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
Bidy 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 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.
Acknowledgements

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.
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
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 µU/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

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

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>LFT</td>
<td>liver function test</td>
</tr>
<tr>
<td>LH</td>
<td>luteinising hormone</td>
</tr>
<tr>
<td>LMWH</td>
<td>low-molecular-weight heparin</td>
</tr>
<tr>
<td>LNG-IUS</td>
<td>levonorgestrel-releasing intrauterine system</td>
</tr>
<tr>
<td>MBRRACE</td>
<td>Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries</td>
</tr>
<tr>
<td>MCA</td>
<td>middle cerebral artery</td>
</tr>
<tr>
<td>MCDA</td>
<td>monochorionic diamniotic</td>
</tr>
<tr>
<td>MOGCT</td>
<td>malignant ovarian germ cell tumour</td>
</tr>
<tr>
<td>MPA</td>
<td>medroxyprogesterone acetate</td>
</tr>
<tr>
<td>MRKH</td>
<td>Mayer–Rokitansky–Kuster–Hauser</td>
</tr>
<tr>
<td>MRI</td>
<td>magnetic resonance imaging</td>
</tr>
<tr>
<td>MRSA</td>
<td>meticillin-resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NAAT</td>
<td>nucleic acid amplification test</td>
</tr>
<tr>
<td>NCEPOD</td>
<td>National Confidential Enquiry into Patient Outcome and Death</td>
</tr>
<tr>
<td>NHSLA</td>
<td>National Health Service Litigation Authority</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>NSAID</td>
<td>non-steroidal anti-inflammatory drug</td>
</tr>
<tr>
<td>NVP</td>
<td>nausea and vomiting in pregnancy</td>
</tr>
<tr>
<td>OASIS</td>
<td>obstetric anal sphincter injuries</td>
</tr>
<tr>
<td>OHSS</td>
<td>ovarian hyperstimulation syndrome</td>
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<tr>
<td>OR</td>
<td>odds ratio</td>
</tr>
<tr>
<td>PAEC</td>
<td>progesterone receptor modulator-associated endometrial changes</td>
</tr>
<tr>
<td>PAMG-1</td>
<td>placental α-microglobulin-1</td>
</tr>
<tr>
<td>PCA</td>
<td>patient-controlled analgesia</td>
</tr>
<tr>
<td>PCO₂</td>
<td>partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>PCOS</td>
<td>polycystic ovarian syndrome</td>
</tr>
<tr>
<td>PE</td>
<td>pulmonary embolism</td>
</tr>
<tr>
<td>PET</td>
<td>positron emission tomography</td>
</tr>
<tr>
<td>PGE2</td>
<td>prostaglandin E2</td>
</tr>
<tr>
<td>PID</td>
<td>pelvic inflammatory disease</td>
</tr>
<tr>
<td>PPROM</td>
<td>preterm prelabour rupture of membranes</td>
</tr>
<tr>
<td>PTS</td>
<td>post-thrombotic syndrome</td>
</tr>
<tr>
<td>PTSD</td>
<td>post-traumatic stress disorder</td>
</tr>
<tr>
<td>PUQE</td>
<td>pregnancy-unique quantification of emesis</td>
</tr>
<tr>
<td>RCOG</td>
<td>Royal College of Obstetricians and Gynaecologists</td>
</tr>
<tr>
<td>RMI</td>
<td>risk of malignancy index</td>
</tr>
<tr>
<td>RCVS</td>
<td>reversible cerebral vasocostriction syndrome</td>
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<tr>
<td>SBA</td>
<td>single best answer</td>
</tr>
<tr>
<td>SGA</td>
<td>small for gestational age</td>
</tr>
<tr>
<td>ST</td>
<td>speciality trainee</td>
</tr>
<tr>
<td>STV</td>
<td>short-term variation</td>
</tr>
<tr>
<td>TCRE</td>
<td>transcervical resection of the endometrium</td>
</tr>
<tr>
<td>TENS</td>
<td>transcutaneous electrical nerve stimulation</td>
</tr>
<tr>
<td>TTP</td>
<td>thrombotic thrombocytopenic purpura</td>
</tr>
<tr>
<td>TTTS</td>
<td>twin-to-twin transfusion syndrome</td>
</tr>
<tr>
<td>U&amp;E</td>
<td>urea and electrolytes</td>
</tr>
<tr>
<td>UDCA</td>
<td>ursoodeoxycholic acid</td>
</tr>
<tr>
<td>UKMEC</td>
<td><em>UK Medical Eligibility Criteria for Contraceptive Use</em></td>
</tr>
<tr>
<td>UTI</td>
<td>urinary tract infection</td>
</tr>
<tr>
<td>V/Q</td>
<td>ventilation/perfusion</td>
</tr>
<tr>
<td>VBAC</td>
<td>vaginal birth after a caesarean</td>
</tr>
<tr>
<td>VITE</td>
<td>venous thromboembolism</td>
</tr>
<tr>
<td>WPBA</td>
<td>workplace-based assessment</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
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.