

MFSRH Part I Handbook

2024

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Last reviewed: March 2024

MFSRH Part I Handbook

Key information

The MFSRH Part I consists of 80 questions of the “single best answer” (SBA) format. Candidates are given 120 minutes to answer all the questions. The Part I will test basic clinical science and applied knowledge. Since November 2021 there has been more emphasis on basic science to reflect the updated GMC requirements and to ensure that future specialists have the scientific foundations needed to build their work on. Please note that there is no negative marking in this examination.

The MFSRH Part I is a gateway exam designed to assess trainees at ST3 level. The MFSRH Part I must be achieved before CSRH speciality trainees proceed on to intermediate training. It is likely that candidates may want to attempt the exam before ST3 level they but must be aware that the exam is pitched at ST3 level. We would advise potential candidates in their foundation years against sitting the exam.

Candidates should be advised that, although they may be at ST3 level in the curriculum, they might not have had clinical exposure to some aspects of the syllabus. However, the exam may test theoretical knowledge within the scope of the syllabus in these areas (e.g. PMS and menopause).

Information about eligibility to take the Part I, associated fees and passing criteria are detailed in the [MFSRH Examinations Regulations](#)¹.

Preparation for the examination

Provision of preparatory courses for the examination is outside the Examination Committee's role. We acknowledge that fewer textbooks are available on the science of sexual and reproductive health than for other specialties. However, careful use of the reading list (which contains textbooks, guidelines and other material) and of the Resources section of the FSRH website should enable candidates to achieve the required standard.

Syllabus

The syllabus for the MFSRH Part I is based on the knowledge requirements of the CSRH curriculum capabilities in practice (CiPs). The curriculum and examination are based on UK guidance and practice. Clinical guidelines used for examinations will be those in force at the date when applications for the examination close.

Candidates should revise based only on curriculum and syllabus requirements pertaining to the exam.

¹ <https://www.fsrh.org/documents/mfsrh-membership-examinations-regulations>

A full overview of the examination syllabus and knowledge requirements can be found in the [Community Sexual and Reproductive Healthcare MFSRH Syllabus & Knowledge Requirements 2021²](#).

Blueprint for the MFSRH Part I exam

Blueprinting is a way of ensuring that examinations cover the areas of knowledge and skill required in a syllabus. The blueprint below is used when setting the MFSRH Part I examination to ensure appropriate coverage of the CiPs and Key Skills in the syllabus.

Knowledge Requirements of the CSRH Curriculum Capabilities in Practice (CiPs)	Minimum number of questions in the exam	Maximum number of questions in the exam
CiP1	1	2
CiP2	Not examined in the Part I exam	
CiP3	Not examined in the Part I exam	
CiP4	8	8
CiP5		
CiP6	Not examined in the Part I exam	
CiP7	Not examined in the Part I exam	
CiP8 KEY SKILL 1	17	18
CiP8 KEY SKILL 2	6	6
CiP8 KEY SKILL 3	8	8
CiP8 KEY SKILL 4	11	11
CiP8 KEY SKILL 5	2	3
CiP8 KEY SKILL 6	1	2
CiP8 KEY SKILL 7	4	4
CiP8 KEY SKILL 8	2	3
CiP8 KEY SKILL 9	4	4
CiP8 KEY SKILL 10	4	4
CiP8 KEY SKILL 11	6	6
CiP8 KEY SKILL 12	0	1
CiP8 KEY SKILL 13	0	1
CiP8 KEY SKILL 14	0	1
CiP8 KEY SKILL 15	0	1
CiP9	Not examined in the Part I exam	
CiP10	Not examined in the Part I exam	

² <https://www.fsrh.org/documents/crsh-knowledge-requirements/>

Information about Standard Setting and Pass Mark Determination

Why does an exam paper need to be standard set?

The difficulty of an exam paper will vary slightly from diet to diet depending on the items in that paper. A standard setting process is therefore necessary to determine the pass mark which separates the competent candidates from those who are not. If a particular diet of the exam is harder than previous, the pass mark will be lower, and if a particular diet of the exam is easier than previous, the pass mark will be higher.

What is Angoff?

Angoff is a well-established method of standard setting. It's used by many Colleges and Faculties to standard set high stakes postgraduate medical examinations.

The Angoff method calculates a cut-off mark based on the performance of candidates in relation to a defined standard (absolute) as opposed to how they perform in relation to their peers (relative). It involves a judgement being made on exam items (test-centred) as opposed to exam candidates (examinee-centred).

One way of understanding this is thinking about the difference between a driving test and a scholarship exam.

In the driving test, safety is the most important issue, and only those candidates who are safe to drive unaccompanied should be allowed to pass the test. On any day all candidates may pass or all may fail. Candidates are compared to the defined standard – the level of competence which is considered to be safe.

In the scholarship exam the examining body are only interested in who is best, as that person (or those people) will be awarded the scholarship. Candidates are only compared to each other – a relative standard. So your chances of success depend on how stiff the competition is in that diet. If you are unlucky enough to have a strong group of competitors, you are less likely to win, even if you know the content well.

As patient safety is the most important consideration in medical examinations, most use a defined standard, like the driving test does.

How does it work?

Angoff uses a group of subject matter experts to judge how difficult each item is in an exam to determine the cut-off mark.

Firstly the experts are asked to define a borderline candidate. This is a candidate who would likely pass the exam on a good day but might fail on a bad day. This candidate could also be thought of as having the minimum competence needed to be safe in their role. All experts must have the same definition of a borderline candidate for the Angoff cut-off score to be reliable. This requires a good understanding of what makes a candidate competent enough to be passing, hence why the judges must be subject experts.

Then the group of experts go through each item in the exam. For each item the experts are asked "What percentage of borderline candidates would answer this item correctly?"

The mean of everyone's judgement is calculated for each item; this is often referred to as the 'predicted difficulty'. Each predicted difficulty (mean) is added together and divided by the total number of items in the exam to get the cutoff percentage. This percentage of the total marks for the exam indicates the cut-off mark.

Below the cut-off may indicate a fail and above the cut-off may indicate a pass.

How is the cut-off mark checked?

In addition to the experts' predictions of difficulty, there are several other factors that can be considered to ensure the validity and reliability of the cut score. A psychometrician will generally take a sample of past marks and candidate's expected results to reinforce this method.

What if the experts disagree?

Each expert's judgement for an item should be the same or within a close defined range (around 10%).

If the experts' judgements on an item are not unanimous, they discuss how they came to their decision in an effort to come to an agreement. The experts then score the item again. If the judgements are now close enough, Angoff is then recalculated based on the new judgements.

If the experts still don't agree, an item might be reviewed, and may be removed from the exam paper.

Useful learning resources

The following list of educational resources is for guidance and is not compulsory reading. It should, however, cover the breadth and give an idea of the depth of knowledge required. The reading list is a guide only and is not exhaustive.

Where possible electronic resources are listed. There are other books and websites not listed here that are suitable for study purposes for this examination; this simply details a selection of information found helpful by previous successful candidates.

Books

Critical appraisal:

- The Doctor's Guide to Critical Appraisal (5th ed) N Gosall, G Gosall
ISBN: 9781784140090, 5th Ed 2020

GUM:

- Oxford Handbook of Genitourinary Medicine, HIV, and Sexual Health (Oxford Medical Handbooks) 16 May 2019: 3rd edition (revised) Mitchell et al
ISBN: 9780198783497 2019, 3rd edition (revised)

Basic science and general clinical texts that may be useful for reference:

- Basic Science in Obstetrics and Gynaecology, 5th Edition P. Bennett and C. Williamson
2023 NB new edition
- Your essential revision guide MRCOG part 1 (2nd ed) Fiander and Thilaganathan 2016.
ISBN 978 1 107 66713 6

(Please note that these 2 texts cover areas of obstetrics that are not required)

- Comprehensive Gynaecology, 8th Edition David M Gershenson et al. Elsevier 2022
ISBN: 9780323653992

(Please note that clinical material in this book may follow US practice.)

- Ultrasound in Reproductive Healthcare Practice 2018. Mary Pillai, Paula Briggs,
Julie-Michelle Bridson.

Journals:

- BMJ Sexual and Reproductive Health (FSRH)
- The Obstetrician and Gynaecologist (RCOG, limited to journals published in the last 4 years)

Up to date guidelines can be found on the following websites:

- Faculty of Sexual and Reproductive Healthcare <https://www.fsrh.org/>
- British Association for Sexual Health & HIV <https://www.bashh.org/>
- Royal College of Obstetricians and Gynaecologists <https://www.rcog.org.uk/>
- British Menopause Society <https://thebms.org.uk/>
- NICE <https://www.nice.org.uk/>
- British Society for Sexual Medicine <http://www.bssm.org.uk/>
- NHS Cervical Screening Programme and BNF – see NICE

Please note that other guidelines, both local and international (e.g. WHOMEK), are of great interest but the exam will be based on UK guidance as above. The guidelines used will be those in force on the day that applications for the relevant sitting of the examination close. Any changes to guidelines made after the application close date will not be examined.

Summary of Product Characteristics of drugs used in the MFSRH syllabus.

Relevant information and latest medicine updates can be found on the electronic medicines compendium (emc) at <https://www.medicines.org.uk/emc/>

Example SBA questions

A selection of sample questions that cover every CiP and Key Skill of the syllabus are provided below. Please note that it does not follow that every exam will also cover the whole range of topics.

The correct answer to each question is at the end of the handbook under Example SBA answers.

CiP 1 Patient-centred Care

1. In 2015, the General Medical Council (GMC) document on Duty of Candour (DoC) was published and sent to all doctors with a licence to practice.

Which of the following surgical incidents constitutes a statutory duty of candour in obstetric and gynaecological practice?

- A. A tear to the cervix occurring during surgical abortion
- B. An abrasion to a baby during caesarean delivery, requiring a single steristrip
- C. Any diathermy burn to a patient's skin at edge of incision during a laparotomy
- D. Obstetric anal sphincter injury occurring during a forceps delivery
- E. Stitch taken through rectum at suturing of a perineal tear identified at per rectal exam requiring a second repair at the same sitting

2. A new chlamydia testing service is being organised.

Which statement is true and should be covered in the training?

- A. Chlamydia NAATs tests generally have a higher sensitivity than specificity
- B. In women in whom Chlamydia infection is suspected, an endocervical swab should be taken if inspection of the cervix is also required, otherwise a vulvo-vaginal swab may be used
- C. Different chlamydia NAATs tests use a range of methods to amplify the nucleic acid detected
- D. For medico-legal work, chlamydia culture samples should be taken as well as a Chlamydia NAATs
- E. None of the NAATs platforms commonly used in the UK will detect the new variant of Chlamydia first found in Sweden

3. Which statement appropriately describes the pharmacology and side effects of the topical anaesthetic, EMLA cream?

- A. It contains equal amounts of lidocaine and tetracaine
- B. It contains two ester type local anaesthetics
- C. The quality of anaesthesia depends on the dose only
- D. It is considered safe to use in pregnant women
- E. Methemoglobinemia never occurs with this drug

CiP 4 Data

4. Your service runs several different types of clinic in different sites and uses an electronic patient record system. In order to allocate staff effectively, your service wants to find out how long patients wait between arrival and being seen.

Which is the most appropriate method to obtain this information?

- A. Clinical audit
 - B. Qualitative research study
 - C. Quantitative research study
 - D. Review of activity data
 - E. Simple interview/questionnaire study
5. The results of a meta-analysis comparing the intervention with control treatment in the occurrence of cervical cancer (following sixty days or more of HPV eradication therapy) were presented in a forest plot as follows: Relative risk 0.66 (95% confidence interval 0.46 to 0.95, test for heterogeneity: $I^2=0\%$). In all the six trials the 95% confidence interval for the population risk ratio included the integer 1.

Which statement is accurate with regards to this forest plot?

- A. All the six trials showed a significant difference between treatment groups in the risk of cervical cancer
- B. The forest plot is drawn on a logarithmic scale
- C. A risk ratio less than 1.0 indicates an increased risk of cervical cancer with the eradication therapy compared with control treatment
- D. The total overall estimate of the population risk ratio indicated that eradication therapy led to a 34% greater risk of cervical cancer compared with the control treatment
- E. Significant heterogeneity existed between the sample estimates of the population risk ratio of cervical cancer

CiP 5 Research

6. An RCT (randomized controlled trial) is conducted to determine the effects of using nicotine patches in pregnant women who smoke. The only outcome measure that reaches statistical significance is an increased incidence of patch induced dermatitis in the treatment group. This is expressed as number need to harm (NNH).

Which statement is true regarding the statistical measure number need to harm (NNH)?

- A. It can be reported as a fraction
- B. The magnitude of the NNH depends only on the absolute difference between treatment groups in risk of the adverse event.
- C. The NNH is the reciprocal of the absolute risk reduction between two interventions.
- D. The risk benefit ratio is expressed as: number needed to treat / number need to harm (NNT/NNH)
- E. The smaller the value of NNH, the less likely the intervention was to cause the adverse event.

7. Researchers are studying the relative ability of a new drug to lower diastolic blood pressure in three groups of age and ethnicity matched female patients. One group receives a well-established drug at a standard dose. The other two groups receive the new drug at different doses. At the end of six months, the diastolic blood pressure of each group was determined and the significance of the difference in mean values was tested statistically.

Which statistical test is most likely to yield results with the highest confidence?

- A. Analysis of variance
 - B. Chi-squared test
 - C. Correlation coefficient
 - D. Logistic regression
 - E. Student's t-test
8. The efficacy of low dose aspirin to prevent recurrent pre-eclampsia in pregnant women was investigated in a double blind randomized controlled trial (RCT). To ensure allocation concealment; the allocation sequence was randomly generated on computer by someone independent of the trial.

Which is the single most appropriate statement regarding the design features of an RCT?

- A. Concealed Allocation is done after subjects and researchers have been blinded in a trial
 - B. Concealed Allocation seeks to eliminate selection bias
 - C. Concealed Allocation seeks to eliminate observation bias
 - D. Randomisation is similar to random sampling
 - E. Randomisation means that interventions in different arms of the study are kept secret
9. Researchers are conducting a trial where the null hypothesis is false (i.e. there is a real difference present). Since the trial is a small one, it does not find a statistically significant difference.

What statistical error is most likely to have occurred?

- A. Confidence interval error
- B. External validity error
- C. P value error
- D. Type I error
- E. Type II error

- 10.** A randomised double blind controlled trial compared the efficacy and tolerability of paroxetine with citalopram for the treatment of hot flushes. Owing to unwanted side effects, some patients in each treatment group swapped medication during the study. Treatment groups were compared using intention to treat analyses.

Which statement best describes the principle of intention to treat?

- A. All patients compared received the treatment the recruiting clinic had originally intended prior to trial recruitment
 - B. The two groups of patients were compared on the basis of the treatment they eventually received
 - C. The two groups of patients were compared on the basis of the treatment regimen assigned at the start of the trial
 - D. Patients were only included in the analyses if they completed the treatment originally allocated
 - E. Only patients who do not complete the study are excluded from the analyses
- 11.** In a study assessing the effects of hormones on breast cancer risk, 500 postmenopausal women with newly diagnosed breast cancer and 500 postmenopausal women who did not have breast cancer were asked about past use of combined hormonal contraceptives. Women in each group were of similar age and from the same geographical area.

How would you describe this study design?

- A. Randomised controlled trial
 - B. Retrospective cohort study
 - C. Case-control study
 - D. Prospective cohort study
 - E. Focus group study
- 12.** It is proposed to change HIV testing in an integrated clinic to rapid finger prick testing using a kit that has a sensitivity of 99.9% and a specificity of 99.8%. The service is in an area where the background prevalence of HIV is 1 in 1000.

What fraction of positive results in this clinic would be expected to be true positive?

- A. 1 in 2
- B. 1 in 3
- C. 1 in 10
- D. 1 in 100
- E. All of them

13. Researchers are studying the efficacy of a newly discovered drug in the treatment of a rare metabolic disorder. A double-blinded randomised cohort study design is set up.

Which type of bias is most likely to be effectively reduced by double-blinding in the above study design?

- A. Analysis bias
- B. Ascertainment bias
- C. Measurement bias
- D. Recall bias
- E. Selection bias

14. The FSRH Clinical Effectiveness Unit wished to compare by systematic review the results of providing UPA for emergency contraception. They found six studies with small numbers and decided to analyse pooled data from these studies.

What type of study is this?

- A. Case control study
- B. Cohort study
- C. Cross sectional study
- D. Meta-analysis
- E. Randomised control study

15. The proportion of patients affected by a cytokine storm due to Covid -19 infection was reduced significantly in the group treated with drug X as compared with placebo (absolute risk reduction 0.18, 95% confidence interval 0.12 to 0.21). The number needed to treat (NNT) was 5.56 (4.0 to 10.0). The researchers concluded that drug X reduced the incidence of cytokine storm in patients with Covid-19.

Which statement accurately describes the statistical principles underlying number needed to treat NNT?

- A. The number needed to treat is a measure of the benefit of placebo over drug X in preventing cytokine storms in Covid -19 patients
- B. It is estimated that on average, for every 6 patients given drug X, one would not develop a cytokine storm
- C. Number needed to treat depends on the relative difference in risks of cytokine storms between treatment groups
- D. The larger the value of number needed to treat, the greater the benefit of drug X compared with placebo
- E. The minimum value for NNT is 1, the maximum is 100

CiP 8: KS1 Fertility control

- 16.** An 18-year-old woman attends the clinic for an implant removal. She has troublesome irregular bleeding on the implant despite being treated with continuous COC for three months. She is in a monogamous relationship and a recent sexual health screen is negative. A speculum exam is normal. The sexual health nurse injects 1 ml of 1% Lidocaine subcutaneously prior to the procedure.

How many milligrams of the drug is being given to this patient?

- A. 0.1 mg
 - B. 0.5 mg
 - C. 1mg
 - D. 10mgs
 - E. 100mgs
- 17.** A 30-year-old woman, non-smoker with a BMI of 22 kg/m² has been on a levonorgestrel containing CHC for one year. She attends the clinic having read a newspaper article regarding a case of fatal pulmonary embolism attributed to the pill. She is concerned about the safety of her pill but finds it beneficial for her acne.

If she wishes to continue using a CHC, what is the most appropriate management?

- A. Change her to a drospirenone containing CHC
 - B. Change her to an estradiol valerate containing CHC
 - C. Continue with her current preparation
 - D. Change to a CVR
 - E. Change her to a CTP
- 18.** A 40 year old HIV positive woman with a CD4 count of 150 and VL of 1million copies/ml was admitted to the ward with fever and cough. Her BMI was 17 and she had iron deficiency anaemia (Hb 10.5g/dL). She was not taking her ARVs, sleeping rough and using alcohol and crack cocaine. She miscarried an unplanned pregnancy 2 weeks ago, and had UPSI 1/7 ago. Her pregnancy test was negative on admission, she is unsure of her cycle but thinks it is 28 days. She was diagnosed with TB and HIV in 2013 and defaulted treatment for HIV and TB. She was referred to you for contraception advice.

What is the best option for her?

- A. IUD 7 days after starting TB medication
- B. IUD immediately under antibiotic cover
- C. IUS
- D. Oral EHC and quick start on Depo-Provera
- E. Oral EHC and quick start on Nexplanon

19. A 25-year-old woman who is a PhD student attends to discuss contraception. She is in a mutually monogamous heterosexual relationship and is generally healthy. She has never been pregnant. She is not happy to use hormonal contraception because she is concerned about excretion of hormones into the water supply, so she decides to use a copper IUD. In the course of counselling she asks if she can continue to use her Mooncup®.

What is the best advice for her?

- A. No as her periods will be too heavy to use a Mooncup®
- B. No as there is an increased risk of pelvic infection
- C. No as there is always an increased risk of toxic shock syndrome
- D. Yes, if specific instructions are followed carefully
- E. Yes, no concerns

20. All currently marketed combined oral contraceptives are made from synthetic steroids. There are two major classes of synthetic progestins: C19-nortestosterone progestins (structurally related to testosterone) and C21 acetoxy progestins (structurally related to progesterone).

Which of these is a C21 acetoxy progestin?

- A. Ethynodiol diacetate
- B. Medroxyprogesterone acetate
- C. Norethisterone
- D. Norethynodrel
- E. Norgestimate

21. The pulsatile nature of GnRH release is of central importance in the regulation of the ovarian cycle.

Which statement most appropriately relates to this pulsatile release?

- A. FSH pulses are detectable in the circulation
- B. GnRH has a long half life
- C. In the follicular phase LH is released at a frequency of one pulse every 120 minutes
- D. In the luteal phase LH is released at a frequency of one pulse every 2-4 hours
- E. LH pulses are not detectable in the circulation

22. A 60-year-old woman is having both her ovaries removed by laparoscopy. She has had a prior hysterectomy for menorrhagia. The right ovary has a 6 by 6 cm cystic mass. Tumour markers are normal. During surgery there is brisk bleeding from the right sided infundibulopelvic ligament that cannot be controlled laparoscopically. The operation is converted to a laparotomy.

Which artery has most likely been damaged in this case?

- A. External iliac artery
- B. Internal iliac artery
- C. Median sacral artery
- D. Ovarian artery
- E. Uterine artery

23. A 32-year-old man has not been using contraception in a relationship for two years. He and his partner are keen to achieve a pregnancy. His initial semen analysis shows gross spermatozoa deficiency.

What do the NICE guidelines suggest should be the next investigation?

- A. Give testosterone injection prior to repeating semen analysis
- B. Repeat semen analysis as soon as possible
- C. Repeat semen analysis in one month
- D. Repeat semen analysis in three months
- E. Test for anti-sperm antibodies

24. Which of the following appropriately describes the consequences of structural chromosome abnormalities in humans?

- A. Cri du chat syndrome results due to a chromosome deletion on short arm of chromosome 4
- B. Di George syndrome is a syndrome caused by a microdeletion on the long arm of chromosome 11
- C. Chromosomal duplications have significant loss of genetic material and are less compatible with life
- D. In a small proportion of Turner syndrome patients, the structural abnormality is isochromosome X
- E. Patau syndrome is caused by a loss of genetic material

25. In reproductive life, several primordial follicles start growing during each menstrual cycle. Usually only one will ovulate and the fate of the rest of the follicles is atresia through the mechanism of apoptosis. Ultimately, only around 400 follicles will ovulate during a woman's reproductive life

Which of the following statements represents a characteristic of apoptosis?

- A. Apoptosis is a naturally occurring physiological process
- B. Apoptosis occurs through swelling of cytoplasm along with mitochondria followed by cell lysis
- C. During apoptosis, plasma membrane integrity is weakened
- D. No structural change is observed in chromatin during apoptosis
- E. Apoptosis is an inflammatory process

26. A trainee is trying to study the anatomy of the arm. A cross section of the arm at the level of the midhumeral shaft is presented on a plastic model.

Which of anatomical attribute is applicable to this model?

- A. The cephalic vein lies above the brachial fascia
- B. The radial nerve is a content of the sulcal line between biceps and triceps muscle
- C. The arm is divided into three osteofascial compartments
- D. The coracobrachialis muscle belongs to the posterior compartment of the arm
- E. The ulnar nerve at the level of the mid-arm is a suprafascial structure

27. A 16-year-old woman attends the clinic with a history of absent periods. On clinical examination she has normal secondary sexual characteristics and a blind ending vaginal pouch. A diagnostic laparoscopy reveals that the uterus is absent. A diagnosis of mullerian agenesis is made.

Which of statement regarding embryological development would explain the findings in this young woman?

- A. The labia minora arise from the genital swellings
- B. The lower part of the vagina develops from the urogenital sinus
- C. The ovaries develop as outpouchings of the mullerian (paramesonephric ducts) ducts
- D. The upper part of the vagina develops by fusion of the mesonephric ducts
- E. The uterine fundus develops by fusion of the mesonephric ducts

28. Which of the following statements best describes the pharmacology of the contraceptive patch EVRA®?

- A. Contraceptive efficacy is maintained if patch replacement is delayed up to 2 days
- B. Daily fluctuation in levels of hormones is a known occurrence with the patch and is identical to orally administered hormones
- C. Norelgestromin is the active metabolite of norethisterone
- D. Norelgestromin does not undergo liver metabolism, because it is being administered as a transdermal preparation
- E. The patch delivers 30 mcgs of ethinyl oestradiol and 150 mcgs of norelgestromin per day

CiP 8: KS2 Pregnancy planning & preconception

29. A 28-year-old nulligravida is planning a pregnancy. She has a BMI of 42 kg/m² and attends for pre-pregnancy counselling. She has IDDM and her medical records suggest she has some early diabetes related retinopathy and nephropathy. Her HbA1C (glycosylated haemoglobin) level is 12%.

Which is the single most appropriate immediate management step?

- A. Avoid pregnancy at the present time
- B. Give diet and exercise advice and review after two weeks
- C. Offer a glucose tolerance test as soon as possible
- D. Review insulin dose
- E. Start metformin therapy

30. A 32-year-old HIV positive woman wants to plan a pregnancy. Her CD4 count is 400 and VL is <50 copies/ml. She is on antiretroviral therapy and is fully compliant. Her partner of 5 years is HIV negative and they are mutually monogamous. They have been using condoms.

What is the most appropriate pre pregnancy advice for this couple?

- A. Folic acid 400 µg and vit D 20mg
- B. Stop using condoms
- C. Take event-based PrEP
- D. Stop her continuous PrEP
- E. Folic acid 400 µg and vit D 10mg

31. Warfarin causes embryopathy in 5-10% of pregnancies where there is first-trimester exposure.

Which of the following represents a classic teratogenic event related to first-trimester exposure?

- A. Cataract
- B. Hydrocephalus
- C. Nasal hypoplasia
- D. Optic atrophy
- E. Stillbirth

32. A 28-year-old nullip and her partner attend a specialist multidisciplinary obstetric clinic for pre-pregnancy counselling. She suffers with well-controlled cystic fibrosis and has the commonest mutation ($\Delta F508$) in the CFTR (cystic fibrosis transmembrane conductance regulator) gene. Her partner does not have any mutations for cystic fibrosis. Her nutritional status is good, and she has well controlled diabetes. Her last hospital admission due to a chest infection was a year ago.

What would your counselling advice be?

- A. All children would be carriers of the disease
- B. Currently the proportion of live births in patients with cystic fibrosis is now 50% and the spontaneous miscarriage rate is higher than in the general population.
- C. If the partner did carry one of the common gene mutations, the risk of having a child with cystic fibrosis is 1:4
- D. Pregnancy significantly shortens survival in patients with cystic fibrosis
- E. Women with good pre-pregnancy lung function ($FEV1 >70\%$ predicted) do not tolerate pregnancy very well

33. Researchers are conducting a study to determine the temporal sequence of events leading to ovulation. The study includes a sample of 50 healthy women. Tracking of follicles is being done by ultrasound and measurement of hormones by RIA (Radioimmunoassay).

Which event at midcycle is most likely to be revealed in this study?

- A. A rise in oestradiol is the last event to occur at midcycle
- B. LH (Luteinizing Hormone) surge occurs before the rise in oestradiol level.
- C. Ovulation occurs 48 hours after oestradiol peak
- D. Ovulation occurs 36 hours after LH surge
- E. Progesterone levels are highest at the luteal phase of the cycle

- 34.** Since use of anti-inflammatory drugs (NSAIDs) during pregnancy is common, small increases in the risk of birth defects may have significant implications for public health.

Which anti-inflammatory drug may result in increased frequency of trisomy 21 if used within 3 months of conception?

- A. Aspirin
- B. Colchicine
- C. Celecoxib
- D. Diclofenac
- E. Ibuprofen

CiP 8: KS3 Early pregnancy and abortion

- 35.** Transabdominal scanning is in progress at around 20 gestational weeks prior to a D & E procedure. The woman in question is 44-year-old, Para 3+0. She is unsure of her LMP. The current pregnancy was a result of contraceptive failure. She is sure of her decision to terminate the pregnancy and has opted for a D & E procedure. The gestational age of the fetus is being measured using the Head Circumference (HC).

Which of the following statements describes best practice in HC measurement to avoid under/over estimation of the gestational age?

- A. The transthalamic plane should be used for HC measurement
- B. The section of the fetal head should resemble the shape of a spherical football.
- C. Assessment of gestational age by biparietal diameter (BPD) is more accurate than using the head circumference (HC) in the mid trimester
- D. A continuous midline echo broken by the cavum septum pellucidum should appear in the rear part of the fetal head
- E. The choroid plexuses should be visible within the front part of the scan picture

- 36.** A 24-year-old nulligravida undergoes suction evacuation of the uterus at 14 weeks of gestation for an unplanned pregnancy. Blood loss is reported to be 200mls. 15 minutes later the surgeon is called to the recovery room. The patient is complaining of severe lower abdominal cramping. She does not have shortness of breath or chest pain. She is pale and clammy, tachycardic and hypotensive. Physical examination reveals an enlarged uterus consistent with 16 weeks of gestation and markedly tender. There is minimal blood loss per vaginum. However, the pain is out of proportion to the physical findings. A bedside hemocue reveals an Hb of 9 gms/dl. A pulse oximetry and ECG is normal.

Which complication is most likely to be associated with this presentation?

- A. Acute haematometra
- B. Acute pulmonary embolism
- C. Atonic haemorrhage following surgical uterine evacuation
- D. Major cervical laceration
- E. Uterine perforation

37. After completion of a MVA (manual vacuum aspiration) procedure, the surgeon floats the products of conception in water. An intact gestational sac with chorionic villi on its periphery is seen corresponding to 7 gestational weeks.

What is the most likely origin of chorionic villi?

- A. Ectoderm
- B. Endoderm
- C. Extraembryonic mesoderm
- D. Intraembryonic mesoderm
- E. Primitive streak

38. A 36-year-old woman, Para 1+0 with a BMI of 25 kg/m² finds herself to be accidentally pregnant due to a condom accident. She has been recently treated with oral prednisolone 40 mgs/day for an unknown autoimmune vesiculo-papulous disorder of the skin (awaiting investigations). Treatment has been given for 2 months and she has completed the treatment 7 days ago. An ultrasound scan confirms an intrauterine pregnancy at 7 gestational weeks. She opts to have a medical abortion. Same day treatment is planned to use 200mgs of mifepristone and 800 µg of misoprostol.

Which of statement accurately reflects the use of mifepristone in this case?

- A. A single dose of 200 mgs of mifepristone carries with it a significant risk of inducing adrenal insufficiency
- B. Antiprogestin activity of mifepristone is apparent at much lower doses than its antiglucocorticoid activity
- C. Medium term steroid treatment is an absolute contraindication to mifepristone use
- D. Steroids block the action of mifepristone on progesterin receptors.
- E. There is no pharmacologic interaction between mifepristone and ongoing steroid treatment

39. An ST3 SRH trainee is witnessing a laparoscopic salpingectomy being performed for a ruptured ectopic pregnancy in a 28-year-old woman. There is a copious collection of blood behind the uterus. Suction irrigation of the pelvis at the end of the procedure brings the entire Pouch of Douglas into view. The consultant asks the trainee about the anatomical significance of the pouch.

Which of the following is an accurate description of the Pouch of Douglas?

- A. It represents the caudal most part of the parietal peritoneum
- B. It represents the visceral peritoneum covering the posterior surface of the uterus
- C. It represents the visceral peritoneum covering the anterior surface of the rectum
- D. It represents the visceral peritoneum covering the posterior surface of the bladder
- E. It represents the visceral peritoneum covering the paracervical ligaments

40. A 20-year-old woman attends an abortion clinic. She has a history of irregular periods. Her LMP was 7 weeks ago. A transvaginal scan is performed and the report reads:

'A single intrauterine pregnancy is seen in an anteverted uterus along with a gestational sac, yolk sac and a fetal pole. Crown rump length measurement dates the pregnancy to be at 6 weeks and 2 days gestation. Fetal heart movements are seen. Both adnexae viewed and are normal. There is no free fluid in the Pouch of Douglas.'

Which is the most accurate description of the fetal pole in early pregnancy scanning?

- A. It is seen as a thickening on the inner border of the yolk sac
- B. It is seen as a thickening on the outer border of the yolk sac
- C. It is seen as a thickening on the inner border of the amniotic membrane
- D. It is seen as a thickening on the outer border of the gestational sac
- E. It is seen as a thickening on the inner border of the developing chorion

41. A 38-year-old woman is undergoing her first cycle of IVF (In Vitro Fertilization). Superovulation has been achieved with human menopausal gonadotropins. The IVF clinic is tracking follicle diameter with ultrasound prior to hCG (Human Chorionic Gonadotropin) administration and subsequent oocyte retrieval.

What size in mm does a mature follicle reach just prior to ovulation?

- A. 5mm
- B. 10mm
- C. 50mm
- D. 20mm
- E. 30mm

42. Which statement about the pharmacology of Mifepristone is correct?

- A. Has no effect on the cervix
- B. Can be given orally or vaginally
- C. Is an anti-estrogenic steroid
- D. Requires monitoring of pulse and blood pressure after administration
- E. Sensitises the myometrium to prostaglandin-induced contractions

43. Which statement appropriately describes sex differentiation in utero?

- A. Phenotypic sex is determined at the time of conception
- B. A X chromosome is necessary for development of the testes
- C. In the absence of any stimulation, the default phenotype is male
- D. The SRY gene, determinant of sex differentiation, is located on the long arm of the Y chromosome
- E. The SRY gene initiates the production of multiple proteins that cause the gonad medulla to differentiate into a testis

44. A 25-year-old woman attends for early medical abortion in your service. An ultrasound confirms that she is 7 weeks pregnant. She is counselled about the procedure. She wants the most effective option.

Which treatment regime is considered to be most effective?

- A. Mifepristone followed by misoprostol 24 to 48 hours apart is most effective
- B. Mifepristone followed by misoprostol 12 hours later is most effective
- C. Mifepristone followed by misoprostol 6 hours later is most effective.
- D. No difference in the success rates between simultaneous and interval administration
- E. Simultaneous administration of Mifepristone and Misoprostol is most effective

CiP 8: KS4 GUM

45. Twelve hours after the first injection of procaine penicillin for syphilitic general paresis, a man develops shaking, chills, a rise in temperature and skin rashes. He is known to be HIV negative.

What is the most likely cause of his symptoms?

- A. Drug allergy
- B. HIV seroconversion illness
- C. Jarisch-Herxheimer reaction
- D. Type 1 hypersensitivity
- E. Type 4 hypersensitivity

46. A 30-year-old woman is 16 weeks pregnant. She has a past history of oral herpes simplex lesions as a child. She is experiencing a first episode of bilateral painful widespread vulval ulceration with inguinal lymphadenopathy. A viral swab from the lesions shows HSV type 1. She is treated with a 5 day course of aciclovir.

What is the single most appropriate management of the remainder of the pregnancy?

- A. Consider daily suppressive aciclovir 400 mg three times daily from 36 weeks gestation and anticipate vaginal delivery
- B. Consider daily suppressive aciclovir 400 mg three times daily from 36 weeks gestation and plan for an elective caesarean section.
- C. Consider daily suppressive aciclovir 400 mg twice daily from 36 weeks gestation and anticipate vaginal delivery.
- D. Consider daily suppressive aciclovir 400 mg twice daily from 36 weeks gestation and plan for an elective caesarean section.
- E. Perform sequential HSV swab testing to determine whether antiviral suppression is required and appropriate mode of delivery.

47. Gram staining of a urethral specimen is carried out. A diagnosis of gonorrhoea is made.

Which component of the bacterial cell wall is most likely to be detected by the primary Gram stain?

- A. Glycocalyx
- B. Lipopolysaccharide
- C. Lipoteichoic acid.
- D. Mycolic acid
- E. Peptidoglycan

48. Which statement accurately describes the microbiologic attributes of *C. trachomatis*?

- A. *C. trachomatis* bacteria are not dependent on host cell ATP for its energy
- B. *C. trachomatis* bacteria have DNA only and no cell wall
- C. *C. trachomatis* bacteria produce eosinophilic intracytoplasmic inclusion bodies
- D. *C. trachomatis* life cycle consists of two stages: extracellular, infectious elementary bodies and intracellular replicative reticulate bodies
- E. *C. trachomatis*, unlike viruses, can be grown in cell free media

49. A 23-year-old homeless woman is referred to the antenatal clinic, her syphilis serology tests are strongly positive. She has had multiple partners in an attempt to make money for food. She cannot remember any sores or rashes recently. You include the case in a review meeting.

What point would you most want to stress to the team?

- A. Syphilis during pregnancy can cause fetal loss
- B. Early syphilis typically causes painful ulcers
- C. VDRL testing is specific for syphilis infection
- D. Syphilis can be diagnosed by serology in the first week of infection
- E. Syphilis is virtually extinct in the UK

50. An integrated service is revising its guidelines and adding evidence for the use of different antibiotics.

Which one of the following drugs is bactericidal?

- A. Chloramphenicol
- B. Ampicillin
- C. Sulphonamides
- D. Tetracycline
- E. Trimethoprim

51. A 38-year-old woman undergoes urgent laparotomy for a suspected tubo-ovarian abscess. She has had a Cu-IUD in situ for 10 years. Histopathology of the abscess reveals the presence of 'sulphur granules' alongside filamentous organisms. A diagnosis of *Actinomyces israelii* infection is made.

Microbiological analysis of pus from the abscess is most likely to reveal what type of organism?

- A. Gram-negative anaerobic bacteria
- B. Gram-positive anaerobic bacteria
- C. Gram-negative aerobic bacteria
- D. Gram-positive aerobic bacteria
- E. Protozoal organisms

52. Which statement accurately describes the virologic attributes of Herpes viruses (HSV-1 and HSV-2)?

- A. Herpes viruses consist of double-stranded DNA encased within an icosahedral protein cage
- B. HSV-1 tends to reside in the sacral ganglia, while HSV-2 tends to reside in the trigeminal ganglia
- C. The virus does not grow in primary and continuous cell cultures
- D. Nucleotide sequences of HSV-1 and HSV-2 are approximately 20% identical
- E. The genome of the herpes virus is circular

CiP 8: KS5 Abnormal vaginal bleeding

53. A 48-year-old woman Para 2+0 undergoes a hysteroscopy and biopsy for persistent intermenstrual bleeding over the past 6 months. She has a BMI of 35 kg/m² and takes metformin for type 2 Diabetes Mellitus. She is currently not in a relationship and has completed her family. The histology report is suggestive of endometrial hyperplasia with atypia.

What is the best management option?

- A. Continuous oral progestogens for 6 months
- B. Cyclical oral progestogens for 12 months
- C. Endometrial ablation
- D. Insertion of LNG-IUS
- E. Total hysterectomy

54. A 30-year-old woman has a four month history of bleeding after sexual intercourse. She has been married to her husband for six years. She uses the COC for contraception. Her last cervical screening was negative five years ago.

What is the single most important next step?

- A. Cervical cytology
- B. Change contraception
- C. Chlamydia test
- D. Examine the cervix
- E. Stop contraception

55. A 44-year-old woman is investigated for heavy menstrual bleeding following failed medical management. An abdominal ultrasound scan shows a fibroid measuring four centimetres in diameter at the fundus. It is protruding into the uterine cavity and is distorting the endometrium although the majority of the fibroid is located within the wall of the uterus.

What terminology is used to describe this type of fibroid?

- A. Endometrial
- B. Intramural
- C. Pendunculated
- D. Submucosal
- E. Subserosal

56. A healthy 40-year-old woman at 8 gestational weeks presents with bleeding per vaginum. A transvaginal scan shows an absent gestational sac and a complex echogenic intrauterine mass with cystic spaces. A diagnosis of a molar pregnancy is discussed with the patient.

Which of the following statements describes appropriate discussion in this case?

- A. An ultrasound scan is sufficient to make a diagnosis of a molar pregnancy
- B. A complete molar pregnancy could be treated medically or surgically
- C. Anti-D prophylaxis is not required after surgical evacuation of a complete molar pregnancy
- D. Prophylactic oxytocic infusion decreases the risk of haemorrhage after surgical evacuation
- E. There is a very low risk of recurrent molar pregnancy when she conceives again

57. A 75-year-old woman is evaluated for persistent postmenopausal bleeding. She has a normal BMI and is otherwise fit and well. She has had normal liquid-based cytology previously and has not been on hormone replacement therapy. A hysteroscopy and endometrial biopsy is performed. Histology confirms the presence of endometrial carcinoma.

Which histologic subtype of endometrial cancer is likely to confer the best prognosis for this woman?

- A. Adenosquamous carcinoma
- B. Clear cell carcinoma
- C. Endometrioid adenocarcinoma
- D. Papillary serous carcinoma
- E. Undifferentiated carcinoma

CiP 8: KS6 Pelvic and vulval pain

58. A 30-year-old nulligravida undergoes a diagnostic laparoscopy for chronic pelvic pain. In the recovery ward she complains of severe pain over her shoulders. She thinks that it might be due to her positioning on the theatre table. She is given oral morphine for pain relief.

What is the single most likely anatomical basis for the pain?

- A. The diaphragm and the skin over the shoulder are supplied by the same set of nerves that arise from the cervical plexus
- B. The diaphragm and the skin over the shoulder are supplied by the same set of nerves that arise from the brachial plexus
- C. The diaphragm has neural connection with the shoulder that courses through the parietal pleura
- D. The diaphragm has neural connection with the shoulder that courses through the parietal pericardium
- E. The diaphragm has neural connection with the shoulder that courses through the lateral body wall.

59. A wide local excision of a 2cm right sided vulval carcinoma is being carried out along with resection of the lymph nodes on the right side.

Which lymph node group represents a primary drainage site of the vulva?

- A. External iliac nodes
- B. Internal iliac nodes
- C. Femoral nodes
- D. Obturator nodes
- E. Pre-aortic nodes

CiP 8: KS7 Urogynaecology

60. A 42-year-old man with type 2 diabetes mellitus is assessed in the neurological clinic. He has recently found that he is incapable of sustaining a penile erection.

Which of the following nerves is most likely to have suffered damage in the course of long-standing disease?

- A. Dorsal nerve of the penis
- B. Hypogastric nerve
- C. Pelvic splanchnic nerve
- D. Perineal nerve
- E. Sacral splanchnic nerve

61. Which of the following statements appropriately describes factors that maintain continence in women?

- A. Oestrogen and progesterone receptors are present in the bladder and the urethra and are crucial to maintain continence in women
- B. Parasympathetic nerves cause contraction of the detrusor muscle by secreting acetylcholine that acts on beta receptors
- C. Sympathetic nerves arising in T1-L2 cause contraction of the detrusor by secreting norepinephrine that acts on beta receptors
- D. Sympathetic nerves arising in T1-L2 cause relaxation of the urethral sphincter by secreting norepinephrine that acts on alpha receptors
- E. The medullary micturition centre (MMC) is responsible for the co-ordination of the sphincter relaxation and the detrusor contraction

62. The development of the reproductive system in the male and the female are related, sharing a common developmental path from the mesonephric and paramesonephric ducts (both derived from the intermediate mesoderm). This makes them biological homologues.

What is the biologic homologue of the fallopian tubes in the male?

- A. Appendix of the testis
- B. Canal of Nuck
- C. Epididymis
- D. Gubernaculum of the testis
- E. Paradidymis

CiP 8: KS8 Screening

63. Present methods of screening for breast carcinoma are not ideal.

Which of the following statements is correct regarding screening mammography?"

- A. Isolated clusters of fine irregular calcifications are a mammographic sign of carcinoma
- B. Screening mammography is less precise in older women as opposed to younger women
- C. Screening mammography can reliably distinguish between a cystic breast mass and a solid breast mass
- D. Screening mammography reduces breast cancer mortality by 60% in women 50 to 70 years of age
- E. Screening mammography (two view exam) is associated with a radiation exposure of 1 rad

64. A 45-year-old woman is referred for genetic testing for breast and ovarian cancer. She has two sisters who have had breast cancer in their mid-40s. Genetic testing shows she has a BRCA 1 mutation.

Through which mechanism is BRCA 1 mutation transmitted?

- A. Autosomal dominant
- B. Autosomal recessive
- C. Multifactorial
- D. X-linked dominant
- E. X-linked recessive

CiP 8: KS9 Adolescent SRH

65. A 9-year-old girl is seen in the adolescent gynaecological clinic along with her mother. Her mother is worried about her daughter getting pigmentation of the breast areolae, enlargement of the breasts, and pubic hair growth. An endocrinological profile is normal; however, serum oestradiol levels are high. An MRI scan suggests a complex left sided ovarian mass measuring 5 cm by 5 cm by 6 cm in dimension.

Which tumour is most likely to present as above?

- A. Dysgerminoma
- B. Immature teratoma
- C. Juvenile granulosa cell tumour
- D. Mature teratoma
- E. Yolk sac tumour

66. Which one of the following is associated with puberty in girls?

- A. Puberty is associated with pulses of LH at mid-day
- B. Pulses of LH are associated with increase in circulating oestrogens only
- C. The amplitude of LH pulses decreases as puberty progresses.
- D. LH is not secreted before the menarche
- E. An increase in adrenal androgen secretion usually coincides with a rise in gonadotropins

CiP 8: KS10 PMS

67. Which assessment is key to the diagnosis of Premenstrual Syndrome (PMS) according to NICE guidance?

- A. Daily Record of Severity of Problems (DRSP) Questionnaire over 2 cycles
- B. Early follicular phase FSH level
- C. Hospital Anxiety and Depression (HAD) scale over 2 cycles
- D. Mid luteal progesterone level
- E. Patient Health Questionnaire (PHQ) 9 over 2 cycles

68. Which statement most appropriately describes the aetiology of PMS?

- A. In women with PMS serum allopregnanolone (a metabolite of progesterone) levels appear to be reduced
- B. Women with PMS are generally insensitive to progesterone and progestogen
- C. Serum concentrations of estrogen or progesterone are reduced in women with PMS
- D. Serotonin receptors are unresponsive to estrogen and progesterone
- E. GABA levels are not modulated by a metabolite of progesterone, allopregnanolone

69. A 24-year-old woman attends for review. She has charted her symptoms over the last 3 months. She describes, low mood, low self-esteem and tearfulness beginning about 10 days before the onset of her period. She suffers feelings of breast tenderness and bloating and becomes physically clumsy. Her mood changes have seriously affected her relationship with her partner and her two young children. She has had time off work recently as well because she finds it difficult to deal with colleagues. After her period she feels much better but is frightened by the fact that she knows it is going to happen again.

What is your diagnosis?

- A. Postnatal depression
- B. Premenstrual exacerbation of underlying depression
- C. Borderline personality disorder
- D. Severe premenstrual syndrome
- E. Physiological premenstrual disorder

CiP 8: KS11 Menopause

- 70.** Women consulting about HRT should be made aware of the association between some HRT preparations and venous thromboembolism. Based on existing evidence which statement is an appropriate counselling point?
- A. Conjugated equine oestrogens (in an HRT preparation) are less prothrombotic than estradiol
 - B. Micronized progesterone may confer a lower VTE risk than other progestogens
 - C. Routine thrombophilia testing is necessary prior to commencing HRT
 - D. The risk of venous thromboembolism (VTE) is increased by oral HRT compared with baseline population risk and is greatest after 5 years of initiation
 - E. The risk of VTE associated with HRT is similar for both oral and transdermal oestrogen preparations
- 71.** A 72-year-old woman suffers an accidental fall and sustains a Colles' fracture of her left wrist. She has never been on any form of HRT. The T score on a DEXA scan of the wrist is -2.8 i.e. in the osteoporotic bone density range. An x-ray of the wrist shows likely osteoporosis.

Which mechanism accounts for the findings on x-ray and DEXA scan?

- A. An imbalance between osteoclastic and osteoblastic activity
 - B. Decreased osteoblastic activity only
 - C. Increased secretion of parathormone
 - D. Increased osteoclastic activity only
 - E. Secretion of osteoclast activating factor by macrophages
- 72.** A 65-year-old woman is undergoing a diagnostic hysteroscopy for post-menopausal bleeding. She has received treatment with tamoxifen in the past for breast cancer.
- Which statement most appropriately reflects the pharmacological or clinical actions of this class of drugs?
- A. Tamoxifen is a selective oestrogen receptor modulator (SERM)
 - B. Tamoxifen reduces the risk of endometrial cancer in women who are prescribed it for breast cancer
 - C. Tamoxifen is safe in women with a personal history of DVT
 - D. Tamoxifen may be used in the treatment of all types of breast cancer
 - E. Tamoxifen reduces the size of uterine fibroids

CiP 8: KS12 Transgender

73. A 21-year-old trans man attends your service. He started using testosterone bought from the internet a few months ago but has been seen at the transgender service and is now using testosterone prescribed on the NHS. He has commenced a relationship with a male partner and is having receptive vaginal intercourse. He has been using condoms consistently but has attended today asking whether contraception is required in the light of his using testosterone therapy and being amenorrhoeic. He has not had any surgical procedures.

What is the best advice to give him?

- A. Condoms are sufficient as his fertility is impaired
- B. Contraception is not required as long as he continues to take testosterone consistently
- C. He can use any method if not contraindicated by other health issues
- D. He should avoid CHC methods
- E. Hormonal methods are not advised while using testosterone; he can use a Cu-IUD or continue with condoms

74. Which statement accurately describes the pharmacology of female hormones used to treat a trans woman?

- A. 'Bio-identical' estradiol is the treatment of choice
- B. Oral doses of 0.1-0.5 mg/day of estradiol or equivalent should be sufficient to achieve a therapeutic result
- C. Circulating estradiol levels are monitored to ensure blood serum levels are equivalent to the upper level of secretory phase estrogen
- D. Therapeutic estrogen levels are achieved by 1-3 months
- E. There is ample evidence to demonstrate additional benefit of progesterone in breast development compared to using estrogen alone

CiP 8: KS13 Reproductive mental health

75. An 18-year-old woman is assessed in a specialist gynaecological clinic with the presenting complaint of primary amenorrhea. She is a ballet dancer. Her BMI is 17 kg/m². She gives a history of rapid weight loss and self-induced episodes of vomiting. A provisional diagnosis of anorexia nervosa is made. A full panel of blood tests including an endocrinologic profile is requested. She is referred to an eating disorder service for further assessment or treatment.

Assuming that the diagnosis of anorexia nervosa is correct which of the following is most likely to be associated with it?

- A. Hypertension
- B. Hyperkalaemia
- C. Hypocarotenemia
- D. Low bone mineral density
- E. Tachycardia

76. Which statement constitutes good practice regarding the use of antidepressants in a breastfeeding woman?
- A. Choice of antidepressant during breastfeeding will largely be dictated by medication taken throughout pregnancy
 - B. Depression does not affect the likelihood of a woman breastfeeding
 - C. Venlafaxine is the medication of choice in late pregnancy
 - D. Levels of amitriptyline and its metabolites are high in breast milk
 - E. Fluoxetine is recommended for use in breast feeding mothers

77. A 30-year-old woman delivers her first baby at 38 weeks. She has a pre-existing mental health condition and is known to the mental health team. Three days after birth she shows features of severe mania along with delusions and hallucinations. The perinatal psychiatric team diagnoses puerperal psychosis.

Which pre-existing mental illness is most likely to be associated with an attack of puerperal psychosis?

- A. Bipolar affective disorder
- B. Bulimia
- C. Moderate depression
- D. Obsessive compulsive disorder
- E. Recurrent severe anxiety

CiP 8: KS14 Sexual wellbeing

78. Vulvodynia may be provoked or unprovoked and generalised or localised. Which statement is appropriate information when counselling a woman with vulvodynia?
- A. There exists no evidence that provision of adequate vulval care leads to statistically significant improvement in dyspareunia, burning, itching and pain
 - B. Evidence demonstrates that topical therapy with 5% lidocaine is effective and can be prescribed in provoked localised vulvodynia.
 - C. Tricyclic antidepressants, gabapentin and pregabalin are inappropriate treatment options in unprovoked vulvodynia
 - D. Topical medications with significant proven benefits include nifedipine, capsaicin, amitriptyline, baclofen, nitroglycerine
 - E. Tricyclic antidepressants take 2 weeks before full pain response is evident

79. Which of the following statements accurately describes the pharmacological properties of sildenafil?
- A. Sexual stimulation is required for sildenafil to produce its intended beneficial pharmacological effect
 - B. Sildenafil is a selective inhibitor of cAMP (Cyclic adenosine monophosphate) specific phosphodiesterase type 5 (PDE5) in the corpus spongiosum
 - C. Sildenafil does not potentiate the hypotensive effects of nitrates
 - D. Co-administration of ritonavir is considered safe in a patient taking sildenafil
 - E. Sildenafil is licensed for use in women for sexual dysfunction

CiP 8: KS15 Sexual violence

80. Female genital mutilation is classified by the WHO into 4 types relating to the tissue removed or damaged. Which description constitutes Type 4 female genital mutilation?
- A. Removal of the clitoris only
 - B. Pricking, piercing and incising the external female genitalia
 - C. Complete removal of the labia minora
 - D. Complete removal of the labia majora
 - E. Removal of the clitoral hood only

Example SBA Answers

CiP 1 Patient-centred Care

Q1 Answer: D

Q2 Answer: C

Q3 Answer: D

CiP 4 Data

Q4 Answer: D

Q5 Answer: B

CiP 5 Research

Q6 Answer: B

Q7 Answer: A

Q8 Answer: B

Q9 Answer: E

Q10 Answer: C

Q11 Answer: C

Q12 Answer: B

Q13 Answer: C

Q14 Answer: D

Q15 Answer: B

CiP 8: KS1 Fertility control

Q16 Answer: D

Q17 Answer: C

Q18 Answer: B

Q19 Answer: D

Q20 Answer: B

Q21 Answer: D

Q22 Answer: D

Q23 Answer: B

Q24 Answer: D

Q25 Answer: A

Q26 Answer: A

Q27 Answer: B

Q28 Answer: A

CiP 8: KS2 Pregnancy planning & preconception

Q29 Answer: A

Q30 Answer: B

Q31 Answer: C

Q32 Answer: A

Q33 Answer: D

Q34 Answer: B

CiP 8: KS3 Early pregnancy and abortion

Q35 Answer: A
Q36 Answer: A
Q37 Answer: C
Q38 Answer: B
Q39 Answer: A
Q40. Answer: B
Q41 Answer: D
Q42 Answer: E
Q43 Answer: E
Q44 Answer: A

CiP 8: KS4 GUM

Q45 Answer: C
Q46 Answer: A
Q47 Answer: E
Q48 Answer: D
Q49 Answer: A
Q50 Answer: B
Q51 Answer: B
Q52 Answer: A

CiP 8: KS5 Abnormal vaginal bleeding

Q53 Answer: E
Q54 Answer: D
Q55 Answer: D
Q56 Answer: E
Q57 Answer: C

CiP 8: KS6 Pelvic and vulval pain

Q58 Answer: A
Q59 Answer: C

CiP 8: KS7 Urogynaecology

Q60 Answer: C
Q61 Answer: A
Q62 Answer: A

CiP 8: KS8 Screening

Q63 Answer: A
Q64 Answer: A

CiP 8: KS9 Adolescent SRH

Q65 Answer: C
Q66 Answer: B

CiP 8: KS10 PMS

Q67 Answer: A
Q68 Answer: A
Q69 Answer: D

CiP 8: KS11 Menopause

Q70 Answer: B

Q71 Answer: A

Q72 Answer: A

CiP 8: KS12 Transgender

Q73 Answer: D

Q74 Answer: A

CiP 8: KS13 Reproductive mental health

Q75 Answer: D

Q76 Answer: A

Q77 Answer: A

CiP 8: KS14 Sexual wellbeing

Q78 Answer: B

Q79 Answer: A

CiP 8: KS15 Sexual violence

Q80 Answer: B