FOREWORD

The Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) remains the cornerstone for the assessment of knowledge required by trainee doctors in the UK. Passing the exam is a prerequisite for progression through the structured training programme towards the Certificate of Completion of Training (CCT) and entry on to the Specialist Register. The standard of the exam remains high and the curriculum is based on UK practice.

The MRCOG Part 1 and Part 2 exams can be taken at any time after graduation. This book aims to provide an exam revision guide for trainee doctors in ST1- ST5 and international candidates preparing to sit the exam.

For international graduates often working outside of recognised training programmes, it is a tough exam to pass. Despite this, many international graduates continue to take the exam knowing that success will demonstrate the acquisition of knowledge to a high standard, which will enhance the treatment of the women and babies in their care.

The MRCOG Part 1 has changed in the last few years. It has always tested the knowledge base in all the basic sciences as they pertain to obstetrics and gynaecology, but the examination now contains only single best answers (SBAs). This allows the syllabus to be tested in a more clinically relevant manner. Doctors planning to take the exam must know how to answer the SBA format, and for this they require exam technique and clinical knowledge.

In this edition there are 1100 SBAs - 35% more than in the first - which have been updated to account for changes in practice and guidelines. Covering all the core sciences as well as current RCOG clinical recommended practice, MRCOG Part 1:400 SBAs provides a comprehensive revision aid with helpful explanations after each question.

From March 2015, the format of the MRCOG Part 2 consists of two written papers, each of which count for 50% of the total score. In each paper there are two question formats: 50 single best answer questions (SBAs) and 50 extended matching questions (EMQs). The duration of each exam is three hours with no formal time allocation to each section. However, the RCOG recommends spending 110 minutes on the EMQ paper and 70 minutes on the SBA paper, given that the EMQ component carries 60% of the total mark. The RCOG website, www.rcog.org.uk, provides further detail on the exam format, together with some sample questions, which you should be familiar with.

In the months leading up to the exam, make sure you are up-to-date with all clinical guidelines and practice in the UK. This includes familiarizing yourself with the RCOG Green-top Guidelines, patient information forms, consent advice, and scientific advisory papers. Non-RCOG guidance which you should refer to include the CEMACH/CEMACE reports, NICE Guidelines, *The Obstetrician and Gynaecologist, A Guide to the Part* 2 MRCOG and the *MRCOG and Beyond* series.

Practising exam papers will also provide insight into whether you need to allocate more time to EMQs or SBAs. It may help to understand the structure of the questions. EMQs have four components: the theme, an¬swer options, the instructions, and the question items. SBAs, on the other hand, consist simply of a

question and five answer options. Some SBAs include a lead-in statement preceding the question. In both SBAs and EMQs, the answer options are in alphabetical or in some other logical order.

Exam revision advice

Exam format

The MRCOG Part 1 exam is composed of Paper 1 and Paper 2. Each paper consists of 100 single best answer (SBA) questions and is equally weighted with 50% of the marks available for each. Each paper must be completed within two hours and thirty minutes (150 minutes).

Single best answer (SBA) questions

SBAs comprise of three components: a stem (most commonly a clinically relevant vignette), a lead in question and five answer options. The answer options are homogenous and are presented in alphabetical or numerical order for ease of reference.

Candidates should read the question carefully then select the single most appropriate answer from the five options.

The nature of a SBA means that there are four distractors surrounding the correct answer. Of the four distractors, there may be one or two distractors which can reasonably be identified as incorrect. There are also likely to be one or two distractors that are plausible answers. At this point candidates will need to read the stem and lead in question again, then make a judgement as to which answer fits best.

What is an SBA?

Single best answer questions - also referred to as 'best of five' questions - usually consist of a stem describing a scenario, a lead-in question, and five plausible options labelled a-e, one of which is clearly the most appropriate. They are designed to assess application of knowledge and clinical reasoning.

Although the five options are plausible - some may even be partially correct - there is always one answer that is clearly the best.

A typical SBA is shown below:

A 24-year-old presents at 27 weeks into her second pregnancy feeling unwell, with backache, fever and rigors. She has a temperature of 39.5 °C. Urinalysis shows leucocytes and protein +++. Her blood pressure is 80/50.

Which is the most appropriate action to take?

a) Admit to ICU/HDU for intravenous antibiotics and supportive care
b) Arrange ultrasound of renal tract
c) Commence 7-day course of oral antibiotics
d) Give intramuscular steroids to promote fetal lung maturity
e) Make referral for physicians to review

How to use this book

The aim of this book is not to provide another revision text to consult, but rather to tackle the common and difficult areas faced by candidates undertaking the exam. Questions have been com¬piled by junior doctors who have recently passed the exam, together with consultants who have a special interest in postgraduate education and training. The structure and content of the book matches the format of the exams. A detailed explanation is provided along with each answer, as well as

appropriate references where relevant. Whilst this book is focused on the UK MRCOG Part 1 and Part 2 exams, it will also be useful for candidates anywhere in the world who are attempting postgraduate examinations in this speciality, wherever a similar format is applied.We believe that one of the best ways to revise for the exam, and crucial to passing at the first attempt, is to work through practice questions again and again. In this way, confidence will be gained with the new question format and the full curriculum will be covered.

Finally, having a study buddy is a good way to maximise exam preparation. In addition to keeping each other on track, you will be able to help with areas of the curriculum that your buddy may be struggling with. We studied for the exam together, which gave us focus, a timetable to keep to and some friendly competitiveness to make sure we took our exam preparation seriously.

The move from true/false MCQs, which rely on rote learning, and SAQs, which are difficult to mark consistently, will increase the validity and reliability of the MRCOG and USMLE exam. All questions are reviewed by teams of consultants prior to inclusion in the bank of questions for the exam and are edited to ensure they are not ambiguous and are relevant to the standard of an ST5 trainee. The questions are reviewed on a regular basis to ensure that they are up to date and reflect current clinical practice in the UK. The pass mark varies for each exam depending on the difficulty of the questions. This is set prior to each exam using the Angoff method - assessing the proportion of borderline candidates who would be expected to get the right answer to the question. All questions used in the examination are reviewed to assess their ability to discriminate between good and poor candidates. Any question with poor or negative discrimination may be rewritten or discarded.

Modern examinations need to assess clinical knowledge and ability. By moving to SBA and EMQ styles of questions, the MRCOG exam goes beyond basic knowledge and allows assessment of clinical reasoning and data interpretation. This reflects the doctor's clinical practice more accurately.

Answering the questions

For each Part 2 MRCOG examination paper, the SBA answer sheet is numbered 1-50. Against each number there are five lozenges labelled a-e:

	[a]	[b]	[c]	[d]	[e]
	[a]	[b]	[c]	[d]	[e]
	[a]	[b]	[c]	[d]	[e]
	[a]	[b]	[c]	[d]	[e]
	[a]	[b]	[c]	[d]	[e]

Answer each question by boldly blacking out the letter that corresponds to the single best answer in the options list:

	[redacted]	[b]	[c]	[d]	[e]
	[a]	[b]	[c]	[redacted]	[e]
	[a]	[redacted]	[c]	[d]	[e]
	[a]	[b]	[redacted]	[d]	[e]
	[a]	[redacted]	[c]	[d]	[e]

Candidates may mark their responses in the question book and then transfer them to the answer sheet, but be aware that this will take longer and all answers must be transferred fully within the time allowed for the examination.

The 1100 SBA questions included in this book have all been produced by the Part 2 SBA Regional Question Writing Group and reviewed by the Part 1 and Part 2 MRCOG SBA Sub-Committee, following the same process and meeting the same standards as the questions that will be used in the actual examination.

Although the sample questions exemplify content on the examination, they may not reflect the content coverage on individual examinations. In the actual examination, questions will be presented in random order; they will not be grouped according to specific content. The questions will be presented one at a time in a format designed for easy reading, including use of exhibit buttons for the Normal Laboratory Values Table (included here) and some pictorials. Photographs, charts, and x-rays in this booklet are not of the same quality as the pictorials used in the actual examination.

When in the exam, be sure to read each question and its parts carefully, perhaps highlighting or underlining important points. Try to come to the answer before looking at the options available. To answer a question correctly, you must have a clear concept of the topic, along with in-depth knowledge of the clinical area. If the answer option has multiple parts, make sure that all parts are correct in relation to the question item before selecting it as the correct answer. Try to focus on what you would do if you encountered each scenario in real life, perhaps in clinic or on labour ward.

Finally, it is important to remember that each correct answer is awarded one mark. Incorrect answers are not penalized, so it is in your interest to answer every question. Allocate some time to ensure the answer sheet is correctly filled in—if you fill in two lozenges on the same question, you will not be awarded any marks, even if one of them is correct.

Good luck!

ACTH	adrenocorticotrophic hormone
AFC	antral follicle count
AMH	anti-Mullerian hormone
BASHH	British Association of Sexual Health & HIV
BC	birth centre
BMI	body mass index
BSO	bilateral salpingo-oophorectomy
CEU	Clinical Effectiveness Unit
CHC	combined hormonal contraception
CMACE	Centre for Maternal and Child Enquiries
CO	cardiac output
COC	combined oral contraceptive
COCP	combined oral contraceptive pill
CRL	crown rump length
CS	caesarean section
CTP	combined transdermal patch
CVR	combined vaginal ring
DEXA	**A dual energy X-ray absorptiometry**
EC	emergency contraception
FFP	fresh frozen plasma
FGM	female genital mutilation
FSH	follicle stimulating hormone
FSRH	Faculty of Sexual & Reproductive Healthcare
GDM	gestational diabetes mellitus
GTD	gestational trophoblastic disease
GTN	gestational trophoblastic neoplasia
HAART	highly active anti-retroviral therapy
HCG	human chorionic gonadotrophin
HMB	heavy menstrual bleeding
HR	heart rate
HRT	hormone replacement therapy
HSDD	hypoactive sexual desire disorder
IUCD	intrauterine copper device
IUS	intrauterine system
LLETZ	large loop excision of the transformation zone
LMWH	low molecular weight heparin
MMR	measles, mumps, and rubella
MRSA	methicillin-resistant Staphylococcus aureus
NNRTI	non-nudeoside reverse transcriptase inhibitors
NRTI	nucleoside reverse transcriptase inhibitors
OC	obstetric cholestasis
OGTT	oral glucose tolerance test
OHSS	ovarian hyperstimulation syndrome
OPG	Office of the Public Guardian
PBS	painful bladder syndrome
PCOS	polycystic ovary syndrome
PEA	pulseless electrical activity
PEPSE	post-exposure prophylaxis after sexual exposure
PI	protease inhibitors
POP	progestogen-only pill
PPROM	preterm prelabour rupture of membranes

PTU	propylthiouracil
PUL	pregnancy of unknown location
SERM	selective estrogen receptor modulator
SHBG	sex hormone binding globulin
SLE	systemic lupus erythematosus
SPC	summary of product characteristics
SSRI	selective serotonin reuptake inhibitor
SV	stroke volume
TTTS	twin-to-twin transfusion syndrome
UAE	uterine artery embolization
UKMEC	United Kingdom medical eligibility criteria
UPA	ulipristal acetate
VBAC	vaginal birth after caesarean
VIN	vulvar intraepithelial neoplasia
VZV	varicella zoster virus

CONTRIBUTORS

Chaika Grigoriy, MD, PhD, UAOG, Professor, The Chairman of Department Obstetrics and Gynecology №1, The Vinnytsya National Pirogov Memorial Medical University

Galych Svitlana, MD, PhD, UAOG, Professor, Department Obstetrics and Gynecology №1, The Odessa National Medical University

Klivak Vitaliy, PhD, assistant of Department Obstetrics and Gynecology №2, TheVinnytsya National Pirogov Memorial Medical University, trainer of University Medical Simulation Centre (department obstetrics and gynecology)

Makarchuk Oksana, MD, PhD, UAOG, Professor, The Chairman of Department of Midwifery and Gynaecology of postgraduate study faculty, The Ivano-Frankivsk National Medical University

Taran Oksana, MD, PhD, UAOG, Associate Professor of Department Obstetrics and Gynecology №1, The Vinnytsya National Pirogov Memorial Medical University

SBAs AND EMQs FOR THE MRCOG PART 1
CHAPTER 1
ANATOMY

QUESTIONS

For each question, select the single best answer from the five options listed.

1. An 82-year-old woman attends her general practitioner's surgery complaining of a painful lump in the groin. Which of the following does not form a boundary of the femoral triangle?
A. Adductor longus
B. Inguinal ligament
C. Obturator internus
D. Pectineus
E. Sartorius

2. A 32-year-old woman complains of pain in the right buttock. She is 36 weeks pregnant and has a history of chronic back pain. Which nerve supplies the gluteus maximus muscle?
A. Inferior gluteal
B. Internal obturator
C. Internal obturator (lateral cutaneous nerve of the thigh)
D. Sciatic
E. Superior gluteal

3. Following a routine elective caesarean section, the rectus sheath is being sutured. With regards to the rectus sheath, which of the following is correct?
A. Arcuate line demarcates the upper limit of the posterior layer of rectus sheath
B. External oblique aponeurosis forms the posterior aspect of the sheath
C. Internal oblique aponeurosis always passes in front of the rectus abdominis
D. Scarpa's fascia is superficial to Camper's fascia and the external oblique
E. Transversalis fascia lies directly below the rectus sheath

4. A 47-year-old woman undergoes a routine transabdominal hysterectomy to remove a large fibroid uterus. She is found to have a fibroid in the broad ligament, and there is concern that her ureter may have been damaged during the operation. With regards to the path of the ureter, which of the following is correct?
A. In the broad ligament, both ureters pass over their respective uterine artery
B. It runs lateral to the internal iliac artery
C. Ovarian vessels enter the pelvis posterior to the ureters
D. The upper third of the ureters lie in the abdomen
E. Ureters cross close to the bifurcation of the common iliac vessels

5. What structure does the right ovarian vein empty into?
A. Azygos vein
B. B Inferior vena cava
C. C Internal iliac vein
D. D Right renal vein
E. Right pudendal vein

6. A 27-year-old woman has a forceps delivery under regional anaesthetic. She suffers multiple second degree tears to the lateral vaginal wall. Sensory innervation of the vagina is provided by which nerve?
A. Dorsal nerve of the clitoris
B. Inferior hypogastric plexus
C. Inferior rectal nerve
D. Obturator nerve
E. Pudendal nerve

7. Which artery supplies the structures derived from the foregut of the embryo?
A. Coeliac trunk
B. Inferior mesenteric
C. Middle rectal
D. Renal
E. Superior mesenteric

8. A 73-year-old woman undergoes a laparoscopic-assisted vaginal hysterectomy and oophorectomy. There is a large bleed during the procedure, so it is converted to laparotomy. Which of the following provides the arterial blood supply of the left ovary?
A. Abdominal aorta
B. External iliac artery
C. Internal iliac artery
D. Left ovarian artery
E. Obturator artery

9. During a laparoscopic-assisted vaginal hysterectomy, the surgeon accidentally damages the ovarian artery. With regards to the left ovarian artery, which of the following is correct?
A. It anastomoses with the vaginal artery
B. It is a branch of the abdominal aorta
C. It follows the course of the left ovarian artery
D. It lies inferiorly to the inferior mesenteric artery
E. It supplies both left and right ovaries

10. Which of the following arteries is a terminal branch (not paired) of the abdominal aorta?
A. Gonadal
B. Median sacral
C. Phrenic
D. Renal
E. Suprarenal

11. Following a forceps delivery, a 32-year-old woman has an episiotomy repaired. Which of the following does not insert into the perineal body?
A. Bulbocavernosus
B. External anal sphincter
C. Ischiocavernosus
D. Levator ani
E. Transverse perineal