



**EUROPEAN BOARD AND COLLEGE OF OBSTETRICS AND GYNAECOLOGY
(EBCOG)
AND
EUROPEAN SOCIETY OF HUMAN REPRODUCTION AND EMBRYOLOGY (ESHRE)**

VISITING REPORT

Date of Visit:

Name of Tutor:

Name of Fellow:

1. General Information

- a) Centre
- b) City
- c) Hospital

(Please circle whichever is appropriate) Regional County Community

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

- d) Department University Department

2. Center

Short description of the local organization

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Does the Center fulfill the general and specific requirements for training in reproductive medicine? **YES NO**

Specify:

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Are the facilities at the Center appropriate? **YES NO**

Specify:

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3. Clinical and Scientific Activities

Is the volume of clinical work load appropriate? **YES NO**

Specify:

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Is the quality and volume of scientific activities appropriate? **YES NO**

Specify:

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4. Tutors

Is tutorship appropriate? **YES NO**

Specify:

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5. Fellowship Programme

Is the quality of the training programme up to standards? **YES NO**

Specify:

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6. What are the strong points of the Center?

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7. What are the weak points of the Center?

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8. Conclusions

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9. Recommendations

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Lead Assessor and author

NAME (Capital letters please)

Signature

Date

Co-Assessor

NAME (Capital letters please)

Signature

Date

Third Assessor (optional)

NAME (Capital letters please)

Signature

Date