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Part 2 MRCOG: 500 EMQs and SBAs

Andrew Sizer

Shrewsbury and Telford Hospital NHS Trust and Keele University School of Medicine

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Foreword

Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) is a highly regarded qualification throughout the world and confirms that the successful candidate has achieved a widely respected standard of knowledge, skills, attitudes and competencies in the practice of obstetrics and gynaecology. The award of MRCOG is made after successfully passing all three parts of the MRCOG examination. The Part 2 MRCOG is designed to test the skills necessary to pass from core clinical training (ST1–ST5) to higher specialist training (ST6 and ST7), and represents a significant hurdle in this transition.

This book of practice questions is an invaluable resource for candidates preparing for the Part 2 MRCOG examination. Written by experienced examiners and members of RCOG examination subcommittees, this book gives candidates the most relevant and authentic practice in preparation for the examination of all the currently available resources. The authors have vast expertise in writing examination questions and coaching candidates through courses, and therefore this book represents the most relevant examination preparation material available to date. The authors make very clear that this book should be used in addition to the standard revision resources as recommended by the RCOG but have helpfully referenced each and every explanation of the correct answer to enable the candidate to focus their revision of each particular topic.

This resource should become an essential part of examination preparation for all candidates attempting the Part 2 MRCOG examination.

Dr Lisa Joels MB ChB MD FRCOG FHEA

Chair of the RCOG Examination and Assessment Committee 2015-18

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Preface

The current format of the Part 2 MRCOG examination is now well established with the change to written papers containing single best answer (SBAs) and extended matching questions (EMQs) commencing in March 2015.

The Part 2 MRCOG examination is primarily concerned with testing candidates' knowledge of the entire specialty of obstetrics and gynaecology as defined by the Royal College of Obstetricians and Gynaecologists (RCOG) curriculum.

The new Part 3 examination now provides the clinical assessment.

It is always preferable to enter an examination having had ample opportunity to practise the type of questions with which one will be faced. To this end, we have produced this book containing 250 SBA and 250 EMQ questions.

We have mapped the questions across all the modules of the curriculum that appear in the Part 2 MRCOG examination and have used the following sources as our primary references:

- RCOG guidelines
- National Institute for Health and Care Excellence (NICE) guidelines
- Articles in The Obstetrician & Gynaecologist.

The styles of the 500 questions are different, but this will mimic the actual examination, since numerous authors have contributed to the Part 2 MRCOG question bank.

In this book, we have tried to conform to the style of questions found in the Part 2 MRCOG examination but have deliberately separated the questions into the different modules of the syllabus. In this way, candidates will be able to test their knowledge in each of the modules after they have completed the necessary reading for that particular module. For each answer, we have provided a brief explanation and a reference to allow further or more in-depth reading of that subject. The explanations given here are not meant to replace the wider reading of the subject that is required to attain the level necessary to pass the Part 2 MRCOG examination.

Knowledge accumulates, practice alters and guidelines change. We will be grateful for feedback.

We hope that candidates for the Part 2 MRCOG will find this book helpful in their preparation for the Part 2 MRCOG examination.

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Author profiles

Andrew Sizer

Andrew Sizer is a Consultant Obstetrician and Gynaecologist at the Shrewsbury and Telford Hospital NHS Trust and Senior Lecturer at Keele University School of Medicine. He is currently RCOG College Tutor for the Trust and Undergraduate Lead for Women's Health at the Shropshire campus for Keele University. Within the Postgraduate School of Obstetrics and Gynaecology in Health Education England, West Midlands, he is the Chair of Intermediate Training (ST3–5). He is the immediate past Chair of the Part 1 MRCOG examination committee and is current Chair of the standard setting committee and Honorary Deputy Director of Conferences at the RCOG. He was an examiner for the Part 2 MRCOG OSCE and is a current examiner for the Part 3 MRCOG clinical assessment. He is the lead author of two existing books for MRCOG examination preparation: *SBAs for the Part 1 MRCOG* (2012) and *Part 2 MRCOG: Single Best Answer Questions* (2016). He is also the developer of the andragOG.co.uk website, where a variety of other questions in a similar format are available.

Bidyut Kumar

Bid Kumar was appointed as a Consultant Obstetrician and Gynaecologist in 2001. He has been a RCOG tutor and a member of the Wales Deanery Specialty Training Committee. He is an honorary lecturer at Cardiff University Medical School and an honorary Senior Lecturer at Bangor University. He is a current Part 3 MRCOG examiner and has a number of current and former roles at the RCOG including the Part 2 course faculty, Part 2 MRCOG EMQ subcommittee and Green-top Guideline committee. He is Editor-in-Chief of *Ultrasound*, the journal of the British Medical Ultrasound Society, and an Associate Editor of the *The Obstetrician & Gynaecologist*. He actively contributes to the education and continued professional development of many healthcare professionals. Bid is an editor-author of *Fetal Medicine*, a textbook of the RCOG's Advanced Skills series (2016) and a co-author of *Tasks for Part 3 MRCOG Clinical Assessment* (2018). Bid also works for the National Guideline Alliance (NICE) as a topic lead for the review of many obstetric guidelines.

Guy Calcott

Guy Calcott is a newly appointed Consultant Obstetrician and Gynaecologist at the Shrewsbury and Telford Hospital NHS Trust with a special interest in high-risk obstetrics, maternal medicine and early pregnancy care. He qualified with a distinction in Medicine and Surgery from Imperial College School of Medicine in 2009 and a First Class Honours Bachelor of Science in Surgery and Anaesthesia. He completed foundation training and early obstetrics and gynaecology training at North West Thames before relocating to the West Midlands in 2013. He completed the MRCOG in 2015 and has been presenting and teaching on Part 2 MRCOG courses two to three times per year since 2016.

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The authors would like to acknowledge the contribution of Mr Sujeewa Fernando, Consultant Obstetrician and Gynaecologist, Wrexham Maelor Hospital, to the questions included in module 18.

We would also like to thank the following doctors for being our 'proofreaders' during the first drafts of the manuscript and for their useful feedback: Dr Joanne Ritchie MRCOG, Dr Banchhita Sahu MRCOG, Dr Michael Algeo MRCOG, Dr James Castleman MRCOG, Dr Hector Georghiu MRCOG and Dr Pedro Melo MRCOG.

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Normal ranges (non-pregnant) used in the MRCOG

Haematology

Haemoglobin (female): 115-160 g/l Haematocrit (female): 37-47% Total white cell count: $4.0 \times 10^9 - 11.0 \times 10^9 / l$ Platelets: $150 \times 10^9 - 400 \times 10^9 / l$ **Clinical chemistry** 135-145 mmol/l Sodium: Potassium: 3.5-5.2 mmol/l Urea: 2.5-7.0 mmol/l Creatinine: 60-120 µmol/l Liver function Albumin: 35-50 g/l Total bilirubin: 0-22 µmol/l Alkaline phosphatase: 40-130 IU/l Alanine aminotransferase (ALT): 0-40 IU/l γ-Glutamyl transferase: 0-75 U/l Bile acids: 0-14 µmol/l

Endocrine

Lindoerine	
Thyroid-stimulating hormone (TSH):	0.35-5.5 mU/l
Free T4:	11–24 pmol/l
Follicle-stimulating hormone (FSH):	1–11 IU/l
Luteinising hormone (LH):	2–13 IU/l
Testosterone (female):	0.5-3.0 nmol/l
Testosterone (male):	8–30 nmol/l
Prolactin:	0–520 mU/l
Free androgen index:	0.5-6.5%
Sex hormone-binding globulin:	18–144 nmol/l
Cancer antigen 125 (CA125):	0-35 IU/ml

Please note: normal ranges can vary among laboratories.

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Abbreviations

AEDanti-epileptic drugFSHGynecology and ObstetricsAEParti-epileptic drugFSHfollicle-stimulating hormoneAFPa-fetoproteinFSRHFaculty of Sexual andALTalanine transaminaseReproductive HealthcareAMHanti-Müllerian hormoneGBSgroup B StreptococcusARBangiotensin-receptorGnRHgonadotropin-releasingblockerhormonehormoneAREDVabsent or reversed end-GTGGreen-top Guidelinediastolic velocityHAARThighly active antiretroviraltreatmentSexual Health and HIVHBVhepatitis B virusBAUSBritish Association ofhCGhuman chorionicUrological SurgeonsgonadotropinBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman immunodeficiencycCTGcomputerised CTGvirusCEAcarcinoembryonc antigenHRTCIconfidence intervaltherapyCOCPcomputerised tomographyHSDDCTGcardiotcographsalpingographyCTPAcomputerised tomographyIAPCTPAchest X-rayICSIpulmonary angiographyICSICTPAchest X-rayICSIpulmonary angiographyICSICTPAcomputed fetal weightIUCDpulmonary angiographyfortion-1EFWestimated fetal weightIUCDEUROPEsetand fetal weight<	ACE	angiotensin-converting	FIGO	International Federation of
AFP ALTα-fetoproteinFSRH Faculty of Sexual and Reproductive Healthcare group B Streptococcus group B Streptococcus angiotensin-receptorFSRH GBS group B Streptococcus gonadotropin-releasing hormoneAREDVabsent or reversed end- diastolic velocityGTGGreen-top Guideline hormoneAREDVabsent or reversed end- diastolic velocityGTGGreen-top Guideline hormoneBASHHBritish Association for Sexual Health and HIVHBVhepatitis B virusBAUSBritish Association of Urological SurgeonshCGhuman chorionic gonadotropinBHIVABritish Association of Urological SurgeonsHELLPhaemolysis, elevated liver enzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation and Embryology Authority therapyEmbryology Authority therapyCCTGcomputerised CTGvirusVirusCCAPconfidence intervalHRThormone replacement therapyCCPcombined oral contraceptive pillHSDhypoactive sexual desire alisorderCTGcardiotocographIAPintrapartun antibiotic prophylaxisCTGcardiotocographIAPintrapartun antibiotic prophylaxisCTAcomputerised tomographyIAPintrapartun antibiotic prophylaxisCTGcardiotocographIAPintratyctplasmic sperm injectionDCDAdichorionic diamniotic fetal weightIUCDintratuctroplasmic sperm injectionDCDAdichorionic diamniotic fetal weight <t< td=""><td></td><td>enzyme</td><td></td><td>Gynecology and Obstetrics</td></t<>		enzyme		Gynecology and Obstetrics
ALTalanine transaminaseReproductive HealthcareAMHanti-Müllerian hormoneGBSgroup B StreptococcusARBangiotensin-receptorGnRHgonadotropin-releasingblockerhormonehormoneAREDVabsent or reversed end-GTGGreen-top Guidelinediastolic velocityHAARThighly active antiretroviralBASHHBritish Association fortreatmentSexual Health and HIVHBVhepatitis B virusBAUSBritish Association ofmuman chorionicUrological SurgeonsgonadotropinBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation andCBTcognitive behaviouralEmbryology AuthoritytherapyHIVhuman immunodeficiencycCTGcomputerised CTGvirusCOCPcombined oral contraceptiveHSDpillhypoactive sexual desirepillconfidence intervaltherapyCTGcarcitocographsalpingogramCTcomputerised tomographyIAPCTPAcomputer domographyIAPCTPAcomputer detailed relationinitracytoplasmic spermDCDAdichorionic diamnioticinitractive contraceptiveDVTdeep vein thrombosisIGFBP-1EFWestimated fetal weightIUCDEFWestimated fetal weightIUCDEFMCestimated fetal weightIUCDEFMCfetal blood sampling <td>AED</td> <td>anti-epileptic drug</td> <td>FSH</td> <td>follicle-stimulating hormone</td>	AED	anti-epileptic drug	FSH	follicle-stimulating hormone
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ARBangiotensin-receptor blockerGnRHgonadotropin-releasing hormoneAREDVabsent or reversed end- diastolic velocityGTGGreen-top GuidelineHarderdiastolic velocityHAARThighly active antiretroviral treatmentBASHHBritish Association for Sexual Health and HIVHBVhepatitis b virusBAUSBritish Association of Urological SurgeonshCGhuman chorionic gonadotropinBHIVABritish HIV AssociationHELLPhaemolysis, elevated liverBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation and Embryology Authority therapyCTGcomputerised CTGvirusCEAcarcinoembryonc antigenHRThormone replacementtherapyCOCPcombined oral contraceptive pillHSDDCTGcardiotoographsalpingographyCTGcardiotoographyHSGCTAcomputerised tomographyIAPCTAcomputer domographyIAPCTAcomputer domographyIAPDCDAdichorionic diamniotic pulmonary angiographyinstal-line growth factor-DVTdeep vein thrombosisIGFBP-1EFWestimated fetal weightIUCDItrauterine contraceptive binding protein-1EmbryologyFBCfull blood countLAVHIaparoscopic-assisted vaginal hysterectomywaginal hysterectomy	ALT	alanine transaminase		Reproductive Healthcare
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diastolic velocityHAARThighly active antiretroviral treatmentBASHHBritish Association fortreatmentSexual Health and HIVHBVhepatitis B virusBAUSBritish Association ofhCGhuman chorionicUrological SurgeonsgonadotropinBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation andCBTcognitive behavioural therapyEmbryology AuthoritytherapyHIVhuman immunodeficiencycCTGcomputerised CTGvirusCCAcarcinoembryonc antigenHRTCIconfidence intervaltherapyCOPcombined oral contraceptiveHSDDhypoactive sexual desire alisorderCRPC-reactive proteinHSGhystero-contrast- salpingographyCTGcardiotocographIAPintraprutu antibiotic pulmonary angiographyCTAcomputed tomographyIAPintraprutu antibiotic prophylaxisDCDAdichorionic diamnioticinjectionDKAdiabetic ketoacidosisIGFBP-1insulin-like growth factor- binding protein-1EFWestimated fetal weightIUCDintrauterine contraceptive binding protein-1EFWEuropean Society ofIVFin vitro fertilisation deviceFBCfull blood countLAWHlaparoscopic-assisted vaginal hysterectomy	ARB	-	GnRH	
BASHHBritish Association for Sexual Health and HIVtreatment HBVBAUSBritish Association of Urological SurgeonshCG gonadotropinBHIVABritish Association of Urological SurgeonshCGBMIbody mass indexenzymes and low plateletsBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEACBTcognitive behavioural therapyEmbryology AuthoritytherapyHIVhuman immunodeficiencycCTGcomputerised CTGvirusCCAcarcinoembryonc antigenHRTCIconfidence intervaltherapyCOCPcombined oral contraceptiveHSDDpilldisorderCTGcardiotocographsalpingogramCTcomputerised tomographyHAPintrapartum antibiotic pulmonary angiographyprophylaxisCXRchest X-rayICSIDCDAdichorionic diamnioticintrapartum antibioticDVTdeep vein thrombosisIGFBP-1DVTdeep vein thrombosisIGFBP-1EFWestimated fetal weightIUCDESHREEuropean Society ofIVFFBCfull blood countLAVHHaparoscopic-assistedvaginal hysterectomy	AREDV	absent or reversed end-	GTG	Green-top Guideline
Sexual Health and HIVHBVhepatitis B virusBAUSBritish Association of Urological SurgeonshCGhuman chorionic gonadotropinBHIVABritish HIV AssociationHELLPhaemolysis, elevated liver enzymes and low plateletsBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation and Embryology Authority therapyCCTGcognitive behavioural therapyEmbryology Authority virusCEAcarcinoembryonc antigenHRThormone replacement disorderCIconfidence intervalHSDDhypoactive sexual desire alisorderCRPC-reactive proteinHSGhysterosalpingogram salpingographyCTGcardiotocographsalpingographyCTGcardiotocographsalpingographyCTAcomputed tomographyIAPintrapartum antibiotic prophylaxisCXRchest X-rayICSIintracytoplasmic sperm injectionDCDAdichorionic diamnioticingerotein-1EFWestimated fetal weightIUCDintrauterine contraceptive portial station deviceEMQextended matching questiondeviceEMUextended matching question aming of the station and aming of the station and aming of the station aming of the station aming of the station aming of the stationCTGcomputed tomographyIAPCTGcardiotocographintractoplasmic sperm injectionDCDAdichorionic diamnioticintractoplasmic sperm devic		diastolic velocity	HAART	highly active antiretroviral
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BHIVABritish HIV AssociationHELLPhaemolysis, elevated liverBMIbody mass indexenzymes and low plateletsbpmbeats per minuteHFEAHuman Fertilisation andCBTcognitive behaviouralEmbryology AuthoritytherapyHIVhuman immunodeficiencycCTGcomputerised CTGvirusCEAcarcinoembryonc antigenHRTCIconfidence intervaltherapyCOCPcombined oral contraceptiveHSDDpilldisorderCTGcardiotocographHSGCTGcardiotocographCTGcardiotocographCTGcardiotocographCTGcardiotocographCTAcomputed tomographyPDDAdichorionic diamnioticpulmonary angiographyIAPDCDAdichorionic diamnioticDVTdeep vein thrombosisEFWestimated fetal weightEMAIUCDEMAdeviceESHREEuropean Society ofFBCfull blood countFBSfetal blood samplingVaginal hysterectomy	BAUS	British Association of	hCG	human chorionic
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Human Reproduction and EmbryologyLAM methodlactational amenorrhoea methodFBCfull blood countLAVHlaparoscopic-assisted vaginal hysterectomy	EMQ	extended matching question		device
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FBCfull blood countLAVHlaparoscopic-assistedFBSfetal blood samplingvaginal hysterectomy			LAM	lactational amenorrhoea
FBCfull blood countLAVHlaparoscopic-assistedFBSfetal blood samplingvaginal hysterectomy				method
FBS fetal blood sampling vaginal hysterectomy	FBC		LAVH	laparoscopic-assisted
	FBS	fetal blood sampling		
	FGM		LDH	lactate dehydrogenase

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xviii Abbreviations

LFT	liver function test	PCOS	polycystic ovarian syndrome
LH	luteinising hormone	PE	pulmonary embolism
LMWH	low-molecular-weight	PET	positron emission
	heparin		tomography
LNG-IUS	levonorgestrel-releasing	PGE2	prostaglandin E2
	intrauterine system	PID	pelvic inflammatory disease
MBRRACE	Mothers and Babies:	PPROM	preterm prelabour rupture
	Reducing Risk through		of membranes
	Audits and Confidential	PTS	post-thrombotic syndrome
	Enquiries	PTSD	post-traumatic stress
MCA	middle cerebral artery		disorder
MCDA	monochorionic diamniotic	PUQE	pregnancy-unique
MOGCT	malignant ovarian germ cell		quantification of emesis
	tumour	RCOG	Royal College of
MPA	medroxyprogesterone		Obstetricians and
	acetate		Gynaecologists
MRKH	Mayer-Rokitansky-Kuster-	RMI	risk of malignancy index
	Hauser	RCVS	reversible cerebral
MRI	magnetic resonance imaging		vascoconstriction syndrome
MRSA	methicillin-resistant	SBA	single best answer
	Staphylococcus aureus	SGA	small for gestational age
NAAT	nucleic acid amplification	ST	speciality trainee
	test	STV	short-term variation
NCEPOD	National Confidential	TCRE	transcervical resection of
	Enquiry into Patient		the endometrium
	Outcome and Death	TENS	transcutaneous electrical
NHSLA	National Health Service		nerve stimulation
	Litigation Authority	TTP	thrombotic
NICE	National Institute for Health		thrombocytopenic purpura
	and Care Excellence	TTTS	twin-to-twin transfusion
NSAID	non-steroidal anti-		syndrome
	inflammatory drug	U&E	urea and electrolytes
NVP	nausea and vomiting in	UDCA	ursodeoxycholic acid
	pregnancy	UKMEC	UK Medical Eligibility
OASIS	obstetric anal sphincter		Criteria for Contraceptive
	injuries		Use
OHSS	ovarian hyperstimulation	UTI	urinary tract infection
	syndrome	V/Q	ventilation/perfusion
OR	odds ratio	VBAC	vaginal birth after a
PAEC	progesterone receptor		caesarean
	modulator-associated	VIN	vulval intraepithelial
	endometrial changes		neoplasia
PAMG-1	placental α-microglobulin-1	VTE	venous thromboembolism
PCA	patient-controlled analgesia	WPBA	workplace-based assessment
PCO,	partial pressure of carbon	WHO	World Health Organization
2	dioxide		č

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Introduction

Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) is an essential component of specialist training in obstetrics and gynaecology in the UK.

Possession of the MRCOG is also highly regarded by doctors working in other countries across the world, and many see the MRCOG as the 'gold standard' qualification in obstetrics and gynaecology.

Worldwide, there are over 16,000 Fellows and Members of the RCOG.

Format of the Part 2 MRCOG written examination

The Part 2 examination consists of two written papers with a short break (approximately 30–60 minutes) between them.

The two papers are identical in format and carry the same number of marks.

Each paper consists of 50 SBAs and 50 EMQs, but the weighting of the two question types is different, with the SBA component being worth 40% of the marks and the EMQ component 60%.

Each paper is of 3 hours' duration, but in view of the weighting, the RCOG recommends that candidates spend approximately 70 minutes on the SBA component and 110 minutes on the EMQ component. The only time warnings are 30 minutes and 10 minutes before the end of the examination, so candidates must take responsibility for their own time management. Candidates must also remember to allow enough time to transfer their answers onto the computer marking sheets, as there is no extra time to do this.

Traditionally, one paper is mainly obstetrics and the other mainly gynaecology, but there is no guarantee that this is this case, and, theoretically, any type of question or subject could appear in either paper.

Using this book

We hope that our 500 questions give a broad coverage of the syllabus and that you will find the different styles of question writing useful. However, as obstetrics and gynaecology is such a vast subject, it is not possible for 500 questions to cover every facet of the specialty.

Core modules 4 and 19 are not covered by the Part 2 examination so no questions on these two modules have been included.

Different modules cover different proportions of the curriculum. The two biggest modules in terms of subject area are antenatal care and gynaecological problems. These modules therefore have the greatest number of questions in the book, with other modules appropriately weighted according to their size.

We hope you find this book helpful as part of your examination preparation.