





g) Is time scheduled for tutoring? .....  
Hours in week .....

h) Does your hospital have a log book for Fellows?  
(if yes, please send us a copy)  
.....

**4. Is training available in the following:**

<b><u>a) Basic training in:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
- Genetics	.....	.....
- Histopathology	.....	.....
- Breast disease	.....	.....
- Psychosexual counselling	.....	.....
- Immunology	.....	.....
- Evidence based medicine and statistics	.....	.....

<b><u>b) Instruction in:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
- Ultrasound scanning	.....	.....
- Ovulation induction	.....	.....
- Assisted reproduction	.....	.....
- Reproductive surgery	.....	.....
- Psychosomatic disease in reproductive medicine	.....	.....
- Andrology	.....	.....
- Ethics	.....	.....
- Early Pregnancy	.....	.....

**5. Courses etc. for Fellows:**

	<b><u>Yes</u></b>	<b><u>No</u></b>
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 centres?	.....	.....
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

**6. Research (Fellows):**

	<u>Yes</u>	<u>No</u>
Are you involved in:		
- Research Training – methodology	.....	.....
- Research		
i. Basic scientific	.....	.....
ii. Clinical.	.....	.....

**7. Training in Administration and Management**

	<u>Yes</u>	<u>No</u>
a) Do you 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 .....		
.....		

**8. Library etc.:**

Do you have access to:	<u>Yes</u>	<u>No</u>
a) Scientific library at the hospital with a professional librarian?	.....	.....
b) Library in the center? .	.....	.....
c) International medical journals in the center?	.....	.....
d) Online Secure 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?	.....	.....

**9. What clinical audit are you involved in:**

.....  
.....  
.....

**10. What are the three best aspects of your training in the center?**

- a) .....
- b) .....
- c) .....

**11. What are the three most important changes you would like to see introduced?**

- a) .....
- b) .....
- c) .....

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

.....  
.....  
.....

**Signature** ..... (Fellow)

**Name (please print)** .....

**Year of training** .....



## Training in Reproductive Medicine

# LOG BOOK

*Approved by*

*The European Board and College of Obstetrics and Gynaecology (EBCOG)*

*The European society of Human Reproduction and Embryology (ESHRE)*

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITH WITHIN THREE MONTHS THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION BOARD)

**Surname (in capitals), first name of trainee :**

.....  
.....

Dates of beginning and end of year of training :

...../...../..... (day/mo/yr) - ...../...../..... (day/mo/yr).

Name and address of department :

Year :

.....

Year :

.....

Optional year :

.....

# **CONTENT OF THE TRAINING PROGRAMME**

## **1- Definition .**

The reproductive medical subspecialist is a specialist in Obstetrics and gynaecology who has had theoretical and practical training in :

a) medical and surgical management of infertility . This may involve treatment of the male if practised by the gynaecologists in the country . It will involve a range of assisted reproductive techniques (ART)

b) reproductive endocrinology

Comprehensive management of these items includes diagnostic , therapeutic procedures and audit of outcome .

The practice of reproductive medicine exclude training and practice in another subspecialty .

## **2- Aim of the training .**

To improve the care of patients with disorders of reproductive function in collaboration with other care providers .

## **3-Objectives of the training :**

To train a subspecialist to be capable of :

- improving knowledge , practice , teaching , research and audit .
- co-ordinating and promoting collaboration in organising the department
- providing leadership in the development and in research within subspecialty .

## **4-Organisation of training :**

- the number of training positions should be strictly regulated by the relevant national body in order to provide sufficient expertise.
- training programme should be in a multidisciplinary center and should be organised by a subspecialist or an accredited subspecialist.<sup>1</sup>
- center should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals .
- -training as a sub specialist in reproductive medicine does not imply an exclusive activity in that field .

## **5-Means of training .**

### **5.1 Entry requirements:**

- a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme .
- the availability of a recognised training positions .

5.2 An adequately remunerated position in a recognised training programme is a basic condition. Each trainee must be allocated an appointed tutor for guidance and advice.

5.3 For each country, the number of training positions should reflect the national need for sub specialists in reproductive medicine as well as the facilities and finance available for training.

5.4 Trainees should participate in all hospital activities such as the care of out-patients and in-patients, on call duties , performing endoscopic surgery , assisted reproductive techniques such as ovulation induction , insemination , IVF/ICSI and

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<sup>1</sup> Initially there will be a transitional period when accreditation for training will be given by the national appointing authority to a Specialist in Obstetrics and gynaecology with proven scientific and clinical expertise in reproductive medicine . Subsequently only individuals with training in the subspecialty should hold such a position .



participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5.5 Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternity and paternity leave and compulsory military service.

5.6 Duration of training

Duration of subspeciality training should include a **minimum of two years** in an approved programme and should cover the clinical and research aspects of the following areas :

- Andrology
- Counselling and psychology
- Endocrinology
- Genetics
- Reproductive Biology
- Reproductive surgery
- Ultrasound imaging

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals.

An educational plan should be drawn up agreement with the trainee at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

5-8 A trainee may spent some training time in an another( 1 or 2) center (s) recognised by EBCOG and ESHRE after approval by the national committee.

## **6-Assessment of training**

6.1 In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

6-2 Approval of institutions as training centres should be based on :

- Annual statistics .
- Internal quality control and audit
- Organised teaching sessions
- Availability of :
  - Multidisciplinary team regularly involved in the management of reproductive medicine.
  - Reproductive biologist.
  - Ultrasound unit
  - Optional: unit of genetics and urology
- Fulfilment of defined criteria for minimum activity :
  - 1000 out patient infertile couples a year /trainee
  - 100 ovulation induction cycles / trainee
  - 100 Insemination couples/ trainee
  - 100 reproductive surgery /trainee.
  - 300 Ultrasound / trainee
  - 200 IVF/ICSI a year /trainee

# **TARGETS FOR THE FIRST YEAR OF TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

**KNOWLEDGE :**

.....  
.....  
.....  
.....  
.....

**TECHNICAL SKILLS :**

.....  
.....  
.....  
.....  
.....

**TASKS :**

.....  
.....  
.....  
.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURES : TUTOR : ----- TRAINEE : -----**

# TARGETS FOR THE SECOND YEAR OF TRAINING

description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

## **KNOWLEDGE :**

.....  
.....  
.....  
.....  
.....

## **TECHNICAL SKILLS :**

.....  
.....  
.....  
.....  
.....

## **TASKS :**

.....  
.....  
.....  
.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURES : TUTOR : ----- TRAINEE : -----**

# **TARGETS FOR THE THIRD YEAR OF TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

## **KNOWLEDGE :**

.....

.....

.....

.....

.....

## **TECHNICAL SKILLS :**

.....

.....

.....

.....

.....

## **TASKS :**

.....

.....

.....

.....

.....

**DATE :**

**NAME OF THE TUTOR :**

**SIGNATURES : TUTOR : ----- TRAINEE : -----**

# **ON CALL DUTIES**

**FREQUENCY OF ON CALL DUTIES : (e.g. : 1/4)**

Year	1	2	3
Frequency			

**BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL :**

Year 1 :

.....  
.....  
.....

Year 2 :

.....  
.....  
.....

Year 3 :

.....  
.....  
.....

# EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG and ESHRE recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

*Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress .*

*Certain targets do not require the trainee to be level 5 (Independent). These are identified by a black box.*

*The open targets require your tutor or trainer to check your competence and sign you off . When you feel ready for this it is your responsibility to organise with your trainer , for these targets to be observed . When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module .*

- SCORING SYSTEM :
- 1 : Passive attendance , assistance
  - 2 : Needs close supervision
  - 3 : Able to carry out procedure under some supervision
  - 4 : Able to carry out procedure without supervision
  - 5 : Able to supervise and teach the procedure

The general aim is to get at least mark 4.

## INFERTILE COUPLE ASSESSMENT

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
◆ Clinical diagnostic skills							
◆ Interpretation of laboratory test and other examinations							
◆ Prescribing drugs							
◆ Choice of proper ART approach							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

## **MEDICAL PROCEDURES**

Target	Expected competence level					Trainer sign when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
Ovulation induction							
Ovarian stimulation with ART							
Insemination with Husband's semen							
Insemination with donor sperm							
Intra uterine insemination							
Embryo transfer							
Post coital test							
Counselling							
Management of ovarian hyper-stimulation syndrome							

<b>Signature to confirm completion of the module :</b>	
<b>Name of the trainer :</b>	<b>Date :</b>
<b>Hospital :</b>	

## Ultrasound in reproductive medicine

Target  Perform ultrasound scan to assess:	<b>Expected competence level</b>					Trainer sign when competence level achieved	
	Trainee ticks when achieved						
	1	2	3	4	5	Sign	Date
<b>Normal and abnormal pelvic anatomy :</b> • Uterus • Ovaries • Tubes							
<b>Ovulation induction</b>							
<b>Ovarian stimulation</b>							
<b>Oocyte retrieval</b>							
<b>Uterine malformation</b>							
<b>Endometriosis</b>							
<b>Extra uterine pregnancy</b>							
<b>Testis and epididymus</b>							
<b>Male endorectal ultrasound</b>							

Signature to confirm completion of the module :	
Name of the trainer :	Date :
Hospital	



## LABORATORY PROCEDURES

Target	Expected competence level					Trainer sign when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
Sperm examination							
Mucus examination							
Sperm /mucus inter action							
IVF							
ICSI							
Sperm cryopreservation							
Embryo cryopreservation							

<b>Signature to confirm completion of the module :</b>	
<b>Name of the trainer :</b>	<b>Date :</b>
<b>Hospital :</b>	

## **SURGICAL PROCEDURES**

Target	Expected competence level					Trainer sign when competence level achieved	
	Trainee ticks when achieved					Sign	Date
	1	2	3	4	5		
Diagnostic laparoscopy							
Minor laparoscopic surgery (EUP, Ovarian cyst , ovarian drilling.....							
Laparoscopic infertility surgery : fimbrioplasty , adhesiolysis .....							
Major laparoscopic surgery: Myomectomy , severe endometriosis , Hemi hysterectomy							
Laparoscopic tubal anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedure (e.g polypectomy )							
Hysteroscopic treatment of fibroma ,synechia , uterine septa							
Vaginal septa : surgical treatment							
Transvaginal oocyte retrieval							
Laparotomy (salpingectomy, oophorectomy, ovarian cystectomy and fimbrioplasty adhesiolysis							
Laparotomy Tubal microsurgery							
Laparotomy: Myomectomy							
Embryo reduction							
Ultrasound guided follicular aspiration							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Testicular Biopsy <sup>2</sup>							
Fine needle aspiration <sup>2</sup>							
Epidymal sperm recovery <sup>2</sup>							
Epididymal deferent Anastomosis <sup>2</sup>							
Microsurgical vaso -vasostomy <sup>2</sup>							
Varicocele surgical treatment <sup>2</sup>							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

<sup>2</sup> If infertile male surgery is practised by Gynaecologists in the country

**NUMBER OF PROCEDURES AND TECHNICAL  
ACTS PERFORMED DURING THE TRAINING AS  
FIRST ASSISTANT**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Diagnostic laparoscopy				
Minor laparoscopic surgery (EUP, Ovarian cyst, ovarian drilling .....				
Laparoscopic infertility surgery : fimbrioplasty , adhesiolysis				
Major laparoscopic surgery: Myomectomy , severe endometriosis , Hemi hysterectomy				
Laparoscopic tubal anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedure (e.g.polypectomy )				
Hysteroscopic treatment of fibroma ,synechia , uterine septa .....				
Vaginal septa : surgical treatment				
Transvaginal oocyte retrieval				
Laparotomy (salpingectomy, oophorectomy, ovarian cystectomy and fimbrioplasty adhesiolysis				
Laparotomy Tubal microsurgery				
Laparotomy : Myomectomy				
Embryo reduction				
Ultrasound guided follicular aspiration				
Ultrasound guided ovarian cyst aspiration				
Douglas pouch aspiration				
Testicular Biopsy <sup>3</sup>				
Fine needle aspiration <sup>3</sup>				
Epidymal sperm recovery <sup>3</sup>				
Epididymal deferent Anastomosis <sup>3</sup>				

<sup>3</sup> If infertile male surgery is practised by Gynaecologists in the country

Micro surgical vaso vasostomy <sup>3</sup>				
Varicocele surgical treatment <sup>3</sup>				

Ovulation induction				
Ovarian stimulation with ART				
Insemination with husband's semen				
Insemination with donor sperm				
Intra uterine insemination				
Embryo transfer				
Post coital test				
Management of ovarian hyper stimulation syndrome				

Date :

...../...../..... (day/mo/yr)

Name and signature of trainee:

.....

<sup>1</sup> Add extra page(s) if space provided is insufficient.

**NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS SURGEON**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Diagnostic laparoscopy				
Minor laparoscopic surgery (EUP, Ovarian cyst , ovarain drilling				
Laparoscopic infertility surgery : fimbrioplasty , adhesiolysis				
Major laparoscopic surgery: Myomectomy , severe endometriosis , Hemi hysterectomy				
Laparoscopic tubal anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedure (e.g.polypectomy )				
Hysteroscopic treatment of fibroma ,synechia , uterine septa				
Vaginal septa : surgical treatment				
Transvaginal oocyte retrieval				
Laparotomy (salpingectomy, oophorectomy, ovarian cystectomy and fimbrioplasty adhesiolysis				
Laparotomy Tubal microsurgery				
Laparotomy Myomectomy				
Embryo reduction				
Ultrasound guided follicular aspiration				
Ultrasound guided ovarian cyst aspiration				
Douglas pouch aspiration				
Testicular Biopsy <sup>4</sup>				
Epidymal sperm recovery <sup>4</sup>				
Epididymal deferent Anastomosis <sup>4</sup>				
Micro surgical vaso vaso stomy <sup>4</sup>				
Varicocele surgical treatment <sup>4</sup>				

<sup>4</sup> If infertile male surgery is practised by Gynaecologists in the country

Ovulation induction				
Ovarian stimulation with ART				
Insemination with husband's semen				
Insemination with donor sperm				
Intra uterine insemination				
Embryo transfer				
Post coital test				
Management of ovarian hyper stimulation syndrome				

Date :

Name and signature of trainee:

...../...../..... (day/mo/yr)

.....

<sup>1</sup>Add extra page(s) if space provided is insufficient.

# ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system : A = Excellent  
 B = Sufficient  
 C = Weak  
 D = Unacceptable  
 E = Not applicable

Assessment of fulfillment of the targets defined on pages 3 - 9

<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>
INTEGRATED KNOWLEDGE			
REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA			
MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY			
TECHNICAL SKILLS			
ORGANISATORY SKILLS			
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)			
ETHICS			
RELATIONS WITH PATIENTS			
RELATIONS WITH MEDICAL AND OTHER STAFF			
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS			
SCIENTIFIC INTEREST			
SCIENTIFIC ACTIVITY			

Date : ...../...../..... (day/ mo / yr)

Signature of Trainee:

Signature of Trainer :

.....

.....

**CUMULATIVE LIST OF SCIENTIFIC MEETINGS**  
**AND COURSES ATTENDED BY THE TRAINEE**  
**(entire duration of training; to be up-dated yearly)<sup>5</sup>**

**example :** Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.1999. Theme : "Endometriosis".

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

---

<sup>5</sup> Certificate of attendance as to be provided



# **CUMULATIVE LIST OF PAPERS PRESENTED AT** **SCIENTIFIC MEETINGS**

**(entire duration of training; to be up-dated yearly)**  
**(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)<sup>6</sup>**

**EXAMPLE :** R. LEGAS : "Severe auto-immune dermatologic complications during pregnancy." Poster.  
Symposium "Pregnancy and the immune system", Besançon, France, 17-18.06.2000.

**The number is not limited**

1.

2.

3.

4.

5.

---

<sup>6</sup> Abstracts as to be provided

**CUMULATIVE LIST OF PEER REVIEWED  
PUBLISHED PAPERS IN INTERNATIONAL  
JOURNALS**

**(entire duration of training; to be up-dated yearly)  
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>7</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

---

<sup>7</sup> Published manuscript should be provided

**CUMULATIVE LIST OF PEER REVIEWED  
PUBLISHED PAPERS IN NATIONAL JOURNALS**

(entire duration of training; to be up-dated yearly)

(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>8</sup>

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

---

<sup>8</sup> Published manuscript should be provided

## **SURGICAL REPORTS**

Each trainee will keep in a separate book copies of all reports pertaining to acts performed as first assistant ,as surgeon or as super visor .