



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
(UEMS).**



**EUROPEAN BOARD AND COLLEGE OF OBSTETRICS AND GYNAECOLOGY
(EBCOG)
UEMS – OBS/GYNAE SECTION**



**EUROPEAN SOCIETY OF HUMAN REPRODUCTION AND EMBRYOLOGY
(ESHRE)**

ESHRE/EBCOG Fellowship Examination

A. INTRODUCTION TO THE EXAMINATION

ESHRE, the European Society of Human Reproduction and Embryology, defined its aim as the promotion of understanding of reproductive biology and embryology, through facilitating research and disseminating research findings, as well as by collaborating with inform politicians and policy makers in Europe. ESHRE promotes improvements in clinical practice through *a.o.* organizing teaching and training activities in which it has established a close collaboration with EBCOG, the European Board and College of Obstetrics and Gynaecology, which is a section of the Union Européenne des Médecins Spécialistes (UEMS). UEMS is the representative organisation of the medical specialists in Europe to the European Parliament and European Commission. The aim of UEMS is the harmonisation and improvement of the quality of medical specialist practice in the European Union (EU). Therefore, ESHRE, EBCOG and UEMS share a common objective to improve quality of health care delivery.

EBCOG, being the umbrella organisation of the European national societies for Obstetrics and Gynaecology, sets the standards of post-graduate training in Obstetrics and Gynaecology as the foundation for improvement of health care delivery. Instrumental in harmonising training and quality of health care delivery are the European training recommendations and the accreditation process of Departments through a visitation programme in which the quality of training programmes is being assessed.

Similarly, for subspecialty training, EBCOG and ESHRE have collaborated to develop standards for subspecialty training in Reproductive Medicine through subspecialty training recommendations, and an accreditation system for subspecialty training units resulting in a joined EBCOG/ESHRE visitation programme.

In line with EBCOG's initiative on examination of general Obstetrics and Gynaecology, and ESHRE's certification programme for clinical embryologists, ESHRE starts an examination process in Reproductive Medicine in close collaboration with EBCOG (ESHRE/EBCOG examination) to set a standard of knowledge. Successful candidates will become European Fellows of Reproductive Medicine (EFRM) and can use the title **EFRM-ESHRE/EBCOG**.

ESHRE will use the same standards and rules as EBCOG in terms of applications, preparation, conduction and methods of assessment of the candidates. These are based on the rules developed by CESMA, the Council for European Medical Specialist Assessment, which is an advisory body of UEMS.

The examination is not going to replace the national examination process, if any, but it may be complementary to this or may be accepted as equivalent.

B. THE EXAMINATION

The ESHRE/EBCOG examination aims at the assessment of the knowledge and the skills of the candidates obtained during their training in Reproductive Medicine. Training in Reproductive Medicine is based on the ESHRE syllabus and the ESHRE training programme.

The ESHRE/EBCOG examination consists of two parts:

- **Part 1** is a knowledge based assessment process (KBA)
- **Part 2** is an Objective Structured Clinical Examination (OSCE);

Candidates can sit Part 2 examination after they have passed Part 1. Successful candidates will be admitted to ESHRE as European Fellows of Reproductive Medicine (EFRM-ESHRE/EBCOG) and will be awarded a diploma. Passing the exams does not mean license to practice in any European country, but it provides a qualification. The examination is conducted in English and is open to doctors from EU and non-EU countries.

The Part 1 examination takes place online once a year, but further examinations may take place based on a decision taken by the examination authorities. The Part 2 examination takes place 3 weeks after the Part 1 exam at the location of the Annual meeting. However, the time and location are subject to changes every year.

Methods of assessment (Part 1)

The Part 1 examination is a written exam and consists of two papers, each lasting 2 hours (in total 4 hours). The first paper is mainly focused on Physiology and the diagnostic procedures, while the second on the treatment and the use of ART methods. The two papers are examined one after the other on the same day, with a short break in between. Three types of questions are used in each paper, i.e. Multiple Choice Questions (MCQ), Single Best Answer questions (SBA) and Extended Matching Questions (EMQ). The ratio of the three types can change each time depending on the decision made by the examination authorities. To pass Part 1 examination, candidates must pass both papers. The three types of questions are explained below together with some examples.

Multiple Choice Questions (MCQ)

Each MCQ consists of five statements or questions, which are answered as “true’ or ‘false’.
No negative marking will be given.

Example MCQ

Regarding hormonal contraception:

- A. Shortening the pill free interval leads to accumulation of steroid hormones
- B. Shortening the pill free interval suppresses the intermittent activation of liver protein synthesis
- C. Shortening the pill free interval reduces the incidence of menstrual migraine
- D. Shortening the pill free interval is contraindicated in women who smoke
- E. Shortening the pill free interval may lead to amenorrhea

Correct answers are: A: False B: True C: True D: False E: True

Single Best Answer (SBA)

For each question, 5 potential answers will be provided. All of them can be correct, but there is one that is considered the “best” and the candidates should identify it. Only one answer per question, therefore, can be chosen.

Example SBA

A 25-year-old woman currently on liver enzyme inducers is requesting contraceptive advice. The most reliable form of contraception in this situation would be:

- a. Combined oral contraceptive pill
- b. Levonorgestrel intrauterine system
- c. Diaphragm
- d. Male condom
- e. Progesterone-only pill

Correct answer is: (b) Levonorgestrel intrauterine system

Extended Matching Questions (EMQ)

These are questions, which start with a list of at least 10 potential answers (options) to 2-5 clinical scenarios (usually 3). There is always a Lead-in-Statement that shows the correct direction for the candidates (aetiology, diagnosis, management, treatment etc). For each scenario, the candidate should select the most appropriate, i.e. the best matching answer from the options given. Some answers can be used more than once and others not at all.

Example EMQ

Title: INFERTILITY TREATMENT

Options:

- a) Antibiotics
- b) Expectant management
- c) FSH/HCG
- d) Intracytoplasmic sperm injection (ICSI)
- e) Intrauterine insemination (IUI)
- f) In vitro fertilization (IVF)
- g) Salpingectomy
- h) Surgical sperm recovery
- i) Testicular biopsy
- j) Varicocelectomy
- k) Vitamin E

Lead-in statement: *For each one of the following scenarios select the most appropriate treatment from the above list of options. Each option may be used once, more than once or not at all.*

1) A 34-year-old woman with primary infertility of 3 years duration has been referred to the infertility clinic. Her past medical history is not significant. She has regular periods and the hysterosalpingogram shows bilateral tubal blockage. Her husband has severe oligozoospermia.

The most appropriate treatment is (d). Because of tubal factor infertility, IVF is the appropriate treatment. Nevertheless, due to the male factor, ICSI is recommended. The latter is expected to be more successful than any other treatment.

2) A 29-year-old woman with primary infertility of 2 years duration has been referred to the infertility clinic. She has regular periods, while her past medical history is not significant. Her husband is 30 years old and his semen analysis shows persistently low count almost azoospermia. He has low serum levels of FSH and LH in the area of hypogonadotropic-hypogonadism.

The most appropriate treatment is (c). Treatment with FSH and HCG for several months is expected to improve semen characteristics and fertility (NICE)

3) A 32-year-old woman presents with primary infertility of 3 years duration. She has regular cycles and the hysterosalpingogram shows patent tubes. Her husband is 35 years old. His past medical history is not significant. However, there are moderate semen abnormalities that are characterized as idiopathic. In his semen, a number of leucocytes are identified.

The most appropriate treatment is (f). The presence of leucocytes in the semen does not mean infection and treatment with antibiotics does not improve pregnancy rate (NICE).

Methods of Assessment (Part 2)

Part 2 is an Objective Structured Clinical Examination (OSCE) and is used to measure clinical competence of the candidates. Various types of clinical skills are evaluated, including history taking, technical skills, communication, teamwork, integration of knowledge into clinical problem solving, and evaluation of the clinical relevance of a scientific article. The structure of the examination is based on successive stations where the examiners evaluate the performance of the candidates and mark them accordingly.

Objective – The examination is objective because all candidates are assessed in all stations on the same topics and are marked by the same examiners using the same marking system.

Structured – In the different stations, either simulated patients or simulators and mannequins are used, which are the same for all candidates. The simulated patients are given specific instructions and clinical information, which is the same for all candidates. The candidates also receive instructions regarding the specific task they have to complete during the examination.

Clinical examination – The aim of the examination is to assess both clinical and theoretical knowledge. The questions are standardised in a default template.

The duration of each station is 12 minutes. The candidates will move from one station to the other in a successive way. Altogether there are 5-10 stations, unless it is decided otherwise. One station is considered as a rest station for the candidates to read a scientific article, which will be examined in the next station.

C. APPLICATION PROCESS

Information regarding the exams and the application process can be found on the ESHRE and EBCOG websites. Applications are submitted online. The submission of applications opens several months before the day of the examination. The opening and the closing dates are announced each time well in advance on the websites. Applications submitted on paper will not be accepted. The applicants fill in the application form and submit together with it the relevant documents certifying their eligibility.

Eligibility criteria

The following eligibility criteria are required:

- Candidates should be ESHRE members. If they are not a member of ESHRE, they will have to pay an extra amount of 100 euros in their registration fee for each part of the Examination (Part 1 and Part 2).
- Candidates should be graduates of a Medical School. They should also be Obstetricians and Gynaecologists. They must be registered as Obstetricians and Gynaecologists in their own country or in the country in which they work.
- Candidates from outside the European Union and its associated countries should have previously passed the EFOG-EBCOG examination or should be MRCOG holder.
- Candidates can sit the exams after they have completed at least 2 years of clinical and laboratory training in Reproductive Medicine according to the ESHRE subspecialist training programme, demonstrated by their personal training logbook. It is evident that the subspecialty training starts after they have become Obstetricians and Gynaecologists.
- Participation in research is mandatory, either as a third year research activity or as first, second or last author of at least two publications in peer review journals.
- Training in Reproductive Medicine should have been provided to the candidates in an ESHRE/EBCOG recognized training unit or in a unit recognized for higher training in Reproductive Medicine by the countries' authorities.
- Candidates of countries in which the subspecialty of Reproductive Medicine has not been recognized can only sit the exams if they provide proof that they have been

trained for at least 2 years according to ESHRE subspecialist training programme.

They should have a dedicated logbook.

- Candidates must provide evidence of good standing from their Medical Regulatory Body, Employing Authority or their Head of Department.

How to apply for the examination

Applications are submitted online. The opening and the closing will be published on the website of both ESHRE and EBCOG. All documents submitted with the applications should be in English or translated into English. Based on the above eligibility criteria, the applicants should provide a copy of their **identity card** and proof that:

1. They are medical doctors
2. They are Obstetricians/Gynaecologists
3. They have license to practice
4. They have completed at least 2 years training in Reproductive Medicine after passing the exams of general Obstetrics and Gynaecology

Fee for the examination

The fee is divided into the administrative fee (not refundable) and the registration fee. The fee will be revised on a yearly basis and is different for Part 1 and Part 2 exams.

(in Euro, VAT exclusive)

ESHRE/EBCOG EFRM exam fees	Part 1	Part 2
ESHRE Member	450	500
Non-member	550	600
Hard copy certificate	300	

Fee Refund Policy:

- Withdrawal either from the examination or a pre- examination course is possible, but the candidate should inform the examination authorities.

- If such a request for withdrawal is received before the closing date of the applications, no fee is reimbursed. However, 50% of the fee can be credited for the corresponding next event (examination or pre-exam course), but not for more than 3 years.
- If a request for withdrawal is received after the closing date of the applications, then no refund or credit will be made.
- In exceptional circumstances (family bereavement, acute admission to the hospital or the candidates provide proof that their Visa Application has been rejected), the examination authorities will consider each case separately and may agree 50% of fee to be credited for the next examination/Course but there will be no reimbursement.
- In case of unexpected events outside the responsibility of ESHRE or EBCOG occurring before or during the examinations and which cannot be predicted, such as political instability, fire catastrophe, “big/bang”/force majeure etc., no refund will be transferred back to the candidate.

D. NUMBER OF ATTEMPTS

There is no restriction on the number of times one can sit Part 1 of the examination. Passing Part 1 is the only eligibility criterion for sitting the Part 2 examination. If a candidate fails to pass Part 1 of the examination, he/she cannot sit Part 2. Candidates who pass Part 1, should sit Part 2 within the next 3 years. If that period expires or the candidates have failed to pass Part 2 within the next 3 years of passing Part 1, they will have to re-sit Part 1.

Future dates for Part 1 and Part 2 of the examinations will be announced on the ESHRE and EBCOG websites.

E. PREPARATION OF CANDIDATES FOR THE EXAMINATION

ESHRE training programme – Guides to learning

The majority of European countries do not have a national training programme in Reproductive Medicine. Some of these countries without a programme have units

accredited by ESHRE/EBCOG according to the ESHRE training programme.

Regarding reading for the exams, there is not any specifically recommended textbook, but internationally recognised textbooks may be useful. The candidates should have a broad knowledge of the subspecialty, according to the current guidelines based on an evidence-based approach.

Candidates are advised to visit the following webpage regarding the ESHRE training programme also including theoretical and practical knowledge based on specific modules:

<https://www.eshre.eu/ebcog/fellow>

ESHRE/EBCOG Pre-Examination Preparatory Courses

The examination authorities may decide to organise pre-examination preparatory courses, one for Part 1 and one for Part 2 examination, several months before the exams. It is not mandatory for the candidates to attend the courses, although some candidates may find it useful to prepare for the examination. The fee for each course is not included in the examination fee. The place and the dates of the pre-exam courses are announced well in advance on the ESHRE and EBCOG websites.

Candidates can apply online for the pre-exam courses.

F. GUIDANCE BEFORE AND DURING THE PART 1 EXAMINATION

The two papers of the examination will be received online by the candidates on the day of the exams on their computer in the examination room.

The following instructions before, during and after the examination are important for the candidates.

Before the examination

1. The timetable of the exams is published on the ESHRE and EBCOG websites four weeks before the examination.
2. All candidates will be asked to install the exam software on their own device about a

week before the date of the examination. This is an important issue, as the candidates will have the opportunity on one hand to confirm that their computer is compatible with the on-line system and on the other hand to familiarise themselves with the examination process. Relevant information and instructions will be sent to the candidates by email.

On the day of the examination

Before the examination begins

1. As the examination is conducted online, the candidates will need to use their own laptops (no tablets!), which have been previously tested to be compatible. ESHRE and EBCOG do not have any responsibility if candidates miss the exams because they will not comply with the above rules.
2. All candidates must be online at least 40 min before the start of the examination.

After the examination begins

1. Candidates must provide identification (name and photograph) at all times upon request.
2. Candidates will start the examination when the examination paper appears on their own computer.
3. Candidates, who arrive late, will not be allowed to enter the online examination.
4. Candidates are not allowed to copy any examination material.
6. Any communication between the candidates is not allowed after the onset of the examination. If they do not comply, they will be disqualified and will not be allowed to re-sit the examination for the next two years.
7. During the exam, a candidate is not allowed to exit the virtual examination room.
8. A clock will be shown on screen with the remaining time to finish the examination.

9. Candidates are not allowed to take any photographs or screen shots at any time.
10. Candidates suspected of cheating during the examination will be disqualified. In addition, keystrokes are being monitored constantly during the examination.

At the end of the examination

When the examination comes to the end, candidates stop working on their laptops and submit immediately their paper online.

G. GUIDANCE BEFORE AND DURING THE PART 2 EXAMINATION

Since the aim of Part 2 examination is the assessment of clinical skills, the examination has an OSCE structure. For that purpose, the examination is being conducted in stations where various aspects of clinical skills are assessed.

Before the examination

1. Details regarding the topic of each station together with relevant information and instructions will be send to the candidates a few weeks before the date of each examination.
2. The examination is organised in four rounds with 5-10 candidates in each round (depending on the number of stations). Time schedule for the rounds is 08:00-10:00, 10:30-12:30, 14:00-16:00, 16:30-18:30. Therefore, the maximum number of candidates examined in one day is 20-40, depending on the number of stations.

On the day of the examination

1. Candidates participating in Part 2 examination should arrive at the venue well in advance, i.e. candidates of the first and second round arrive together 30 minutes before the start of the first round, while those of the third and fourth round arrive together 30 minutes before the start of the third round.

2. Upon arrival, candidates will be registered before entering the examination area by providing their identity card.
3. All mobile phones will be switched off on arrival and will then be stored in a locker outside the exam room or kept in a secure envelope labelled by name before candidates enter the examination area. The phones will be re-collected by the candidates when they leave the examination area permanently after the end of the examination.
4. Candidates should not bring laptops, tablets or books in the examination area. Nobody will look after them outside the examination area.
5. If the candidates, during their presence in the waiting rooms, wish to leave the examination area for personal reasons, they will be accompanied by an escort (male or female) until they return back to the waiting room.
6. If any of the candidates attempts to transmit information to anybody outside the examination area during the day of the examination, he/she will fail and will not be allowed to re-sit the exam during the following 2 years.

At the end of the examination

1. The candidates of the first and second round will leave the examination area and the venue together immediately after the third round starts, while those of the third round will leave after the fourth round starts.

H. APPEALS

Appeals for either Part 1 or Part 2 will be considered only if they are submitted to the examination authorities within 10 days of the notification of the results. The Appeals committee will provide an answer in writing within 30 days.

I. SCORE CALCULATION PROCEDURE (PASS MARK SETTING)

What is the pass mark in the exams?

The pass mark is the minimum score that is required for a candidate to pass the exam. Basically, the pass mark discriminates between the candidates who perform well and those who do not. The methodology used for setting the pass mark (standard setting) remains consistent, although the pass mark may not be the same in different exams, as it is mainly dependent on the difficulty of the questions.

Pass mark setting in Part 1 ESHRE/EBCOG examination

For calculation of the pass mark for Part 1 Examination, a fixed method is used. This involves calculating the average score (mean \pm SD) of candidates' performance (the % of questions answered correctly by candidates - absolute standard). From this average score, 0.75 SD is subtracted and the resulting number is the pass mark. The pass mark for paper 1 and for paper 2 is calculated separately.

Pass mark setting in Part 2 ESHRE/EBCOG examination

For the calculation of the pass mark in OSCE examination, the modified Rothman's method is used. Information is collected from the examiner at each station. Three sample points are used, i.e. pass, fail, borderline and the pass mark at each station is the median score of candidates evaluated as "borderline" by the examiners. There are 3 prerequisites for candidates to pass the exam: (1) their score at each station must be equal to or greater than the pass mark of the station, (2) they must pass at least 75% of the number of the stations (nearest integral number) and (3) the sum of their scores must be equal to or greater than the sum of the pass marks of all stations.