EUROPEAN BOARD AND COLLEGE OF OBSTETRICS AND GYNAECOLOGY (EBCOG)

AND

EUROPEAN SOCIETY OF HUMAN REPRODUCTION AND EMBRYOLOGY (ESHRE)

Questionnaire regarding sub-specialist training in Reproductive Medicine:

(HEAD OF CENTER)

1. General Information

a) County/Region .....

b) Hospital .....

(Please circle whichever is appropriate) Regional County Community

Is it part of a General Hospital ..... (Yes/No)

c) Department ..... University Department

d) Center .....

	Number
e) Population of area served by hospital	.....
f) Number of outpatient visits (including emergency visits)	.....
g) Number of surgical procedures/per year (e.g. diagnostic laparoscopies, hysteroscopies, microsurgery, myomectomies etc)	.....

Remarks (please comment) .....

……...

……...

h) Dedicated operation theatre .....(Yes/No)

i) Number of ART procedures/year ..…….

	Number
i) Ultrasounds	.....(%)
ii) Number of ovulation induction cycles	.....
iii) Number of inseminations	.....(%)
iv) Number of IVF/ICSI cycles	.....(%)

Remarks (please comment).....……..……

.....……..……

.....…..……

2. The national training programme in Reproductive Medicine

a) Is there a national training programme .....(Yes/No)

If yes, could we please have a copy.

The EBCOG/ESHRE Ssubspecialist Training Program is enclosed.

Remarks (please comment).....……

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3. Medical Staff (doctors):

	Number
a) Subpecialists	.....
b) Fellows	.....
c) Specialists	..……..
d) Doctors in the department not specialising in obstetrics and gynaecology or in training (if any)	.....

4. Working conditions of training :

	Yes	No
a) In your view has your center got all the necessary requirements for training (see appendix for explanation)?	.....	.....
- structure, e.g. library, laboratoties, etc.	.....	.....
- process, e.g. lectures, seminars, audit meeting,tutorials, etc.	.....	.....

b) What additional requirements do you feel would be helpful ?

.....

.....

c) Are the missing components of the training available outwith your main hospital (if applicable)? ....

d) How often do Fellows participate in on-call duties? e.g. 24 hours every third day or one a week etc.

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5. Tutors for Fellows in training:

(Tutors are senior staff member supervising training of an individual Fellow or group of Fellows or has regional training responsibility)

	Yes	No
a) Is there a designated doctor responsible for co-ordinating training?	.....	.....
If yes, please indicate his position		
b) Is there a tutor in the center with the main responsibility for the training?	.....	.....
c) Do Fellows have personal tutors during training?	.....	.....

	Yes	No
d) Is there a syllabus for Fellows (if yes, please enclose)		
Knowledge	.....	.....
Skills	.....	.....
e) Is there a written instruction for tutors in the department?		
(if yes, please enclose)	.....	.....
f) Is there a training programme for tutors in the department?		
(if yes, please enclose)	.....	.....
g) Is time scheduled for tutoring?	.....	.....
Hours in week		
h) Does your hospital have a log book for Fellows?		
(if yes, please enclose)	.....	.....

6. Is training available in the following :

a) Basic training in:	**Yes**	**No**
- Genetics	.....	.....
- Histopathology	.....	.....
- Breast disease	.....	.....
- Sexuology	.....	.....
- Immunology	.....	.....
- Evidence based medicine and statistics	.....	.....

b) Instruction in:

	Yes	No
- Ultrasound scanning	.....	.....
- Ovulation induction	.....	.....
- Assisted reproduction	.....	.....
- Reproductive surgery	.....	.....
- Psychosomatic disease in reproductive medicine	.....	.....
- Andrology	.....	.....
- Ethics	.....	.....

7. Courses etc. for Fellows:

	Yes	No
a) Are Fellows able to participate regularly in seminars and conferences in the center?	.....	.....
b) Are Fellows able to attend seminars, conferences etc. in other centers?	.....	.....

c) How much paid study leave does a Fellow have per year? ..... days/year

d) How much working time is allotted for the Fellows for theoretical studies every week? ..... days/year

8. Research:

a) How many medical doctors are involved in research towards a higher degree? .....

b) How many scientific doctors (e.g. Ph.Ds) are there in the department at present? .....

c) How many Fellows are involved in research projects? .....
(In what areas)
.....
.....
.....
(if possible, please enclose a list of projects)

d) How many Fellows in the department have published papers in peer-reviewed journals during the past two years ? (Please enclose reprints) .....

e) Please enclose a research profile of the center .....

f) Number of publications in the last two years. .....

9. Training in Administration and Management

	Yes	**No**
a) Do the Fellows receive any training in administration or management ? (e.g. duties relating to organisation of Center, duty rotas, laws related to reproductive medicine etc.)	.....	.....
b) If yes, is this on a regular basis?	.....	.....

State frequency .....
.....

10. Library etc.:

Do the Fellows have access to:	**Yes**	**No**
a) Scientific library at the hospital with a professional librarian?	.....	.....
b) Library in the center? .	....	.....
c) International medical journals in the center?	.....	.....
d) Connection to a data base?	.....	.....
e) Personal computer?	.....	.....

f) Conference room in the center or shared conference room with other departments? ....

g) Room with a desk for the Fellow? ....

11. Audit:

Please state activities related to clinical audit in your center.

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.....

12. What are the three best aspects of your center for the Fellows ?:

a) .....

b) .....

c) .....

13. What are the three most important changes you would like to see introduced in your center?:

a) .....

b) .....

c) .....

Miscellaneous (Please comment on any other aspects of training in your center).

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Signature .....

Director/Chairman/Head of Center

(Please circle appropriate one)

Name (Please print) .....

Date: .....…….