Part 2 MRCOG: 500 EMQs and SBAs

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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

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.

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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Normal ranges (non-pregnant) used in the MRCOG

Haematology	
Haemoglobin (female):	115–160 g/l
Haematocrit (female):	37–47%
Total white cell count:	4.0×10^9–11.0×10^9/l
Platelets:	150×10^9–400×10^9/l
Clinical chemistry	
Sodium:	135–145 mmol/l
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	
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.

Abbreviations

ACE	angiotensin-converting enzyme
AED	anti-epileptic drug
AFP	α-fetoprotein
ALT	alanine transaminase
AMH	anti-Müllerian hormone
ARB	angiotensin-receptor blocker
AREDV	absent or reversed end-diastolic velocity
BASHH	British Association for Sexual Health and HIV
BAUS	British Association of Urological Surgeons
BHIVA	British HIV Association
BMI	body mass index
bpm	beats per minute
CBT	cognitive behavioural therapy
cCTG	computerised CTG
CEA	carcinoembryonc antigen
CI	confidence interval
COCP	combined oral contraceptive pill
CRP	C-reactive protein
CT	computerised tomography
CTG	cardiotocograph
CTPA	computed tomography pulmonary angiography
CXR	chest X-ray
DCDA	dichorionic diamniotic
DKA	diabetic ketoacidosis
DVT	deep vein thrombosis
EFW	estimated fetal weight
EMQ	extended matching question
ESHRE	European Society of Human Reproduction and Embryology
FBC	full blood count
FBS	fetal blood sampling
FGM	female genital mutilation
FIGO	International Federation of Gynecology and Obstetrics
FSH	follicle-stimulating hormone
FSRH	Faculty of Sexual and Reproductive Healthcare
GBS	group B *Streptococcus*
GnRH	gonadotropin-releasing hormone
GTG	Green-top Guideline
HAART	highly active antiretroviral treatment
HBV	hepatitis B virus
hCG	human chorionic gonadotropin
HELLP	haemolysis, elevated liver enzymes and low platelets
HFEA	Human Fertilisation and Embryology Authority
HIV	human immunodeficiency virus
HRT	hormone replacement therapy
HSDD	hypoactive sexual desire disorder
HSG	hysterosalpingogram
HyCoSy	hystero-contrast-salpingography
IAP	intrapartum antibiotic prophylaxis
ICSI	intracytoplasmic sperm injection
IGFBP-1	insulin-like growth factor-binding protein-1
IUCD	intrauterine contraceptive device
IVF	in vitro fertilisation
LAM	lactational amenorrhoea method
LAVH	laparoscopic-assisted vaginal hysterectomy
LDH	lactate dehydrogenase

LFT	liver function test
LH	luteinising hormone
LMWH	low-molecular-weight heparin
LNG-IUS	levonorgestrel-releasing intrauterine system
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MCA	middle cerebral artery
MCDA	monochorionic diamniotic
MOGCT	malignant ovarian germ cell tumour
MPA	medroxyprogesterone acetate
MRKH	Mayer–Rokitansky–Kuster–Hauser
MRI	magnetic resonance imaging
MRSA	methicillin-resistant *Staphylococcus aureus*
NAAT	nucleic acid amplification test
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Health and Care Excellence
NSAID	non-steroidal anti-inflammatory drug
NVP	nausea and vomiting in pregnancy
OASIS	obstetric anal sphincter injuries
OHSS	ovarian hyperstimulation syndrome
OR	odds ratio
PAEC	progesterone receptor modulator-associated endometrial changes
PAMG-1	placental α-microglobulin-1
PCA	patient-controlled analgesia
PCO_2	partial pressure of carbon dioxide
PCOS	polycystic ovarian syndrome
PE	pulmonary embolism
PET	positron emission tomography
PGE2	prostaglandin E2
PID	pelvic inflammatory disease
PPROM	preterm prelabour rupture of membranes
PTS	post-thrombotic syndrome
PTSD	post-traumatic stress disorder
PUQE	pregnancy-unique quantification of emesis
RCOG	Royal College of Obstetricians and Gynaecologists
RMI	risk of malignancy index
RCVS	reversible cerebral vascoconstriction syndrome
SBA	single best answer
SGA	small for gestational age
ST	speciality trainee
STV	short-term variation
TCRE	transcervical resection of the endometrium
TENS	transcutaneous electrical nerve stimulation
TTP	thrombotic thrombocytopenic purpura
TTTS	twin-to-twin transfusion syndrome
U&E	urea and electrolytes
UDCA	ursodeoxycholic acid
UKMEC	*UK Medical Eligibility Criteria for Contraceptive Use*
UTI	urinary tract infection
V/Q	ventilation/perfusion
VBAC	vaginal birth after a caesarean
VIN	vulval intraepithelial neoplasia
VTE	venous thromboembolism
WPBA	workplace-based assessment
WHO	World Health Organization

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.