain the property of the College at all times.

• By applying to sit the Part 1 or Part 2 MRCOG exam the candidate agrees to all the terms of the Membership exam regulations and to the transfer of all copyright subsisting in exam material produced by the candidate to the College.

• Council may refuse to allow a candidate to attempt either part of the MRCOG exam or to become a Member of the College. Under such circumstances the candidate will be advised of the appeals procedure.

• Once you have successfully completed your exam, the details of your award from the College, including date, are regarded as 'public' information. Names of successful candidates will be published on a printed pass list on open view at the College, on the College website and on the admissions ceremony programmes where applicable. This basic information will also be released to bona fide third-party enquirers (for example, other educational bodies or prospective employers). If you would like to opt out of one or more of these publication means, please inform us at least 2 weeks before the date of publication. No information is supplied via the telephone.

• Late attendance at any stage of an examination may result in failure of the entire exam.

• Any issue regarding a candidate’s probity will be passed on to the relevant Postgraduate Deanery, where applicable.

• Candidates in UK-based training are not permitted more than 6 attempts at the Part 2 MRCOG. Should a candidate in UK-based training wish to apply for the Part 2 MRCOG having failed on 6 or more previous occasions, supporting documentation must be provided by his/her Head of School outlining the exceptional reasons for permitting a further attempt at the examination.

Admission to Membership

• The names of successful candidates will be reported to Council for their election to Membership and subsequent admission by the President in Council.

• The initial subscription is payable on election to Membership.

• No one shall become a Member of the College or use the designation without having fulfilled all the conditions set out in these Regulations, signed the declaration, prescribed by the College (see below) and been formally admitted at a meeting of Council. The admission ceremony is normally held a week after the examination.
• The College reserves the right to refuse admission to the Membership for reasons which the Council in its absolute discretion thinks fit. The College also reserves the right not to divulge the reasons for refusing an application for admission.

• A Member may be admitted in absentia, if resident outside the British Isles, or, if in the opinion of the Council, the circumstances are such as to justify admission in absentia.

• Each Member shall be entitled to the appropriate form of certificate under the seal of the College. The declaration to be signed before admission to Membership of the College is:

I solemnly affirm that I will at all times maintain the well-being and dignity of the College, faithfully obeying in the spirit as well as in the letter the Regulations of the College and submitting myself to the lawful authority of the Council. Furthermore, I pledge myself in the practice of the art of obstetrics and gynaecology ever to have regard to the honour of the College.

Regulations on Part 1 MRCOG and Part 2 MRCOG currency and number of attempts

• The following regulations on exam currency (length of time an exam pass remains valid during the training programme) and the number of attempts permitted apply to all candidates who wish to be entered onto the UK Specialist Register, now or in the future and irrespective of the route taken.

• These regulations are the result of a GMC-led consultation on UK national postgraduate professional exams and represent an agreement between all medical royal colleges and faculties.

• These regulations don’t apply to exam candidates who don’t plan to enter the UK Specialist Register and practise O&G in the UK.

Exam currency

The currency of an exam pass refers to the length of time the pass remains valid during the training programme. Once this period has expired, the original exam will need to be retaken.

• Candidates who have passed the Part 1 MRCOG need to attempt the Part 2 MRCOG within 7 years

• The 7-year period is pro rata: trainees in less than full-time training, or who take a break from training, need to attempt the Part 2 MRCOG within 10 years of passing the Part 1 MRCOG

• Where trainees have passed the Part 1 MRCOG while out of programme, the pass will be considered current as long as the trainee re-enters the programme within 7 years of passing the exam

• The Part 1 MRCOG may be attempted before entry to UK specialty training

These changes are being applied prospectively, so candidates who passed the Part 1 or Part 2 MRCOG in March 2013 or before are not affected.
Number of attempts

The number of attempts rule sets out how many times candidates intending to enter onto the UK Specialist Register can attempt each part of the MRCOG.

• Candidates will be permitted no more than 6 attempts at each of the Part 1 MRCOG and Part 2 MRCOG exams.

Candidates wishing to attempt either the Part 1 MRCOG or the Part 2 MRCOG following 6 previous fails must have supporting documentation from their Head of School (or equivalent) outlining the exceptional reasons for permitting a further attempt at the exam.

Part 2 MRCOG: exam calendar

2013

September/November 2013

The closing date for the September/November 2013 Part 2 MRCOG exam has now passed. The written component took place on 3 September 2013.

Oral assessments

• 11 November 2013: Hong Kong

• 11–12 November 2013: London

2014

March/May 2014

• Deadline for receiving applications for assessment of training forms/certificates: 1 October 2013

• Deadline for receiving official entry forms: 20 December 2013

Written exam

• Date: 4 March 2014

• Exam centres: London, Manchester, Glasgow, Belfast

• Provisional exam centres: Bangladesh, Egypt, Hong Kong, India (Kolkata and Mumbai), Iraq (Basrah), Jordan, Malaysia, Pakistan (Islamabad), Saudi Arabia (Riyadh), Sudan, UAE (Dubai), West Indies (Jamaica)
Oral assessments

• 19 May 2014: Singapore
• 19–20 May 2014: Abu Dhabi
• 19–21 May 2014: London

September/November 2014

• Deadline for receiving applications for assessment of training forms/certificates: 1 April 2014
• Deadline for receiving official entry forms: 1 July 2014

Written exam

• Date: 2 September 2014
• Exam centres: London, Manchester, Edinburgh, Dublin

• Provisional exam centres: Bangladesh (Dhaka), Egypt, Hong Kong, India (Bangalore and Delhi), Iraq (Erbil), Oman, Pakistan (Islamabad), Saudi Arabia (Jeddah), Singapore, Sudan, UAE (Abu Dhabi), West Indies (Trinidad)

Oral assessments

• 10 November 2014: Hong Kong
• 10–12 November: London

Important notes

• Candidates wishing to sit the exam in India must indicate which centre on their entry form
• For information about entry fees, please email the Examination Department
• The closing date is the last date for receiving official entry forms – late entries are not accepted
• Incomplete applications and those which do not fulfil the regulations will be returned

How do I apply to sit the Part 2 MRCOG?

Before you can apply for the Part 1 MRCOG, you’ll need to apply to have your training assessed (see below).

Once your training has been assessed and approved, you can apply for the Part 2 MRCOG online. Application is only open for short periods of time: please visit the main Part 2 MRCOG page for information about when you can apply.
How much does it cost to sit the Part 2 MRCOG?

There is no fee for the application for assessment of training. You will be informed of the Part 2 fee once assessment of your training has been successfully completed.

When can I apply for my Part 2 training to be assessed?

You can apply to have your Part 2 training assessed once you have applied for the Part 1 MRCOG exam. Candidates following route A (please see the regulations for details about different routes) need to have completed 2 years of training after passing the Part 1 MRCOG.

How do I apply to have my training assessed?

Fill out the assessment of training form and send it to the College together with attested copies of certificates/letters from your consultants-in-charge confirming each of the posts on your form. Contracts or appointment letters are not accepted.

Do UK trainees need to provide experience certificates?

No. Trainees entered onto the UK specialist training programme are not required to submit supporting documents. A completed Application of Assessment of Training form with Route A selected and a National Training Number (NTN) included is sufficient.

Do my certificates/letters from consultants-in-charge need to be on hospital letterheads?

Yes.

What information needs to be included on my certificates?

Your certificates must be clearly dated and include details of the position held, the hospital you are/were working for and the exact dates of the appointments; and be signed by your consultant-in-charge.

Where can I get my documents certified?

The following individuals/institutions can certify your documents:

• A Fellow or Member of the RCOG
• The university or hospital issuing the certificate
• The British Council
• Your embassy
• A solicitor

Will my documents be sent back to me?

No: any documents submitted are retained by the Examination Department. We therefore recommend that you submit certified copies of any documentation you wish to keep, rather than sending originals.
Which overseas hospitals are recognised for Part 2 training?

All overseas hospital-based posts in obstetrics and/or gynaecology are recognised.

I had my training for Part 2 MRCOG assessed by the RCOG, successfully, some years ago. I now wish to sit the exam again. Do I need to have my training reassessed?

There is no need to have training for Part 2 assessed again, once it has been successfully assessed by the College. You can apply for the Part 2 MRCOG online. Application is only open for short periods of time: please visit the main Part 2 MRCOG page for information about when you can apply.

The application form for assessment of training asks for pre- and post-registration training. Does this mean I should register with the RCOG and then undergo training for the specified period to appear for the exam? I registered with my country’s Medical Council after my medical degree – is this registration enough?

Pre- and post-registration refers to before and after registration as a doctor with your local Medical Council. It does not refer to registration with the RCOG.

However, we do encourage all people who have passed the Part 1 MRCOG to join the RCOG’s Trainees’ Register. This allows us to send you useful information and offer you a range of benefits that will help you in your preparation for the Part 2 (e-learning, free or reduced journal subscriptions etc.).

What documents would you need to register me under my new/married name?

You would need a re-issued degree certificate or certificate of medical registration stating your new/married name, as well as a copy of your marriage certificate/affidavit showing both your former and your new name. Sending a marriage certificate/affidavit alone is not sufficient.

When will my entry ticket be sent to me?

Your entry ticket will be emailed to you approximately 3 weeks before your exam. You will need to print out your entry ticket and bring it with you to the exam, together with photographic identification.

What if I need a visa to get to the exam venue?

The College cannot advise you on this matter. Please contact the relevant consulate for information about any visa requirements before applying for the exam. If you need a letter from the Examination Department confirming your attendance at the exam, please inform us when applying for the exam, and ensure that you apply in good time.
Can I postpone my exam?

The regulations state that candidates who withdraw their application for a particular exam after the closing date, or who fail to appear, shall forfeit the exam fee. The application forms include a reminder of this regulation. This means the College cannot refund your entry fee after an exam’s closing date and your candidature for the exam will remain. The College cannot make changes or transfers of centres after the closing date. If you fail to attend the exam, your entry will not be counted as an attempt.

In certain prescribed circumstances, the College does consider refunding the entry fee. If you wish to apply for this, please do so in writing (hard copy, not email or fax) to the Part 2 MRCOG Secretary at the RCOG immediately after the exam you failed to attend, enclosing documentary evidence to support your circumstances.

How is data about my exam dealt with?

Once you have successfully completed your exam, the details of your award from the College (including date) are regarded as public information. Names of successful candidates are posted on a printed pass list in open view at the College, on the College website and on admission ceremony programmes, where applicable. This basic information will also be released to bona fide third-party enquirers, such as other educational bodies or prospective employers.

If you are registered or anticipate being registered with the General Medical Council (GMC), your personal data, including data about your exam results, will be passed to the GMC for quality assurance and for research purposes, and to facilitate the awarding of Certificates of Completion of Training (CCT).

How many times can I attempt the Part 2 MRCOG?

Candidates in UK-based training who intend to enter the UK Specialist Register are permitted no more than 6 attempts at the Part 2 MRCOG. Candidates who wish to apply for the Part 2 MRCOG following 6 previous fails need to provide supporting documentation from their Head of School (or equivalent) outlining the exceptional reasons for permitting a further attempt at the exam.

Is there a time limit between passing the Part 1 MRCOG and passing the Part 2 MRCOG?

No, but the College does require you to have attempted the Part 2 at least once within a certain period of time after passing the Part 1 or gaining exemption from the Part 1:

• Candidates wishing to enter the UK Specialist Register must attempt the Part 2 within 7 years of passing/gaining exemption from the Part 1 (pro rata, to a maximum of 10 years)

• All other candidates must attempt the Part 2 within 10 years of passing/gaining exemption from the Part 1
After passing the Part 2 MRCOG written exam, do I have to appear for the immediately succeeding oral assessment?

Yes. The two parts are organised, written and blueprinted as a whole. A pass in the Part 2 written exam cannot be carried over. If you do not appear at the immediately succeeding oral assessment (or fail it), you will need to resit the Part 2 written exam. You should take this into account when making plans.

Does my performance in the Part 2 written exam affect my chances in the succeeding oral assessment?

No, the two are marked independently. Only the MRCOG Prize Medal is awarded based on a combined score.

I have passed the MRCOG but have not received my certificate. Who should I contact?

Please email the Membership Relations team or call +44 20 7772 6248.

What's the procedure if I want a more detailed breakdown of my exam results?

Candidates’ results letters contain the feedback approved by the Examination and Assessment Committee. For more information, please read the RCOG’s complaints and appeals procedures (PDF).

What training is required for the Part 2 MRCOG?

For full details, please see the Part 2 MRCOG regulations and the Part 2 MRCOG syllabus.

What courses do you recommend to help prepare for the exam?

The only courses the RCOG can wholeheartedly recommend are those run by the College itself. Visit the College’s Events pages for more information.

For online learning we strongly recommend StratOG, the College’s e-learning platform. This structured training resource is continuously updated, uses innovative tools and includes saveable interactive assessments (MCQs and EMQs) with instant, detailed feedback. StratOG is available free of charge to members of the RCOG Trainees’ Register. Other exam candidates can pay to access this useful resource.

Is there a recommended reading list for the Part 2 MRCOG?

Yes: the Part 2 subcommittees have put together a recommended reading list to help candidates prepare for the Part 2 MRCOG.

The syllabus is summarised on this page, explaining what you'll need to know for the Part 2 MRCOG exam. For more detail about the content of each module, please visit the curriculum pages, or download a PDF of the full curriculum for each module using the links below.
There is inevitably overlap between modules, and not all subjects and domains are relevant to a particular module.

**Modules** Full documents can be downloaded from RCOG website

- Module 1: Clinical skills
- Module 2: Teaching, appraisal and assessment
- Module 3: Information technology, clinical governance and research
- Module 5: Core surgical skills
- Module 6: Postoperative care
- Module 7: Surgical procedures
- Module 8: Antenatal care
- Module 9: Maternal medicine
- Module 10: Management of labour
- Module 11: Management of delivery
- Module 12: Postpartum problems (the puerperium)
- Module 13: Gynaecological problems
- Module 14: Subfertility
- Module 15: Sexual and reproductive health
- Module 16: Early pregnancy care
- Module 17: Gynaecological oncology
- Module 18: Urogynaecology and pelvic floor problems

**Module 1: Clinical skills**

You'll need to demonstrate your ability to:

- Take an obstetric and gynaecological history
- Communicate effectively
- Take notes concisely and accurately

Download the full curriculum for module 1 (PDF).
Module 2: Teaching, appraisal and assessment

You'll be expected to:

• Understand the principles of adult learning
• Demonstrate aptitude in teaching common practical procedures in O&G

Download the full curriculum for module 2 (PDF).

Module 3: Information technology, clinical governance and research

Use of IT, audit and standards

You'll be expected to:

• Demonstrate a full understanding of common usage of computing systems, including the principles of data collection, storage, retrieval, analysis and presentation
• Understand quality improvement and management
• Understand how to perform, interpret and use clinical audit cycles
• Understand the production and application of clinical standards, guidelines and care pathways and protocols

Risk management

You'll be expected to:

• Demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures

Research

You'll be expected to:

• Understand the difference between audit and research
• Understand how to plan a research project
• Demonstrate the skills needed to critically appraise scientific trials and literature
Ethical and legal issues

You'll be expected to:

• Understand the principles and legal issues surrounding informed consent, with particular awareness of the implications for the unborn child, post mortem examinations, consent to surgical procedures including sterilisation, parental consent and Fraser guidelines, medical certification, research and teaching

Confidentiality

You'll be expected to:

• Demonstrate awareness of the relevant strategies to ensure confidentiality, and when it might be broken

• Understand the role of interpreters and patient advocates

Download the full curriculum for module 3 (PDF).

Module 5: Core surgical skills

You'll be expected to:

• Demonstrate an understanding of the issues surrounding informed consent, including knowledge of complication rates, risks and likely success rates of different gynaecological operations, together with an understanding of diagnostic methods and treatment of complications

• Demonstrate an understanding of the appropriate use of blood and blood products together with postoperative fluid and electrolyte balance, and the diagnosis of these different postoperative problems

• Demonstrate your familiarity with surgery by discussing the common operations together with common surgical instruments and sutures

Download the full curriculum for module 5 (PDF).

Module 6: Postoperative care

You'll be required to:

• Demonstrate an understanding of all aspects of postoperative care (immediate, short-term and long-term), including the ability to assess a postoperative patient, know the diagnosis and know how to deal with it

• Know how to prevent common postoperative problems

• Be able to discuss all aspects of surgery, complications and follow-up with patients and relatives
Module 7: Surgical procedures

You'll be expected to:

• Demonstrate detailed knowledge of the basic surgical procedures in O&G, including diagnostic laparoscopy, hysteroscopy, gynaecological laparotomy for ovarian cysts, ectopic pregnancy, hysterectomy and vaginal surgery for prolapse, incontinence and vaginal hysterectomy

• Know the principles and procedures involved in more complex gynaecological surgery for cancer and endometriosis

• Have good knowledge of the principles of safe surgery, surgical instruments and sutures and the management of common complications of surgery

• Be aware of the principles of surgical teamworking, risk management and risk reduction

Download the full curriculum for module 7 (PDF).

Module 8: Antenatal care

You'll be expected to:

• Have a high level of understanding of normal antenatal processes and progress

• Be able to recognise and manage problems from preconceptual care through to delivery

• Be able to deal with the diversity of maternal choices in antenatal and intrapartum care

• Demonstrate skill in listening and in conveying complex information (e.g. concerning risk)

• Show understanding of the roles of other professionals, and demonstrate skills in liaison and empathic teamwork

• Be fully conversant with the principles of prenatal diagnosis and screening

• Understand the ways in which problems may affect the fetus, and be able to interpret and act upon any appropriate investigations

• Have good knowledge of the use of ultrasound in the investigation and treatment of disorders of the fetus

Download the full curriculum for module 8 (PDF).
Module 9: Maternal medicine

You'll be expected to:

• Have a good understanding of common medical disorders and the effect that pregnancy may have on them, as well as the effect of such disorders on pregnancy (this includes both medical and obstetric problems)

• Demonstrate your ability to assess and treat these conditions, liaise with colleagues in other specialties and know when more expert help is required

Download the full curriculum for module 9 (PDF).

Modules 10 and 11: Management of labour and Management of delivery

You'll be expected to:

• Have the knowledge, skills, understanding and judgement to be capable of initial management of intrapartum problems without direct supervision, including knowledge and understanding of normal and abnormal labour, data and investigation interpretation, clinical judgement and prioritisation, management of a team, communication skills, insights and knowing one’s limits, emotional and cultural awareness, and appropriate use of protocols and guidelines

• The exam may test certain aspects of practical skill relating to normal and abnormal delivery

Download the full curriculum for module 10 (PDF) and module 11 (PDF).

Module 12: Postpartum problems (the puerperium)

You'll be expected to:

• Understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems, including dealing with the resuscitation of both mother and baby and the ability to manage birth trauma and other birth complications

• Display empathy, counseling skills and an understanding of the role of other professionals

• Understand and be able to manage neonatal problems at birth, and be able to discuss these with parents

Download the full curriculum for module 12 (PDF).
Module 13: Gynaecological problems

You'll be expected to:

• Demonstrate knowledge of the aetiology, signs, symptoms, investigation and treatment of common gynaecological problems

• Appreciate the influence of psychosocial factors on the presentation and management of gynaecological problems using a patient-centred approach

• Demonstrate your understanding of the importance of audit, clinical governance and taking informed consent

Download the full curriculum for module 13 (PDF).

Module 14: Subfertility

You'll be expected to:

• Demonstrate appropriate knowledge, skills and attitudes in relation to subfertility, including an understanding of the epidemiology, aetiology, pathogenesis, clinical treatment and prognosis of all aspects of male and female fertility problems.

• Have knowledge of indications, limitations and interpretation of relative investigations and treatments in relation to both males and females, including disorders of development and endometriosis

• Have broad-based knowledge of assisted reproductive technologies, including ovulation induction, in vitro fertilisation, intracytoplasmic sperm injection, gamete donation and surrogacy, and the legal and ethical implications of these procedures

Download the full curriculum for module 14 (PDF).

Module 15: Sexual and reproductive health

You'll be expected to:

• Demonstrate appropriate knowledge, skills and attitudes in relation to fertility control, the diagnosis and management of sexually transmitted infections (including HIV) and sexual dysfunction

• Be familiar with irreversible and emergency contraception and abortion, their modes of action, efficacy, indications, contraindications and complications

• Be familiar with the laws relating to abortion, sexually transmitted disease, infection, consent and child protection
• Demonstrate broad-based recognition of management techniques relating to the sexual health of vulnerable groups, such as young people, asylum seekers, commercial sex workers, drug users and prisoners

• Know the basis of national screening programmes and their implementation through local care pathways

Download the full curriculum for module 15 (PDF).

**Module 16: Early pregnancy care**

You'll be expected to:

• Have a good understanding of early pregnancy and pregnancy loss, including diagnosis, investigations, management and psychological support in miscarriage and ectopic pregnancy

• Be able to assess and manage these conditions both medically and surgically

• Demonstrate your ability to communicate relevant information to the patient

• Have knowledge of the use of ultrasound in diagnosis and management

Download the full curriculum for module 16 (PDF).

**Module 17: Gynaecological oncology**

You'll be expected to:

• Have full knowledge of the aetiology and screening involved in gynaecological oncology, including the international perspective

• Understand presenting symptoms and their management and have the appropriate competencies for each stage of the diagnostic process, including comprehension of the different roles and skills needed in district lead and gynae oncologist

• Know the prognosis of and treatment options for gynaecological cancers

• Be able to demonstrate your ability to provide counseling for patients with gynaecological cancer

Download the full curriculum for module 17 (PDF).
Module 18: Urogynaecology and pelvic floor problems

You’ll be expected to:

• Understand the management of urinary and faecal incontinence, benign bladder conditions and urogenital prolapse
• Demonstrate an understanding of the anatomy, pathophysiology, epidemiology, aetiology and investigation of these conditions
• Know when more experienced help is required in the management of your patients
• Be able to discuss clearly all aspects of management with patients, carers and other continence care providers

Part 2 MRCOG: format

The Part 2 MRCOG consists of a written and an oral exam. Candidates must pass the written exam before proceeding to the oral exam.

Written exam

The written exam consists of three question formats:

• True/false multiple choice questions (MCQs) – worth 30% of the total mark
• Extended matching questions (EMQs) – worth 40% of the total mark
• Short answer questions (SAQs) – worth 30% of the total mark

Timetable

SAQ paper

• Duration: 1 hour 45 minutes (105 minutes)
• Number of questions: 4

45-minute break

EMQ and MCQ paper 1

• Duration: 2 hours 15 minutes (135 minutes)
• Number of questions: 45 EMQs, 120 MCQs

• Time management: Candidates are responsible for their own time management. However, the RCOG recommends spending 85 minutes on the EMQ paper and 50 minutes on the MCQ paper
30-minute lunch break

EMQ and MCQ paper 2

• Duration: 2 hours 15 minutes (135 minutes)

• Number of questions: 45 EMQs, 120 MCQs

• Time management: Candidates are responsible for their own time management. However, the RCOG recommends spending 85 minutes on the EMQ paper and 50 minutes on the MCQ paper.

Question types

For more information on each of the question types, please see the pages on MCQs, EMQs and SAQs.

Oral exam

Candidates who pass the written exam must sit the immediately following oral exam (i.e. candidates who pass the March written exam must sit the May oral exam; candidates who pass the September written exam must sit the November oral exam).

The written mark does not contribute towards the oral score.

Format

The oral exam consists of 12 stations. 10 of these stations will have an examiner present and 2 will be preparatory sessions for the next station.

Each station is 15 minutes long, which includes 1 minute for initial reading.

Each of the 10 active stations carries equal marks.

The format of the questions may be as follows:

• You may be asked to describe an operation in detail, which may include preoperative and postoperative discussions

• Your communications skills may be assessed by your interaction with a role player depicting a particular scenario

• Your history taking skills may be assessed

• You may be presented with a clinical problem and asked to explain it to a role player

• You may be faced with a number of clinical problems and have to prioritise what needs to be done and by whom

• You may be asked to describe, demonstrate or assemble some surgical equipment or to teach skills using it
• You may be asked to design an audit protocol
• You may be asked to critically appraise an information leaf

**MRCOG: pass mark**

What is the pass mark for the Part 1 and Part 2 MRCOG?

Part 1 and Part 2 MRCOG papers use a pass mark that has been standard set. Standard setting is a recognition that some of the question papers and OSCE stations are more difficult than others and a different pass mark is used for each exam, depending on the difficulty of each exam. Therefore, pass marks and pass rates fluctuate and there is no fixed level or quota.

**How does standard setting work?**

Standard setting is a complex process that varies for each type of paper. Essentially, it involves assessing the questions individually for their difficulty.

A large panel of carefully trained representative consultants implements the Part 1 and Part 2 MRCOG standard setting procedures. The panel reviews the questions testing knowledge of British O&G practice, bearing in mind the standard a competent trainee should achieve by the end of core training.

The standard setting system used for the Part 1 MRCOG was designed with advice from an educational consultant and was subject to a pilot before being rolled out. The system has been demonstrably successful in its aim of ensuring an even level of performance testing.

• For the Part 1 MRCOG, a modified Angoff method is used for the MCQ and SBA papers.

• For the Part 2 MRCOG, a modified Angoff method is used for the MCQ and EMQ papers; a limen method is used for the short answer questions; and a modified Rothman method is used for the oral exam.

Why is standard setting used?

The aim of standard setting is to improve the fairness and validity of the exam process and to set levels of competence for exam success.

The use of standard setting bears no relationship to the percentage of candidates who will succeed in the exam, or to any other external factors.