



# *The Hong Kong College of Obstetricians and Gynaecologists*

## *Reproductive Medicine Subspecialty Logbook*

Name of Trainee: \_\_\_\_\_

Hospital: \_\_\_\_\_

Training Period: Year 1 \_\_\_\_\_

Year 2 \_\_\_\_\_

Year 3 \_\_\_\_\_



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*Reproductive Medicine Subspecialty*

# Curriculum & Competency Assessment



## HKCOG Reproductive Medicine Subspecialty Training Curriculum & Competency Assessment

Trainee Name:		Period of Training :	
Training Centre:		Name of Training Program Supervisor:	

### **Guidance on When and How to Sign-off for Acquiring Skills and Competencies at Different Levels:**

Both trainees and trainers should critically review what's expected at each level. For example, 'observation' isn't simply 'seeing a procedure performed once' or 'seeing one particular case'. There's an implicit need to ensure appropriate knowledge and understanding, even at level 1 (previously 'observation'). Expectations for sign-off at the different levels are described below, together with an 'anchor statement' to summarize expectations at that level.

#### *1) Level 1 (previously referred to as 'observation')*

Trainees should be signed off at level 1 before moving to level 2, where the relevant clinical skill/problem will be undertaken under supervision.

To be signed off at level 1, the trainee should:

- Demonstrate a thorough understanding of the **principles** of the competence/clinical skill/situation, including the **indication** for the procedure and the **common complications**
- Be aware that, before undertaking any clinical skill under direct supervision, if possible they'll have **observed the procedure on a number of occasions**
- Use **other methodologies** (e.g. drills, simulation, e-learning and case-based discussion assessments) if direct experience of the procedure or clinical problem hasn't been possible



### Anchor statement, level 1

‘The trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.’

#### 2) Level 2 (previously referred to as ‘direct supervision’)

Trainees must be observed directly in different clinical situations before being signed off at level 2.

To be signed off at level 2, the trainee should:

- **Perform** the clinical skill/manage the case **under supervision**
- Be aware that the **number of times** the competence/clinical skill/situation needs to be assessed depends on the **complexity of the case** and **individual aptitude**
- Be aware that there’s therefore **no limit to the number of times the procedure can be supervised** and there’s no advantage in having a module signed off until there’s certainty the trainee can **safely perform the procedure in a number of different clinical situations and levels of complexity**
- Be able to manage any **unexpected complications** but know **when to summon senior help**

### Anchor statement, level 2

‘The trainee is capable of performing the task or managing the clinical problem but with senior support.’



### 3) Level 3 (previously referred to as 'independent practice')

Progression to independent practice may be the most difficult for trainees. Once signed off for direct supervision, the trainee should start the process of performing procedures with less and less supervision, as agreed by their trainer.

To be signed off at level 3, the trainee should:

- Demonstrate the **ability** and **confidence** to perform the clinical skill/situation competently **when senior staff aren't immediately available**, e.g. out of the hospital
- Show a willingness to move on to **experiential learning** with further case exposure
- Demonstrate a willingness to **keep a record of the number of cases/procedures subsequently managed**, including any complications and their resolution
- Remember that **competency** is a baseline level for safe independent practice, with further exposure and experience leading to **proficiency** and subsequently **expertise**

#### **Anchor statement, level 3**

'The trainee can manage the majority of cases with no direct supervision or assistance, while having the insight to recognize that senior support will be needed in certain complex cases/complications.'



## HKCOG Reproductive Medicine Subspecialty Training Module 1: Female Reproductive Endocrinology

### Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to female reproductive endocrinology

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>1a: FEMALE ENDOCRINOLOGY</b>							
<p>Endocrinological measurement of hormones in biological fluids for evaluation of the various endocrine systems (Appendix 1a.1)</p> <p>Neuroendocrine anatomy and physiology</p> <p>Hypothalamic–pituitary dysfunction:</p> <ul style="list-style-type: none"> <li>Hypogonadotrophic hypogonadism</li> <li>Kallman syndrome</li> <li>Pituitary adenoma</li> <li>Hyperprolactinaemia</li> <li>Disorders of growth hormone</li> </ul> <p>Adrenal dysfunction:</p> <ul style="list-style-type: none"> <li>Cushing syndrome</li> <li>Addison’s disease</li> <li>Adrenal hyperplasia</li> </ul> <p>Thyroid disorders</p> <p>Polycystic ovary syndrome and disorders of androgen secretion (Appendix 1a.2)</p>	1	<p>Take a history and perform an appropriate examination</p> <p>Perform and interpret dynamic endocrinological testing</p> <p>Discuss the diagnosis of causes of anovulation, such as syndromes of inappropriate prolactin secretion, central nervous system-hypothalamic-pituitary</p> <p>Be able to use ultrasound as diagnostic tool; e.g. PCOS</p>	1,2,3,4	<p>Ability to counsel patients sensitively about disease processes and impact on future fertility and long-term health</p> <p>Ability to formulate management plan related to endocrinological findings</p> <p>Ability to implement plan of management and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p> <p>Ability to counsel patients sensitively about options available</p> <p>Ability to explain openly treatments, complications and adverse effects of treatment</p>	1,3,4	<p>Reproductive endocrine clinic attendance</p> <p>General adult endocrine clinic attendance</p>	<p>Logbook of competence and experience</p> <p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



### **Appendix 1a.1**

Neuroendocrine function: central nervous system, hypothalamic–pituitary system:

- Anatomical and functional aspects of the hypothalamus, neurovascular relationships, hypothalamo-hypophyseal portal circulation and target cells of the pituitary
- Suprahypothalamic structures and neuronal systems relevant to regulation of reproductive processes
- Site of production, biological action and control of secretion of oxytocin, vasopressins and neurophysins
- Biochemical basis of neuroendocrine action of neuropharmacology of agonists and antagonists
- Pineal gland
- Blood–brain barrier
- Sex steroid-concentrating neurones
- Distribution and cellular characteristics of pituitary hormone-producing cells with special reference to gonadotrophe and lactotrophe
- Anatomical and functional aspects of the peptidergic and catecholaminergic system and their control of the pituitary hormone secretion
- Structure and function of pituitary reproductive hormones and neuropeptides
- Control of secretory activities of the pituitary hormones, including long- and short-term rhythms and their target organs and feedback systems
- Neuroendocrine regulation of the menstrual cycle
- Neuroendocrine function of the fetus and placenta
- Hypothalamic and pituitary hypopituitarism and disorders of over secretion of pituitary hormones
- Organic lesions and/or functional disorders of the hypothalamic–pituitary system
- Ectopic hormone syndromes

Thyroid function and disease states:

- thyrotrophin-releasing hormone, thyroid-stimulating hormone, thyroid physiology
- Diagnostic value of thyroid-stimulating hormone, thyroid hormones total and free, thyroid-stimulating immunoglobulins and related diagnostic tests
- Biosynthesis, control and metabolism of thyroid hormones
- Clinical and pathophysiological correlates of hypo- and hyperthyroidism, particularly as related to menstrual disorders and fertility
- Pregnancy- and hormone-induced changes of thyroid function in the mother and the effect of abnormal maternal thyroid function on the fetus
- Thyroid physiology in the newborn and identification of cases at high risk of neonatal thyrotoxicosis
- Effects of thyroid replacement and anti-thyroid drug therapy on the fetus
- Pathophysiology of thyroiditis
- Thyroid function in struma ovarii, molar pregnancy and choriocarcinoma
- Medical and surgical management of non-toxic goitre, hypo- and hyperthyroidism





Adrenal function and disease states:

- Regulation and secretion of adrenocortical hormones
- Clinical and laboratory assessment of adrenocortical function
- Pharmacology of naturally occurring and synthetic glucocorticoids and mineralocorticoids
- Adrenocortical hypo- and hyperactivity (e.g. Cushing hyperplasia, adenoma, carcinoma)
- Congenital adrenal hyperplasia (see module 1C)
- Effects of aberrations of adrenocortical function on hypothalamopituitary-ovarian function
- Aldosterone and disorders of the rennin–angiotensin system
- Catecholamine disorders

### **Appendix 1a.2**

Androgen disorders:

- Production, physiology and metabolism of androgens in normal women
- Mechanisms of action of androgens
- Symptoms and signs of androgen excess together with any causes based on pathophysiology of androgen excess
- Physiology of normal and abnormal hair growth
- Ovarian tumours, benign and malignant, which secrete androgens
- Benign stromal changes in the ovary which may result in increased androgen production
- Relate PCOS to abnormal hormone production
- Androgen-resistant states
- Congenital and acquired adrenal hyperplasia in terms of aetiology, genital morphology, general metabolic effects and differentiate action and treatment
- Management of androgen excess and of hirsutism
- Pharmacology of anti-androgens

### **Appendix 1a.3**

Endocrinology of pregnancy:

- Fetoplacental unit: physiology and pathophysiology of steroid hormones (e.g. oestrogen, progesterone, corticosteroids)
- Physiology of decidua-chorionic-placental peptide hormones (e.g. gonadotrophins, somatomammotrophin, thyrotrophin, adrenocorticotrophic hormone/opioid peptides and prolactin)
- Initiation of parturition, including physiology, pathophysiology and pharmacology of prostaglandins
- Physiology of fetal adrenal gland
- Endocrine and cytokine pathophysiology of pre-eclampsia and eclampsia
- Pathophysiology of altered maternal thyroid, adrenal and pancreatic status during pregnancy



## HKCOG Reproductive Medicine Subspecialty Training Module 1: Female Reproductive Endocrinology

Module 1a Logbook: Female Endocrinology	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Anatomy and physiology</b>							
Neuroendocrine anatomy and physiology							
<b>Screening</b>							
Pituitary magnetic resonance imaging (MRI) / or computed tomography (CT)							
Pelvic MRI/CT							
Abdominal CT							
<b>Hypothalamic–pituitary disorders</b>							
Hypogonadotrophic hypogonadism							
<b>Hypothalamic disorders</b>							
Anorexia nervosa/exercise and lifestyle-related disorders							
Pituitary adenoma							



Module 1a Logbook: Female Endocrinology	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Kallman syndrome							
Hyperprolactinaemia							
<b>Adrenal dysfunction</b>							
Cushing syndrome							
Addison's disease							
Congenital adrenal hyperplasia							
Thyroid disorders							



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>1b: THE OVARY AND POLYCYSTIC OVARY SYNDROME</b>							
<p>Ovarian anatomy, physiology, pathophysiology and endocrinology (see Appendix 1b.1)</p> <p>Diagnosis of polycystic ovary syndrome (PCOS):</p> <ul style="list-style-type: none"> <li>• Imaging of PCOS</li> <li>• Management of anovulation</li> <li>• Management of hyperandrogenism (hirsutism, acne, alopecia)</li> <li>• Management of obesity, including an understanding of long-term health risks, metabolic effects and cancer risks</li> </ul> <p>Management of ovulation induction in PCOS:</p> <ul style="list-style-type: none"> <li>• Dietary advice</li> <li>• Anti-oestrogens</li> <li>• Gonadotrophin therapy</li> <li>• Aromatase inhibitors</li> </ul> <p>Ovarian diathermy</p>	1	<p>Take a history and undertake appropriate clinical examination</p> <p>Organise the appropriate endocrine investigation of disordered ovulation</p> <p>Select and manage treatment for PCOS through full engagement with patient</p> <p>Prescribe and monitor response to anti-oestrogens and gonadotrophin ovulation induction</p> <p>Perform laparoscopic ovarian diathermy in the management of polycystic ovaries</p> <p>Organise appropriate investigations of impaired glucose tolerance and discuss the use of insulin-lowering drugs</p> <p>Request and manage results of screening tests for hypercholesterolaemia</p> <p>Medical management of hyperandrogenism</p> <p>Ultrasound - ovarian morphology</p>	1, 2, 3, 4	<p>Ability to counsel patients sensitively about disease process</p> <p>Ability to formulate management plan related to pathological findings</p> <p>Ability to implement plan of management and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p> <p>Ability to counsel patients sensitively about options available</p> <p>Ability to explain clearly and openly about treatments, complications and adverse effects of medical and surgical treatment</p>	1,3,4	<p>Appropriate Laparoscopic skills course</p> <p>Reproductive endocrine clinic attendance</p>	<p>Logbook of competence and experience</p> <p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



### **Appendix 1b.1**

Ovarian function and disease states:

- Cyclic changes in endocrine activities within the ovary
- Synthesis and secretion of hormone substances by the various compartments and cell types of the ovary; intra- and extraovarian control mechanisms
- Mechanism of protein/steroid hormone action in the ovary
- Regulation of hormone receptors
- Atresia and selection of the dominant follicle.
- Luteolysis
- Hormone-producing tumours of the ovary
- Ovarian activity during gestation
- Age-related changes in ovarian structure and function
- Clinical and pathophysiological correlates of disorders of the human ovary (structure and function)

Ovarian pathology:

- Gross and microscopic findings: describe natural history of ovarian tumours in relation to reproductive function (e.g. follicular cysts, luteoma, corpus luteum, polycystic ovary syndrome, endometrioma, granulosa-theca cell tumour, Sertoli-Leydig cell tumour, gynandroblastoma, cystic teratoma, dysgerminoma, gonadoblastoma and mixed germ cell or gonadal tumours)
- Different compartments of the Graafian follicle (e.g. granulosa cells, theca and adjacent stroma) and the primordial, preantral, antral and Graafian follicles, including the dynamic changes which occur in the ovary from embryo to menopause
- Specific staining techniques and cellular ultrastructure as related to function
- Gross and microscopic findings and the development of gonadal structures found in various forms of gonadal dysgenesis and disorders of sexual development



Module 1b Logbook: The ovary and polycystic ovarian syndrome	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Ovary and polycystic ovary syndrome (PCOS)</b>							
Diagnosis of PCOS							
Ultrasound imaging of polycystic ovaries							
Management of obesity							
Dietary and lifestyle support							
Management of anovulation/oligo-ovulation							
Ovulation induction in PCOS							
Anti-oestrogens							
Gonadotrophin therapy							
Ovarian diathermy							
Aromatase inhibitors							
Management of hyperandrogenism (hirsutism/acne/alopecia) including counselling on efficacy of pharmacological and non-pharmacological treatments							



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>1c: PAEDIATRIC AND ADOLESCENT GYNAECOLOGY</b>							
<p>Embryology: development of embryo and abnormalities which will have an influence on reproduction, in particular development of genital tract</p> <p>Factors controlling male and female development of the gonadal primordia, internal duct system and external genitalia</p> <p>Developmental abnormalities of the genital tract, including ambiguous genitalia, imperforate hymen and vaginal septa, uterine anomalies, müllerian and Wolffian dysgenesis, Rokitansky syndrome and gonadal dysgenesis</p> <p>Embryology of hypothalamic–pituitary and other pertinent endocrine systems</p> <p>Developmental disorders (Appendix 1c.1):</p> <ul style="list-style-type: none"> <li>• Ambiguous genitalia</li> <li>• Disorders of sexual development</li> <li>• Complete androgen insensitivity syndrome</li> <li>• Endocrine disturbance</li> <li>• Precocious puberty</li> <li>• Delayed puberty</li> <li>• Congenital Adrenal hyperplasia</li> </ul> <p>Surgical management:</p> <ul style="list-style-type: none"> <li>• Developmental disorders</li> <li>• Ambiguous genitalia</li> <li>• Disorders of sexual development</li> <li>• Awareness of patient support networks</li> </ul>	1	<p>Take a history and perform an appropriate clinical examination</p> <p>Organise appropriate endocrine and radiological investigations</p> <p>Select and manage appropriate treatment for PCOS</p> <p>Organise appropriate investigations of impaired glucose tolerance and discuss the use of insulin-lowering drugs</p> <p>Management of hyperandrogenism</p>	1,2,3,4	<p>Ability to counsel patients and parents/carer/guardian sensitively about disease process and explain condition, issues regarding future fertility, hormonal implications and gender identity.</p> <p>Ability to be sensitively address adolescents concerns about sexuality and/or sexual functioning</p> <p>Ability to formulate a management plan related to pathological findings</p> <p>Ability to implement a plan of management and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p> <p>Ability to counsel patients and parents / carer / guardians sensitively about options available and to invite patient and parents opinion.</p> <p>Ability to explain clearly and openly treatments, complications and adverse effects of medical and surgical treatment</p> <p>Ability to explain openly about treatments, complications and adverse effects of treatment</p> <p>Ability to ascertain patient's and parents'/carer's / guardian's understanding of the condition by listening and requesting them to articulate their understanding</p>	1,3,4	<p>Reproductive endocrine clinic attendance</p> <p>Attendance at paediatric / adolescent gynaecology clinics</p> <p>Observation of surgical procedures</p> <p>Multidisciplinary input</p>	<p>Logbook of competence and experience</p> <p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



## **Appendix 1c.1**

Normal sequence of pubertal changes in the female and male and their chronology

Effects of hormones on bone growth and epiphyseal closure

Hormonal changes and gametogenesis relative to the reproductive cycle from intrauterine life to the development of normal reproductive cycles (e.g., gonadotrophin secretion in the fetus and the neonate, sensitivity of the feedback system during fetal and neonatal life and childhood; role of adrenal androgens)

Delayed puberty, indicating the differential diagnosis evaluation and appropriate therapy

Sexual precocity, indicating the differential diagnosis, evaluation and appropriate therapy

Developmental disorders, including those of:

- vagina: vaginal reconstruction by dilatation or surgery
- uterus: knowledge of müllerian anomalies with obstruction of drainage

Ambiguous genitalia, including involvement in the assignment of sex of rearing for an infant with ambiguous genitalia, techniques for surgical construction of unambiguous functioning female external genitalia and vagina (e.g. vaginoplasty, clitoridectomy and clitoral resection), indications and laparoscopic techniques for gonadectomy

Embryonic development of the genital tract, including the factors controlling male and female development of the gonadal primordia, internal duct system and external genitalia


Diagnosis and management of patients with developmental abnormalities of the genital tract, including ambiguous genitalia, imperforate hymen and vaginal septa, uterine anomalies, müllerian agenesis and gonadal dysgenesis

Embryology of the hypothalamic–pituitary and other pertinent endocrine systems

Embryology of the urological system





Module 1c Logbook: Paediatric and Adolescent Gynaecology	Competence level						Not required 
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Developmental disorders</b>							
Normal growth and development/ambiguous genitalia/genital anomalies							
Disorders of sexual development/Turner syndrome							
<b>Endocrine disturbance</b>							
Precocious puberty							
Delayed puberty							
Late-onset congenital adrenal hyperplasia							
Primary amenorrhoea							
Management of survivors of childhood cancer and experience of multidisciplinary team working including oncology, paediatric oncology and medical genetics.							



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>1d: CONTRACEPTION AND TERMINATION</b>							
<p>Effectiveness of fertility control</p> <p>Awareness of religious or cultural beliefs and medical conditions relevant when considering fertility control</p> <p>Pharmacology of drugs used</p> <p>Risks and complication of methods used</p> <p>Reasons for unplanned pregnancy</p>	1	<p>Take a history in relation to:</p> <ul style="list-style-type: none"> <li>Contraceptive techniques</li> <li>Unwanted pregnancy</li> </ul> <p>Counsel about:</p> <ul style="list-style-type: none"> <li>Contraception</li> <li>Sterilisation</li> </ul>	1,3,4	<p>Ability to counsel patients sensitively about options available</p> <p>Ability to understand issues of consent in the patient under the age of 16 years</p> <p>Ability to respect patient's confidentiality</p> <p>Ability to explain clearly and openly about treatments, complications and side effects of drug treatment</p> <p>Ability to formulate and implement a plan of management and modify if necessary</p>	1,3,4	<p>Task-specific on-the-job training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience:</p> <ul style="list-style-type: none"> <li>Family planning course</li> <li>Family planning sessions</li> </ul>	<p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



Module 1d: Contraception and termination of pregnancy	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Contraceptive counselling</b>							
Combined oral contraceptive pill							
Progestrone-only pill							
Depot							
Implants							
Intrauterine contraceptive devices (including copper and levonorgestrel based systems)							
<b>Termination Provision</b>							
First trimester termination							
Mid trimester termination							
Selective fetal reduction							



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>1e: MENOPAUSE AND PREMATURE MENOPAUSE</b>							
<p>Management of the post-menopausal woman:</p> <ul style="list-style-type: none"> <li>Choice of hormone replacement therapy (HRT)</li> <li>Non-hormonal methods including lifestyle and dietary advice</li> <li>Adverse effects and risks of HRT</li> </ul> <p>Interpretation of tests used to evaluate amenorrhoea</p> <p>A rational diagnostic and therapeutic approach to patients with amenorrhoea</p> <p>Premature menopause:</p> <ul style="list-style-type: none"> <li>Causes of premature ovarian failure, congenital endocrine disorders (e.g. Turner syndrome, complete androgen insensitivity syndrome, ovarian agenesis, polyglandular endocrinopathy and fragile X syndrome) and acquired (e.g. post-surgery, chemo/radiotherapy)</li> <li>Treatment options for young women with ovarian failure, with particular regard to future fertility</li> <li>Advantages and disadvantages, risks and benefits of HRT</li> </ul>	1	<p>A rational diagnostic and therapeutic approach to patients with amenorrhoea</p> <p>Liaison with fertility services</p> <p>Immunological investigations</p> <p>Counselling</p> <p>Interpretation of dual-energy X-ray absorptiometry bone scans</p>	1,3,4	<p>Ability to counsel patients sensitively about the options available</p> <p>Ability to respect patient confidentiality</p> <p>Ability to explain clearly and openly about treatments, complications and adverse effects of drug treatment</p> <p>Ability to formulate and implement a plan of management and modify if necessary</p> <p>Ability to discuss impact on future fertility and advise on hormone replacement</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p>	1,3,4	<p>Task-specific on-the-job training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience, e.g. menopause clinic attendance</p> <p>Appropriate meetings</p>	<p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p>



Module 1e Logbook: Menopause and premature ovarian failure	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Management of menopause</b>							
Management of the postmenopausal woman							
Choice of hormone replacement therapy (HRT)							
Adverse effects and risks of HRT							
<b>Management of premature ovarian failure</b>							
Endocrine assessment							
Fertility management							
Immunological investigation							
Counselling and referral for formal psychological or psychosexual counselling							
HRT therapy							
Dual energy X-ray absorptiometry bone scanning							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



**COMPLETION OF MODULE 1**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## HKCOG Reproductive Medicine Subspecialty Training Module 2: Endometriosis

### Learning outcomes:

- To understand the diagnosis, management and treatment of patients with endometriosis

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Pathogenesis and aetiology of endometriosis</p> <p>Mechanisms by which minimal and mild endometriosis may impair fertility, e.g. defective folliculogenesis, ovulatory dysfunction, hyperprolactinaemia, autoimmune disorders, disturbances in the peritoneal fluid environment.</p> <p>Diagnosis, staging/grading of disease and prognosis</p> <p>Place of expectant management, medical and surgical treatment in the management of endometriosis</p> <p>Role, possible benefits and potential adverse effects of pharmacological agents, e.g. oral contraceptives, progestogens, danazol, gestrinone, gonadotrophin-releasing hormone (GnRH) analogues, in the management of endometriosis</p> <p>Place of assisted reproduction in the management of endometriosis</p> <p>Symptoms</p> <ul style="list-style-type: none"> <li>Investigations <ul style="list-style-type: none"> <li>ultrasound / computed tomography/ magnetic resonance imaging</li> <li>Pelvic MRI/CT</li> <li>Serum CA125 measurement</li> </ul> </li> </ul> <p>Effects on fertility</p> <p>Multidisciplinary pain Management</p>	1	<p>Ultrasound assessment of pelvis</p> <p>Surgical management:</p> <ul style="list-style-type: none"> <li>Diathermy to superficial disease</li> <li>Excision of endometriosis</li> <li>Removal of endometriomas</li> <li>Treatment of rectovaginal disease</li> </ul> <p>Medical management:</p> <p>Pharmacological Therapies</p> <ul style="list-style-type: none"> <li>Progestogen therapy, including Intra-Uterine System</li> <li>Combined oral contraceptive pill</li> <li>GnRH analogues</li> <li>Others</li> </ul> <p>Non-pharmacological Therapies:</p> <ul style="list-style-type: none"> <li>Specialist Pain Management Services</li> <li>Psychological Support</li> </ul>	1,2	<p>Ability to counsel patients sensitively about the options available</p> <p>Ability to respect patient confidentiality</p> <p>Ability to explain clearly and openly about treatments, complications and adverse effects of drug treatment</p> <p>Ability to formulate and implement plan of management and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical, e.g. colorectal surgeons, chronic pain team and radiologists</p>	1,3,4	<p>Task specific in service training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience, e.g. pain clinic</p> <p>Endometriosis clinic Attendance</p> <p>Multi-disciplinary team attendance</p>	<p>Mini-CEX</p> <p>Preceptor assessment of knowledge</p>





## Module 2: Endometriosis

Module 2 Logbook: Endometriosis	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Diagnosis</b>							
Focused physical examination for endometriosis							
<b>Investigations</b>							
Serum CA125 measurement							
Radiological investigation – ultrasound and MRI							
Laparoscopy							
<b>Management</b>							
Counselling on effects on fertility and the role of assisted conception							
<b>Surgical management</b>							
Ability to decide appropriate role of surgical intervention							
Destruction of superficial disease							



Module 2 Logbook: Endometriosis	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Excision of deep disease							
Excision/ Ablation of endometriomas							
Hysterectomy for severe endometriosis							
<b>Medical management</b>							
Ability to decide appropriate role of medical intervention							
Combined oral contraceptive pill							
GnRH analogues ± addback therapy							
Others							
<b>Other aspects</b>							
Assisted Conception							
Multidisciplinary pain management							
General advice including dietary, lifestyle and psychological advice							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



**COMPLETION OF MODULE 2**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 3: Reproductive Surgery

### Learning outcomes:

- To achieve surgical skills appropriate for a subspecialist in reproductive surgery

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Anatomical systems in relation to human reproduction (Appendix 3.1)</p> <p>Role of endoscopic and open surgery in the treatment of fertility-related conditions, e.g. fibroids, endometriosis, hydrosalpinges and tubal disease</p> <p>Sterilisation reversal</p>	1	<p>Laparoscopic or Abdominal Surgery:</p> <ul style="list-style-type: none"> <li>Diagnostic laparoscopy</li> <li>Treatment of minimal/mild endometriosis</li> <li>Treatment of ovarian endometrioma</li> <li>Treatment of other ovarian cysts</li> <li>Ovarian diathermy</li> <li>Division of adhesions</li> <li>Salpingectomy or proximal tubal occlusion for hydrosalpinx</li> <li>Salpingostomy for hydrosalpinx</li> <li>Tubal recannulation</li> <li>Reversal of sterilization or other tubal reconstruction procedures</li> <li>Myomectomy (open fertility surgery)</li> <li>Myomectomy (laparoscopic)</li> <li>Hysterectomy for severe endometriosis.</li> </ul> <p>Hysteroscopic surgery:</p> <ul style="list-style-type: none"> <li>Diagnostic hysteroscopy</li> <li>Outpatient hysteroscopy</li> <li>Resection of fibroid</li> <li>Resection of polyp</li> <li>Division of septum</li> <li>Division of adhesions</li> </ul> <p>Other surgery:</p> <ul style="list-style-type: none"> <li>Excision of vaginal septum</li> <li>Imperforate hymen</li> <li>Excision of rudimentary horn of uterus (laparoscopic resection)</li> </ul> <p>Male surgery:</p> <ul style="list-style-type: none"> <li>Percutaneous epididymal sperm aspiration</li> <li>Testicular sperm aspiration</li> <li>Open testicular biopsy</li> <li>Microsurgical epididymal sperm extraction</li> <li>Microsurgical testicular sperm extraction</li> </ul>	1,2	<p>Ability to counsel patients sensitively about reproductive surgery options available and their benefits, risks, success rates, patient's expectations of treatment and limitations of treatments</p> <p>Ability to respect patient confidentiality</p> <p>Ability to explain clearly and openly about treatments, complications and side effects of surgery</p> <p>Ability to formulate and implement plan of management and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p>	1,3,4	<p>Task-specific on-the job training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience, e.g. pain clinic</p> <p>Laparoscopic surgery course</p> <p>Hysteroscopic surgery course</p>	<p>OSATS</p> <p>Case-based discussion</p> <p>Preceptor assessment of knowledge</p>



### **Appendix 3.1**

#### **Uterine anatomy and histology:**

- normal anatomy
- different types of congenital abnormalities, such as uterine septum, their impact on fertility and their management
- impact and management of intrauterine adhesions
- impact and management of fibroids, including medical, surgical and embolisation

#### **Tubal anatomy and histology:**

- normal anatomy
- different types of congenital abnormalities
- management of proximal, mid-tubal and distal tubal disease
- sterilisation and reversal of sterilisation
- gross and microscopic findings of diseases of the oviduct related to reproductive endocrinology (e.g. acute and chronic salpingitis, granulomatous salpingitis, endometriosis)
- natural history and clinical course of acute and chronic salpingitis and relate these to subsequent fertility

#### **Vaginal and cervical anatomy and histology:**

- gross and microscopic findings of endometriosis and adenosis
- possible consequences of antenatal hormone exposure
- effects of various hormones on the vagina and cervix

#### **Endometrial histology:**

- histological appearance of normal and abnormal endometrium
- current data relating estrogens with endometrial hyperplasia and adenocarcinoma
- acute and chronic endometritis
- developmental stages of the endometrium (dating)
- endometrial factors that affect implantation in early pregnancy

#### **Myometrial histology:**

- gross and microscopic findings of adenomyosis, leiomyoma and other myometrial lesions related to reproduction
- relationships of leiomyoma to infertility, including each of the different types (e.g. subserosal, intramural and submucosal)



Ovarian anatomy and histology:


- gross and microscopic findings and natural history of ovarian tumours related to reproductive function (e.g. follicular cysts, luteoma, corpus luteum, polycystic ovary syndrome, endometrioma, granulosa-theca cell tumour, Sertoli-Leydig cell tumour, gynandroblastoma, cystic teratoma, dysgerminoma, gonadoblastoma and mixed germ cell or gonadal tumours)
- different compartments of the Graafian follicle (e.g. granulosa cells, theca and adjacent stroma) and the primordial, preantral, antral and Graafian follicles, including the dynamic changes which occur in the ovary from embryo to menopause
- specific staining techniques and cellular ultrastructure as related to function
- gross and microscopic findings and the development of gonadal structures found in various forms of gonadal dysgenesis and intersex conditions

Testicular anatomy and histology:

- normal anatomy and development of the testis
- various stages of normal and abnormal spermatogenesis;
- gross and microscopic findings in testicular disease (e.g. teratoma, seminoma, Leydig and Sertoli cell tumours)



### Module 3: Reproductive Surgery

Module 3 Logbook: Reproductive Surgery	Competence level						Not required 
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Laparoscopic or Abdominal Surgery</b>							
Treatment of minimal/mild endometriosis							
Treatment of ovarian endometrioma							
Treatment of other ovarian cysts							
Ovarian diathermy							
Division of adhesions							
Salpingectomy or proximal tubal occlusion for hydrosalpinx							
Salpingostomy for hydrosalpinx							
Tubal recannulation							
Reversal of sterilization or other tubal reconstructive procedures							
Myomectomy (Open Fertility Surgery)							
Myomectomy (laparoscopic)							





Module 3 Logbook: Reproductive Surgery	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Hysteroscopic surgery</b>							
Resection of fibroid							
Resection of polyp							
Division of septum							
Division of adhesions							
<b>Others</b>							
Excision of vaginal septum							
Imperforate hymen							
Excision of rudimentary horn of uterus (Laparoscopic resection)							
<b>Male surgery</b>							
Percutaneous epididymal sperm aspiration							
Testicular sperm aspiration							
Open testicular biopsy							
Microsurgical epididymal sperm extraction							
Microsurgical testicular sperm extraction							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off					
Hysteroscopic Surgery	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic adhesiolysis	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic treatment of endometriosis	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic ovarian cystectomy	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic salpingectomy	Date		Date		Date	
	Signature		Signature		Signature	
Laparoscopic salpingostomy	Date		Date		Date	
	Signature		Signature		Signature	
Myomectomy	Date		Date		Date	
	Signature		Signature		Signature	



**COMPLETION OF MODULE 3**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 4: Subfertility and Assisted Reproduction

### Learning outcomes:

- To demonstrate the knowledge, skills and attitudes relating to general subfertility problems

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>4a: GENERAL SUBFERTILITY</b>							
<p>Normal ranges in: semen analysis</p> <ul style="list-style-type: none"> <li>endocrine profile: female</li> <li>endocrine profile: male</li> </ul> <p>Ovulation induction:</p> <ul style="list-style-type: none"> <li>anti-oestrogens</li> <li>aromatase inhibitors</li> <li>gonadotrophins</li> <li>complications including Ovarian Hyperstimulation Syndrome (OHSS)</li> </ul> <p>Intrauterine insemination</p> <p>In vitro fertilisation (IVF).</p> <ul style="list-style-type: none"> <li>intracytoplasmic sperm injection (ICSI)</li> </ul> <p>Donation of:</p> <ul style="list-style-type: none"> <li>Oocytes</li> <li>Sperm</li> </ul> <p>Uterine and tubal imaging:</p>	1	<p>Take a history from subfertile couple</p> <p>Examination of subfertile couple:</p> <ul style="list-style-type: none"> <li>Arrange investigations</li> <li>Interpret semen analysis</li> <li>Interpret endocrine profile: female</li> <li>Interpret endocrine profile: male</li> </ul> <p>Liaise with appropriate colleagues</p> <p>Organise and counsel towards appropriate treatment:</p> <ul style="list-style-type: none"> <li>Ovulation induction: anti-oestrogens / aromatase inhibitors</li> <li>Ovulation induction: gonadotrophins</li> <li>Intrauterine insemination</li> <li>IVF</li> <li>IVF/ICSI</li> <li>Oocyte donation</li> <li>Sperm donation</li> </ul> <p>Critical awareness of the limitations of investigative techniques in the evaluation of infertility</p> <p>Uterine and tubal imaging:</p>	1,2,3,4	<p>Ability to counsel patients sensitively about the options available including preferences and expectations</p> <p>Ability to respect patient confidentiality.</p> <p>Ability to explain clearly and openly about treatments, complications and adverse effects of drug treatment, such as OHSS</p> <p>Ability to formulate and implement plan of management, taking into account relevant ethical and moral considerations specific to the patient and modify if necessary.</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical (e.g. andrologists, endocrinologists, IVF centre team and urologists).</p> <p>Ability to interpret:</p> <ul style="list-style-type: none"> <li>Ultrasonography</li> <li>hysterosalpingography</li> <li>selective salpingography and HyCoSy</li> <li>sella turcica imaging by MRI</li> <li>CT scan</li> </ul> <p>Ability to perform visual field examination.</p> <p>Ability to use and interpret chromosomal studies and karyotyping.</p>	1,3,4	<p>Task-specific in-service training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience, e.g. fertility clinic, endocrine clinic</p>	<p>Logbook of competences and experience</p> <p>Mini-CEX</p> <p>Preceptor assessment of knowledge</p> <p>Case-based discussions</p>

*RM (2016)*



## Module 4: Subfertility and Assisted Reproduction

Module 4a Logbook: General Subfertility		Competence level						Not required
		Level 1		Level 2		Level 3		
		Date	Signature	Date	Signature	Date	Signature	
<b>Investigation</b>								
History and examination of subfertile couple								
Arrange appropriate, focused investigations								
Interpret semen analysis								
Interpret endocrine profile:	Female							
	Male							
<b>Uterine and tubal imaging</b>								
Hysterosalpingography (HSG)								
Hysterosalpingo contrast sonography (HyCoSy)								
Saline sonohysterography								
CT/MRI								
Diagnostic laparoscopy + methylene blue dye test								



Module 4a Logbook: General Subfertility		Competence level						Not required
		Level 1		Level 2		Level 3		
		Date	Signature	Date	Signature	Date	Signature	
Discuss with couple and counsel towards appropriate treatment								
Ovulation induction:	anti-oestrogens							
	gonadotrophins							
	GnRH agonists							
	GnRH antagonists							
Intrauterine insemination: natural cycle and superovulation								
In vitro fertilisation (IVF)								
IVF vs. intracytoplasmic sperm injection								
Use of donated oocytes								
Use of donated sperm								
Use of donated embryos								
Gamete storage in advance of chemo- or radiotherapy								
Identification and awareness of psychosexual problems								





Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<b>4b: ASSISTED CONCEPTION &amp; REPRODUCTIVE GENETICS</b>							
<p>Management options:</p> <ul style="list-style-type: none"> <li>Long gonadotrophin-releasing hormone (GnRH) agonist protocol</li> <li>Short GnRH agonist protocol</li> <li>GnRH antagonist cycles</li> <li>Frozen embryo replacement: <ul style="list-style-type: none"> <li>natural cycle</li> <li>HRT cycle</li> </ul> </li> <li>Donor–recipient cycle</li> <li>Sperm freezing</li> <li>Embryo freezing</li> <li>In vitro oocyte maturation</li> <li>Oocyte freezing</li> <li>Fertility preservation for cancer patients</li> </ul> <p>Pharmacokinetics and pharmacodynamics of drugs used in reproductive medicine</p> <p>Clinical trial design</p> <p>Strategies to reduce the risk of OHSS</p> <p>Management of complications including ovarian hyperstimulation syndrome</p> <p>Ultrasound/imaging:</p> <ul style="list-style-type: none"> <li>Follicular tracking: natural/simulated cycles</li> <li>Tracking IVF endometrial development</li> <li>Uterine abnormalities</li> <li>Ovarian pathology</li> <li>Early pregnancy assessment</li> <li>Oocyte retrieval</li> </ul> <p>Embryo replacement</p> <p>Percutaneous epididymal sperm aspiration</p> <p>Microsurgical epididymal sperm aspiration</p>	1	<p>Take a history from a subfertile couple:</p> <ul style="list-style-type: none"> <li>Examination of subfertile couple</li> <li>Arrange investigations</li> <li>Interpret semen analysis</li> <li>Interpret endocrine profile: female</li> <li>Interpret endocrine profile: male</li> </ul> <p>Form appropriate management plan</p> <p>Counsel for donated gametes:</p> <ul style="list-style-type: none"> <li>Donated oocytes</li> <li>Donated sperm</li> </ul> <p>Manage treatment cycles:</p> <ul style="list-style-type: none"> <li>Long GnRH protocol</li> <li>Short GnRH protocol</li> <li>GnRH antagonist cycles</li> <li>Frozen embryo replacement: <ul style="list-style-type: none"> <li>natural cycle</li> <li>HRT cycle</li> </ul> </li> <li>Donor–recipient cycle</li> <li>Sperm freezing</li> <li>Embryo freezing</li> <li>Fertility preservation cycles</li> </ul> <p>Ultrasound/Imaging:</p> <ul style="list-style-type: none"> <li>Follicular tracking natural/stimulated</li> <li>Follicular tracking IVF</li> <li>Endometrial development</li> <li>Uterine abnormalities</li> <li>Ovarian pathology</li> <li>Early pregnancy assessment</li> <li>Oocyte retrieval</li> <li>Embryo replacement</li> <li>Percutaneous epididymal sperm aspiration</li> <li>Microsurgical epididymal sperm aspiration</li> <li>Open testicular biopsy</li> </ul>	1,2,3,4	<p>Ability to counsel patients sensitively about options available and understand their preferences and expectations</p> <p>Ability to formulate management plan related to pathological findings</p> <p>Ability to implement plan of management taking into account relevant ethical and moral considerations specific to patients and modify if necessary</p> <p>Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical</p> <p>Ability to explain clearly about treatments, complications and adverse effects of treatment eg OHSS</p> <p>Understanding of the role of a Quality Management System</p>	1,3,4	<p>Attend reproductive ethics course</p> <p>Attend CHRT inspection</p> <p>Task-specific in-service training</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Tailored clinical experience (e.g. infertility clinic, endocrine clinic)</p>	<p>Mini-CEX</p> <p>OSATS</p> <p>Log of competences and experience</p> <p>Case-based discussion</p>



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Open testicular biopsy</p> <p>Counselling:</p> <ul style="list-style-type: none"> <li>• Supportive</li> <li>• Implications</li> <li>• Therapeutic</li> <li>• Adoption</li> <li>• Legal aspects</li> <li>• Psychosexual</li> </ul> <p>Basis of genetic inheritance and transmission of genetic disease:</p> <ul style="list-style-type: none"> <li>• Single gene disorders: recessive and dominant</li> <li>• Sex-linked disorders</li> <li>• Late-onset disorders and disease susceptibilities</li> <li>• Chromosome rearrangements: Robertsonian reciprocal translocations and their consequences</li> <li>• Aneuploidy, sporadic aneuploidy and important aneuploidy syndromes (e.g. Edwards, Turner, Patau)</li> </ul> <p>Genetics:</p> <ul style="list-style-type: none"> <li>• Genetic history and counselling</li> <li>• Cell cycle and biology</li> <li>• Approach to chromosome analysis</li> <li>• International System for Human Cytogenetic Nomenclature</li> <li>• Normal variation</li> <li>• Banding techniques</li> <li>• Prenatal diagnosis</li> <li>• Cell culture and processing</li> <li>• Preimplantation genetic diagnosis</li> <li>• Preimplantation genetic screening</li> </ul> <p>Laboratory techniques:</p>	1	<p>Counselling:</p> <ul style="list-style-type: none"> <li>• Supportive</li> <li>• Implications</li> <li>• Therapeutic</li> <li>• Legal aspects of counselling</li> <li>• Liaison with counsellors</li> </ul> <p>Genetics:</p> <ul style="list-style-type: none"> <li>• Genetic history and counselling</li> <li>• Cell cycle and biology</li> <li>• Approach to chromosome analysis</li> <li>• International System for Human Cytogenetic Nomenclature</li> <li>• Normal variation</li> <li>• Banding techniques</li> <li>• Prenatal diagnosis</li> <li>• Cell culture and processing</li> <li>• Preimplantation genetic diagnosis</li> <li>• Preimplantation genetic screening</li> </ul>	1,3,4				



Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<ul style="list-style-type: none"> <li>Cell culture</li> <li>Embryo culture</li> <li>Assisted hatching</li> <li>Polymerase chain reaction</li> <li>DNA, RNA and protein amplification techniques</li> <li>Culture systems</li> <li>Blastocyst culture</li> <li>Time-lapse imaging of embryo</li> <li>Flow cytometry</li> </ul> <p>Ethics in assisted reproduction:</p> <p>Council on Human Reproductive Technology (CHRT):</p> <ul style="list-style-type: none"> <li>Code of Practice</li> <li>Adverse incident reporting</li> <li>Understand the 'person responsible' role</li> <li>CHRT inspection</li> </ul> <p>Storage:</p> <ul style="list-style-type: none"> <li>Use of gametes</li> </ul>	1						



Module 4b Logbook: Assisted Conception & Reproductive Genetics	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Counsel for donated gametes</b>							
Egg donation							
Sperm donation							
Embryo donation for clinical use							
Embryo donation for research							
<b>Manage treatment cycles</b>							
Pharmacokinetics of drugs used in reproductive medicine							
Long GnRH protocol							
Short GnRH protocol							
GnRH antagonist cycles							
Management of ovarian hyperstimulation syndrome							
Frozen embryo replacement: natural cycle							



Module 4b Logbook: Assisted Conception & Reproductive Genetics		Competence level						Not required
		Level 1		Level 2		Level 3		
		Date	Signature	Date	Signature	Date	Signature	
Frozen embryo replacement: HRT cycle								
Donor-recipient cycle								
Sperm/oocyte freezing								
Embryo freezing								
Fertility preservation for cancer patients								
Clinical drug trial design								
Practical procedures								
Ultrasound/imaging:	Follicular tracking							
	Follicular tracking IVF							
	Endometrial development							
	Uterine abnormalities							
	Ovarian pathology							



Module 4b Logbook: Assisted Conception & Reproductive Genetics		Competence level						Not required
		Level 1		Level 2		Level 3		
		Date	Signature	Date	Signature	Date	Signature	
	Ultrasound guided ART procedures							
	Early pregnancy assessment							
Oocyte retrieval								
Embryo replacement								
Pregnancy rate per embryo transfer (please give pregnancies/embryo transfer and then percentage)								
Percutaneous epididymal sperm aspiration								
Testicular sperm aspiration								
Open testicular biopsy								
Microsurgical epididymal sperm extraction								
Microsurgical testicular sperm extraction								
Counselling								
Supportive counselling								



Module 4b Logbook: Assisted Conception & Reproductive Genetics	Competence level						Not required <input type="checkbox"/>			
	Level 1		Level 2		Level 3					
	Date	Signature	Date	Signature	Date	Signature				
Implication counselling										
Provide therapeutic counselling										
Liaise with counsellors										
<b>Genetics</b>										
Genetic history and counselling										
Cell cycle/cell biology										
Chromosome analysis										
International System for Human Cytogenetic Nomenclature										
Normal variation										
Banding techniques										
Prenatal diagnosis										
Cell culture and processing										



Module 4b Logbook: Assisted Conception & Reproductive Genetics	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Pre-implantation genetic diagnosis							
Preimplantation genetic screening							
<b>Laboratory techniques</b>							
Sperm preparation for assisted reproduction							
Oocyte culture							
Oocyte insemination							
Oocyte sperm injection							
Embryo culture							
Embryo freezing and thawing							
Assisted hatching							
Polymerase chain reaction							
Preimplantation genetic diagnosis							





Module 4b Logbook: Assisted Conception & Reproductive Genetics	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
DNA, RNA and protein amplification techniques							
Culture systems							
Blastocyst culture							
Time-lapse imaging of embryo							
Flow cytometry							
Council on Human Reproductive Technology (CHRT)							
Ethics in assisted reproduction							
Adverse incident reporting							
Storage of gametes							
Use of gametes							
Attend CHRT inspection							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off					
Intrauterine Insemination	Date		Date		Date	
	Signature		Signature		Signature	
Oocyte Retrieval	Date		Date		Date	
	Signature		Signature		Signature	
Embryo Transfer	Date		Date		Date	
	Signature		Signature		Signature	

<b>COMPLETION OF MODULE 4</b> I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 5: Andrology


### Learning outcomes:

- To demonstrate knowledge and competency in relation to men with fertility problems

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Appropriate history and investigations:</p> <ul style="list-style-type: none"> <li>Semen analysis</li> <li>Endocrine profile: male</li> </ul> <p>Anatomy and physiology of the testis</p> <p>Investigation of azoospermia</p> <p>Hypothalamo-pituitary-thyroid axis function and assessment</p> <p>Assessment and management of impotence</p> <p>Council on Human Reproductive Technology (CHRT):</p> <ul style="list-style-type: none"> <li>Code of practice</li> <li>Adverse incident reporting</li> </ul> <p>Treatment:</p> <ul style="list-style-type: none"> <li>Endocrine therapy</li> <li>Gonadotrophin therapy</li> </ul>	1	<p>Take an appropriate history from a subfertile male:</p> <ul style="list-style-type: none"> <li>Examination of subfertile male</li> <li>Arrange investigations</li> <li>Interpret semen analysis</li> <li>Interpret endocrine profile: male</li> <li>Investigation of azoospermia</li> <li>Form appropriate management plan</li> </ul> <p>Counsel about sperm banking:</p> <ul style="list-style-type: none"> <li>pre-oncology treatment</li> <li>before vasectomy</li> </ul> <p>Treatment:</p> <ul style="list-style-type: none"> <li>Endocrine therapy</li> <li>Gonadotrophin therapy</li> </ul>	1,3,4	<p>Ability to counsel patients sensitively about the disease process</p> <p>Ability to formulate management plan related to pathological findings</p> <p>Ability to implement plan of management and modify if necessary</p> <p>Ability to liaise with colleagues in other disciplines, clinical and non-clinical</p> <p>Ability to counsel patients sensitively about options available</p> <p>Ability to explain openly about treatments, complications and adverse effects of treatment</p>	1,3,4	<p>Laboratory sessions</p> <p>Urology training</p>	<p>Attendance at relevant practical sessions and tutorials</p> <p>Preceptor assessment of knowledge</p> <p>Mini-CEX</p> <p>OSATS</p> <p>Case-based discussion</p>



## Module 5: Andrology

Module 5 Logbook: Andrology	Competence level						Not required 
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
History and examination from subfertile male							
Interpret semen analysis							
Interpret endocrine profile: male							
Investigation of azoospermia							
Form appropriate management plan based on findings and results							
<b>Counselling</b>							
Sperm banking pre-oncology treatment							
Sperm banking pre-vasectomy							
Sperm banking for sperm donation							
<b>Medical treatment</b>							
Endocrine therapy							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



**COMPLETION OF MODULE 5**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 6: Early Pregnancy Problems

### Learning outcomes:

- To understand the assessment and management of recurrent miscarriage
- To demonstrate the knowledge and skills for patients requiring emergency gynaecology

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
Recurrent miscarriage: <ul style="list-style-type: none"> <li>• Causes</li> <li>• Investigations</li> <li>• Medical management</li> <li>• Surgical management</li> </ul>	1	Recurrent miscarriage: <ul style="list-style-type: none"> <li>• Take a history:               <ul style="list-style-type: none"> <li>○ recurrent miscarriage</li> <li>○ pregnancy history</li> <li>○ medical history</li> </ul> </li> <li>• Organise appropriate investigations</li> <li>• Interpret endocrine assessment</li> <li>• Interpret immunological assessment</li> <li>• Formulate management plan</li> <li>• Liaise with colleagues in other disciplines</li> </ul> Counsel about: <ul style="list-style-type: none"> <li>• Causes of miscarriage</li> <li>• Treatments</li> <li>• Implications following molar pregnancy</li> </ul> Perform: <ul style="list-style-type: none"> <li>• Endocrine investigations</li> <li>• Anatomical assessment</li> <li>• Immunological investigations</li> </ul> Manage clinical conditions: <ul style="list-style-type: none"> <li>• Antiphospholipid syndrome</li> </ul> Uterine abnormalities	1,2,3,4	Ability to counsel patients sensitively about the disease process  Ability to formulate management plan related to pathological findings  Ability to implement plan of management and modify if necessary  Ability to liaise with colleagues in other disciplines, clinical and non-clinical  Ability to counsel patients sensitively about options available and to refer to support groups as appropriate  Ability to explain openly about treatments, complications and adverse effects of treatment	1,3,4	Attendance at:  Recurrent miscarriage clinic  Early pregnancy assessment unit	Mini-CEX  Case-based discussion





## Module 6: Early Pregnancy Problems

Module 6 Logbook: Early Pregnancy and Problems	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Recurrent miscarriage</b>							
History and examination							
Organise appropriate investigations							
Interpret endocrine assessment							
Interpret immunological assessment							
Formulate management plan							
Liaise with colleagues in other disciplines							



Training Courses or sessions		
Title	Signature of educational supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



COMPLETION OF MODULE 6		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



# Generic Module



## Generic Module 1: Communication, team working and leadership skills

### Learning outcomes:

- To demonstrate effective communication with patients and colleagues
- To demonstrate good working relationships with colleagues
- To demonstrate the ability to work in clinical teams and have the necessary leadership skills

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Communication:</p> <ul style="list-style-type: none"> <li>• How to structure a patient interview to identify: <ul style="list-style-type: none"> <li>• Concerns and priorities</li> <li>• Expectations</li> <li>• Understanding an acceptance</li> </ul> </li> <li>• Breaking bad news</li> <li>• Bereavement process and behavior</li> </ul> <p>Team working:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities of team members</li> <li>• Factors that influence and inhibit team development</li> <li>• Ways of improving team working including: <ul style="list-style-type: none"> <li>• Objective setting and planning</li> <li>• Motivation and demotivation</li> <li>• Organization</li> <li>• Respect</li> </ul> </li> <li>• Contribution of mentoring and supervision</li> </ul> <p>Leadership:</p> <ul style="list-style-type: none"> <li>• Qualities and behavior</li> <li>• Styles</li> <li>• Implementing change and change management (see 7.5)</li> </ul>	3	<p>Communicate both verbally and in writing with patients and relatives, including:</p> <ul style="list-style-type: none"> <li>• Breaking bad news</li> <li>• Appropriate use of interpreters</li> </ul> <p>Communicate effectively with colleagues both verbally and in writing</p>	3	<p>Ability to communicate effectively with:</p> <ul style="list-style-type: none"> <li>Colleagues</li> <li>Patients and relatives</li> </ul> <p>Ability to break bad news appropriately and to support distress</p> <p>Ability to work effectively within a subspecialty team.</p> <p>Ability to lead a clinical team.</p> <p>Ability to respect others' opinions.</p> <p>Ability to deal with difficult colleagues</p>	3	<p>Observation of and discussion with senior medical staff</p>	<p>STPS report</p> <p>Team observations</p>



## Module 1: Communication, team working and leadership skills

Year 1					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts with own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time effectively					



Comments



## Module 1: Communication, team working and leadership skills

Year 2					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts with own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time effectively					





Comments



### COMPLETION OF GENERIC MODUEL 1

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 2: Good Medical Practice and Maintaining Trust

### Learning outcomes:

- To inculcate the habit of lifelong learning and continued professional development
- To acquire the knowledge, skills and attitude to act in a professional manner at all times

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
Continuing professional development Doctor-patient relationship Personal health Understanding of relevance of: <ul style="list-style-type: none"> <li>• The Hong Kong College of Obstetricians and Gynaecologists</li> <li>• General Medical Council, British Medical Association</li> <li>• Specialist Societies</li> <li>• Specialty Training Committee and Postgraduate Dean</li> <li>• Defence Union</li> </ul> Ethical principles: <ul style="list-style-type: none"> <li>• Respect for autonomy</li> <li>• Beneficence and non-maleficence</li> <li>• Justice</li> </ul> Informed consent Confidentiality Legal issues: <ul style="list-style-type: none"> <li>• Death certification</li> <li>• Mental illness</li> <li>• Advance directives, living wills</li> </ul>	4	Recognise and use learning opportunities Gain informed consent for: <ul style="list-style-type: none"> <li>• Patient care and procedures</li> <li>• Research</li> </ul>	4	Ability to recognise and use learning opportunities Ability to learn from colleagues and experience Ability to work independently but seek advice appropriately Ability to deal appropriately with challenging behaviour Ability to understand: Ethical issues relevant to subspecialty Legal responsibility Ability to recognise: Own limitations When personal health takes priority over work pressure Ability to gain informed consent	4	Observation of and discussion with senior medical staff	STPS report Team observations



## COMPLETION OF GENERIC MODUEL 2

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 3: Teaching

### Learning outcomes:

- To understand and demonstrate appropriate skills and attitudes in relation to teaching

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Teaching strategies appropriate to adult learning</p> <p>HKCOG core and advanced training relevant to subspecialty</p> <p>Identification of learning principles, needs and styles</p> <p>Principles of evaluation</p>	1,3	<p>Prepare and deliver a teaching session:</p> <ul style="list-style-type: none"> <li>• Small group (less than 10 people)</li> <li>• Large group ( more than 20 people)</li> <li>• At the bedside</li> </ul> <p>Teach practical procedures, including ultrasound</p>	1,3	<p>Ability to communicate effectively</p> <p>Ability to teach postgraduates on topic(s) relevant to subspecialty using appropriate teaching resources</p> <p>Ability to organise a programme of postgraduate education, e.g. short course or multidisciplinary meeting</p>	1,3	<p>Observation of and discussion with senior medical staff</p> <p>Appropriate postgraduate courses</p>	Log of experience and competence



Module 3: Teaching			
Teaching	Date	Signature	Comments
Prepare and deliver a teaching session: small group			
Prepare and deliver a teaching session: large group			
Organise short course or multidisciplinary meeting			



### COMPLETION OF GENERIC MODUEL 3

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 4: Research

### Learning outcomes:

- Understand and demonstrate appropriate skills and attitudes in relation to research relevant to the subspecialty

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Epidemiological techniques, population parameters, sampling techniques and bias</p> <p>Randomised trials and meta-analysis</p> <p>Statistical tests:</p> <ul style="list-style-type: none"> <li>• Parametric tests</li> <li>• Non-parametric tests</li> <li>• Correlation and regression</li> <li>• Multivariate analysis</li> <li>• Chi-squared analysis</li> </ul>	1	<p>Perform a scientific experiment::</p> <ul style="list-style-type: none"> <li>• Review advice</li> <li>• Develop a hypothesis and design experiment to test hypothesis</li> <li>• Define sample</li> <li>• Conduct experiment</li> <li>• Perform statistical analysis of data</li> <li>• Draw appropriate conclusions from results</li> </ul>	1	<p>Ability to design and conduct a scientific experiment</p> <p>Ability to critically appraise scientific studies</p> <p>Ability to write up research (as evidence by award o MD or PhD thesis or two first-author papers in citable refereed MEDLINE journals)</p> <p>Ability to present a piece of scientific research</p>	1,3	<p>Discussion with senior staff (clinicians, scientists, statisticians)</p> <p>Attendance at scientific meetings</p> <p>Personal study</p> <p>Appropriate postgraduate courses (e.g. research methods, statistics)</p>	Peer-reviewed publications and/or higher degree





### Generic Module 4: Research

Papers published in citable refereed MEDLINE journals during training

Full reference




## Generic Module 4: Research

Other publications during training

Full reference




Generic Module 4: Research		
Scientific presentations during training		
Date	Meeting	Title of presentation



**COMPLETION OF GENERIC MODUEL 4**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Generic Module 5: Clinical Governance and Risk Management

### Learning outcomes:

- To understand and demonstrate appropriate knowledge and skills in relation to clinical governance and risk management

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Clinical governance:</p> <ul style="list-style-type: none"> <li>Organisational framework at local, strategic health authority and national levels</li> <li>Standards, e.g. National Service Framework, National Institute for Health and Clinical Excellence, HKCOG guidelines</li> </ul> <p>Clinical effectiveness:</p> <ul style="list-style-type: none"> <li>Principles of evidence-based practice</li> <li>Types of clinical trial and evidence classification</li> <li>Grades of recommendation</li> <li>Guidelines and integrated care pathways <ul style="list-style-type: none"> <li>Formulation</li> <li>Advantages and disadvantages</li> </ul> </li> <li>Clinical audit</li> <li>Patient/user involvement</li> </ul> <p>Risk management:</p> <ul style="list-style-type: none"> <li>Incident and near-miss reporting</li> <li>Complaints management</li> <li>Litigation and claims management</li> </ul> <p>Appraisal and revalidation:</p> <ul style="list-style-type: none"> <li>Principles</li> <li>Process</li> </ul>	1,2	<p>Perform clinical audit:</p> <ul style="list-style-type: none"> <li>Define standard based on evidence</li> <li>Prepare project and collate data</li> <li>Reaudit and close audit loop</li> <li>Formulate policy</li> </ul> <p>Develop and implement a clinical guideline:</p> <ul style="list-style-type: none"> <li>Purpose and scope</li> <li>Identify and classify evidence</li> <li>Formulate recommendations</li> <li>Identify auditable standards</li> </ul> <p>Participate in risk management:</p> <ul style="list-style-type: none"> <li>Investigate a critical incident</li> <li>Assess risk</li> <li>Formulate recommendations</li> <li>Debrief staff</li> </ul> <p>Perform appraisal</p>	1,2,3	<p>Ability to practice evidence-based medicine</p> <p>Ability to perform a clinical audit relevant to subspecialty</p> <p>Ability to develop and implement a clinical guideline relevant to subspecialty</p> <p>Ability to report and investigate a critical incident</p> <p>Ability to respond to a complaint in a focused and constructive manner</p> <p>Ability to perform appraisal</p>	1,2,3	<p>Observation of and discussion with senior medical staff and clinical governance team</p> <p>Attendance at risk management meetings</p> <p>Department of Health, HKCOG and NHS trust publications</p>	<p>Log of experience and competence</p> <p>STPS report</p>



## Module 5: Clinical Governance and Risk Management

[illegible]



## Module 5: Clinical Governance and Risk Management

Guideline(s) developed
<p>1. The first guideline is to ensure that the research is relevant to the community. This involves identifying the needs and interests of the community and ensuring that the research addresses these needs.</p> <p>2. The second guideline is to ensure that the research is conducted in a transparent and ethical manner. This involves obtaining informed consent from participants and ensuring that the research is conducted in accordance with ethical standards.</p> <p>3. The third guideline is to ensure that the research is conducted in a collaborative manner. This involves working closely with the community and ensuring that the community is involved in all stages of the research process.</p> <p>4. The fourth guideline is to ensure that the research is conducted in a timely manner. This involves setting a clear timeline for the research and ensuring that the research is completed within this timeline.</p> <p>5. The fifth guideline is to ensure that the research is conducted in a cost-effective manner. This involves identifying the resources needed for the research and ensuring that these resources are used efficiently.</p>

[illegible]



### Module 5: Clinical Governance and Risk Management

	Date	Signature	Comments
Report and investigation of a critical incident			
Respond to a complaint in focused and constructive manner			
Performance of appraisal			





**COMPLETION OF GENERIC MODUEL 5**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Generic Module 6: Administration and Service Management

### Learning outcomes:

- To understand the structure and organization of the NHS nationally and locally
- To understand and demonstrate appropriate skills and attitudes in relation to administration and management

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Organisation of NHS services</p> <ul style="list-style-type: none"> <li>• Directorate, NHS trusts</li> <li>• Primary care trust, strategic health authorities</li> </ul> <p>Manage clinical network for subspecialty service</p> <p>Health and safety</p> <p>Management:</p> <ul style="list-style-type: none"> <li>• Strategy development</li> <li>• Business planning</li> <li>• Project management</li> </ul> <p>Financial resource management</p> <p>Human resources:</p> <ul style="list-style-type: none"> <li>• Team building</li> <li>• Appointments procedures</li> <li>• Disciplinary procedures</li> </ul> <p>Scrutiny of organization:</p> <ul style="list-style-type: none"> <li>• Healthcare Commission</li> <li>• GMC /educational visits</li> </ul>	1,3	<p>Develop and implement organisational change:</p> <ul style="list-style-type: none"> <li>• Develop strategy</li> <li>• Formulate a business plan</li> <li>• Manage project</li> </ul> <p>Participate in recruitment:</p> <ul style="list-style-type: none"> <li>• Job specification</li> <li>• Interview</li> <li>• Selection</li> </ul>	1,3	<p>Ability to develop and implement organisational change</p> <p>Ability to collaborate with:</p> <p>Other professions</p> <p>Other agencies</p> <p>Ability to develop interviewing techniques and those required for performance review</p>	1,3	<p>Observation of and discussion with senior medical and management staff</p> <p>Attendance at directorate management meetings and interviews</p> <p>Management course</p>	<p>Logbook of experience and competence</p> <p>STPS report</p>



### COMPLETION OF GENERIC MODUEL 6

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 7: Information use and management

### Learning outcomes:

- To achieve competence in the use and management of health information

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Input, retrieval and use of data recorded on clinical systems relevant to subspecialty</p> <p>Main local and national projects and initiatives in information technology (IT) and its applications</p> <ul style="list-style-type: none"> <li>• Npfit and Connecting for Health</li> </ul> <p>Confidentiality of data:</p> <ul style="list-style-type: none"> <li>• Principles and implementation</li> <li>• Role of Caldicott guardian</li> </ul>	1	<p>Be able to use relevant:</p> <ul style="list-style-type: none"> <li>• Software</li> <li>• Databases</li> <li>• Websites</li> </ul>	1	<p>Ability to apply principles of confidentiality in context</p>	1	<p>Observation of and discussion with senior medical staff</p> <p>World wide web</p>	STPS report



**COMPLETION OF GENERIC MODUEL 7**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



# **Log of extended experience**



## TRAINING ASSESSMENT LOG BOOK

Surname:		Given Name:	
Sex:		Date of Birth:	
ID No:			
Address			
Telephone			
Fax			
Email			

Name of the Training Centre: \_\_\_\_\_

Name of Training Programme Director: \_\_\_\_\_



## **GENERAL INSTRUCTIONS**

- Please note:**
- 1     These instructions apply to all Subspecialty Trainees.**
  - 2     Regulations governing the Subspecialty Training Programmes are located in the relevant Subspecialty Handbook.**

The logbook for extended experience should be used in conjunction with the Reproductive Medicine Subspecialty Training and Development document issued by the Reproductive Medicine Subspecialty Board of the Hong Kong College of Obstetricians & Gynaecologists, and other complementary documents listed below.

These assessment forms and logbooks have been designed to enable trainees to record a summary of all necessary training and assessment experiences required for the Reproductive Medicine Subspecialty Training Programme specifically for assessment purposes. It helps both your trainers and the College to monitor and assess the adequacy of your training at intervals and prior to Exit Assessment.

At appropriate intervals, trainees should make a summary of the assessment experiences and submit them to your supervisor for review and verification. Progress of training should be brought up for discussion, especially in areas of inadequacy.

The logbooks should be reviewed and signed by your Programme Director every 6 months and submitted to the Reproductive Medicine Subspecialty Board for review annually.

Every year, application to continue subspecialty training has to be approved by the Subspecialty Board before training can proceed. Approval for continuation of training should be based on the fulfillment of training requirements and the trainers' recommendation.

Please write or print legibly when entering information in the logbooks. Please make photocopies if the sheets initially supplied are found to be inadequate. Trainee should number the pages where appropriate and bind the sheets securely and properly before submission. The logbooks will need to be kept by the Trainee for the duration of the Training Programme being completed.

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Please contact Reproductive Medicine Subspecialty Board if you have any queries.





## **COMPLEMENTARY DOCUMENT LIST**

The **Logbook for Extended Experience** should be used in conjunction with the following documents / assessment forms:

• **Log of Competence Assessment Logbooks based on the following 7 modules:**

- Module 1 Female Reproductive Endocrinology
  - 1a Female Endocrinology
  - 1b Ovary and Polycystic Ovary Syndrome
  - 1c Paediatric and Adolescent Gynaecology
  - 1d Contraception and Termination
  - 1e Menopause and Premature Menopause
- Module 2 Endometriosis
- Module 3 Reproductive Surgery
- Module 4 Subfertility and Assisted Reproduction
- Module 5 Andrology
- Module 6 Early Pregnancy Problems
- Module 7 Generic Curriculum

• **Log of Experience for Module 3 Reproductive Surgery**

• **Objective Structured Assessment of Technical Skill (OSATS)**

1. HKCOG-OSATS-Generic Technical Assessment
2. HKCOG-RM-OSATS Formative Form
3. HKCOG-RM-OSATS Summative Form

• **Mini Clinical Evaluation Exercise (Mini CEX)**

• **Case-Based Discussions (CbDs)**

• **HKCOG Reproductive Medicine Subspecialty Annual Assessment Form**



## TRAINEE RECORD FOR PREVIOUS SIX-MONTHLY TRAINING

Training Year	Training Centre	Type of Training (see below)	Dates for Commencement and Completion of Training	Total Number of Months Training

**Key to Type of Training:**

CLN: Subspecialty Clinical Training

RES: Research (100%)

ITP: Integrated Training Programme (Combine clinical & research)

ELECT / OTHER: Please describe the nature of the Elective or Special training that has been prospectively approved

SIGNED		SIGNED	
DATE		DATE	
TRAINER 1		TRAINER 2	



## WEEKLY / MONTHLY TIMETABLE

(For the six-month period \_\_\_\_\_ to \_\_\_\_\_ )

*The Weekly Timetable is for recording a typical week of activities for the week of activities being completed.*

*If there was a significant change in the training programme during the six-month period, please indicate this by producing an additional Weekly Timetable for the period.*

**\*\* Please photocopy this page as necessary.**

Day of the Week	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



### **SUMMARY OF CLINICAL ACTIVITIES**

(For the six-month period \_\_\_\_\_ to \_\_\_\_\_ )

Total number of new patients managed by you with:

Reproductive endocrine disorders	_____
Subfertility	_____
Early pregnancy complications including recurrent miscarriage	_____
Others (specify)	_____

Total number of 'reproductive treatment procedures' performed by you:

Reproductive hormone therapy	_____
Reproductive surgical procedures	_____
Ovarian stimulation for IUI /IVF	_____
Intrauterine insemination	_____
Oocyte retrieval	_____
Transcervical Embryo transfer	_____
Others (specify)	_____

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#### **Footnote:-**

There is no mandatory minimal number of cases or procedures that the trainee is required to log, but the following can serve as a guide to the expected number of cases and procedures expected for each trainee on average per year over the period of training. These numbers can serve as a rough guide for the trainers and assessors to assess your training experience but failure to meet the numbers will not necessarily result in failure of your training requirement.

- i. 150 new cases of reproductive endocrine disorders or infertility
- ii. 80 cases of reproductive hormone therapy
- iii. 20 cases of therapeutic reproductive surgery
- iv. 50 IUI and/or OI cycles
- v. 100 IVF cycles (with superovulation and monitoring, oocyte retrieval and embryo transfer)



## REPRODUCTIVE MEDICINE TRAINING PROGRAMME

### SIX-MONTH TRAINING SUMMARY

#### REPORT OF EXTENDED EXPERIENCE

(For the six-month period \_\_\_\_\_ to \_\_\_\_\_ )

Extended Experience	Quantity (hours)
Local lectures / meetings / conference / workshop	
Overseas lectures / meetings / conference / workshop	
Quality Assurance Activities	
Administrative work	
Teaching sessions (subordinates / students / nurse, etc)	
Others	

Name & Signature of Programme Director:

Name & Signature of Trainee:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*NB The Reproductive Medicine Subspecialty Board reserves the right to require the Trainee to provide evidence of the experiences claimed.*



**Participation in other professional activities in the area of reproductive medicine**  
(Extended Experience – Postgraduate CME Activities)

Postgraduate CME activities related to the relevant subspecialty (e.g. scientific meetings, conferences, seminars, lectures, etc.)

Date	Description of activities including organizer, venue, topic and speaker etc.	Presentation / Attendance	Duration (hours)



**Participation in other professional activities in the area of reproductive medicine**  
(Extended Experience – Quality Assurance Activities)

Quality Assurance activities related to the relevant subspecialty (e.g. participation at Q.A. meeting, clinical outcome review / assessment, clinical audit report, etc.)

Date	Description of activities and programs	Duration (hours)



**Participation in other professional activities**  
(Extended Experience – Administrative Activities)

Administrative work, management duties, management training, organizing experience (e.g. management meeting, formal administrative correspondence, report writing etc.).

Date	Description of activities	Quantity (hours)





**Participation in other professional activities in the area of reproductive medicine**  
(Extended Experience – Teaching Activities)

Teaching experience, formal lectures and tutorials to medical students, nurses, pupil midwives, house officers, paramedicals, etc.

Date	Description of activities and programs	Duration (hours)



**MINI-CLINICAL EVALUATION EXERCISES (Mini-CEXs) AND CASE-BASED DISCUSSIONS (CbDs)**

Please complete at least 5 Mini-Clinical Evaluation Exercises (mini-CEXs) and at least 5 Case-based Discussions (CbDs) in reproductive medicine every six months for at least 2 years during your training

Period	Number of Mini-CEX	Number of CbD



## **Certificate of Accuracy**

I certify that the information  
contained in the Log Book covering the  
period from \_\_\_\_\_  
to \_\_\_\_\_ is a true and  
accurate record of my training experiences.

Signature of Trainee : \_\_\_\_\_

Name in Block Letter :

Date : \_\_\_\_\_



# Log of experience surgery



## HKCOG Subspecialty Training in Reproductive Medicine

### Log of Experience for Module 3 Reproductive Surgery

#### Curriculum for Reproductive Surgery:

##### Laparoscopic or Abdominal Surgery:

- Ovarian diathermy
- Treatment of minimal/mild endometriosis
- Treatment of ovarian endometrioma
- Treatment of other ovarian cysts
- Division of adhesions
- Salpingectomy or proximal tubal occlusion for hydrosalpinx
- Salpingostomy for hydrosalpinx
- Tubal recannulation
- Reversal of sterilization or other tubal reconstruction procedures
- Myomectomy (open fertility surgery)
- Myomectomy (laparoscopic)
- Hysterectomy for severe endometriosis.

##### Hysteroscopic surgery:

- Resection of fibroid
- Resection of polyp
- Division of septum
- Division of adhesions

##### Other surgery:

- Excision of vaginal septum
- Imperforate hymen
- Excision of rudimentary horn of uterus (laparoscopic resection)

##### Male surgery:

- Percutaneous epididymal sperm aspiration
- Testicular sperm aspiration
- Open testicular biopsy
- Microsurgical epididymal sperm extraction
- Microsurgical testicular sperm extraction



### Log Sheet for Module 3 Reproductive Surgery

#### Abdominal Surgery

Date	Name of Operation / Procedure	Level of supervision	Complications (intraoperative and postoperative)	Reflective comments

To be continued on duplicate sheets when necessary



### Log Sheet for Module 3 Reproductive Surgery

#### Laparoscopic Surgery

Date	Name of Operation / Procedure	Level of supervision	Complications (intraoperative and postoperative)	Reflective comments

To be continued on duplicate sheets when necessary



### Log Sheet for Module 3 Reproductive Surgery

#### Hysteroscopic Surgery

Date	Name of Operation / Procedure	Level of supervision	Complications (intraoperative and postoperative)	Reflective comments





To be continued on duplicate sheets when necessary

### Log Sheet for Module 3 Reproductive Surgery

#### Other Surgery

Date	Name of Operation / Procedure	Level of supervision	Complications (intraoperative and postoperative)	Reflective comments

To be continued on duplicate sheets when necessary



### Log Sheet for Module 3 Reproductive Surgery

#### Male Surgery

Date	Name of Operation / Procedure	Level of supervision	Complications (intraoperative and postoperative)	Reflective comments

To be continued on duplicate sheets when necessary



# **OSATS – Generic Technical Assessment**



## GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
<b>Suturing &amp; knotting skills</b>	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
<b>Technical use of assistants</b>  <b>Relations with patient and the surgical team</b>	Consistently placed assistants poorly or failed to use assistants.  Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
<b>Insight/Attitude</b>	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
<b>Documentation of Procedures</b>	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr .....

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.

Needs further help with:	Competent to perform the entire procedure without the need for supervision
*	
*	
Date	Date
Signed (trainer)	Signed
Signed (trainee)	Signed

\*Delete where applicable, and date and sign the relevant box



# OSATS formative



## **OSATS Supervised Learning Event**

<b>Trainee name:</b>	<b>Year of Training:</b>	<b>Date:</b>
<b>Trainer name:</b>	<b>Training Centre:</b>	
<b>Procedure:</b>		
<b>Clinical details and complexity:</b>		

This is a formative tool designed to give feedback to the trainee about their performance in this procedure. Please provide specific, constructive feedback to the trainee in verbal and written forms in the box below that you feel will enhance training. There is NO overall judgement relating to competence for this event.

The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

### **Feedback (continued overleaf):**

What went well?
-----------------



What could have gone better?

Learning Plan:

**Trainee signature:**

**Trainer signature:**

Trainee Reflection:



# OSATS summative





## OSATS Assessment of Performance

<b>Trainee name:</b>	<b>Year of Training:</b>	<b>Date:</b>
<b>Trainer name:</b>	<b>Training Centre:</b>	
<b>Procedure:</b>		
<b>Clinical details and complexity:</b>		
<b>Degree of difficulty:</b> Basic/Intermediate/Advanced		<b>Encounter requested in advance:</b> Yes / No

This assessment is a **mandatory, summative** tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed:  
**competent** or **working towards competence**.

Trainees require a minimum of three procedures deemed competent per core procedure, by more than one assessor, including a consultant or post-CCT holder. This judgement is **specific to this assessment only**.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed overleaf.

For the trainee considered **competent** in the observed procedure it would generally be expected that:

- The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

For the trainee considered to be **working towards competence** it would generally be expected that:

- The trainee required significant help throughout or with the majority of steps
- The trainee was unable to perform any of the necessary procedures to be safe and competent at this stage

**This trainee performed this observed procedure competently\***

**This trainee is working towards competence in this procedure\***

\*Delete as appropriate

**Please provide written feedback for the trainee regarding their performance in the box provided overleaf in addition to your direct verbal feedback.**



**The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.**

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

**Feedback:**

What went well?
What could have gone better?
Learning plan:

**Trainee signature:**

**Trainer signature:**



# **Mini-Clinical Evaluation Exercise (CEX)**



**Mini-Clinical Evaluation Exercise (CEX) Supervised Learning Event –  
Gynaecology**

<b>Trainee name:</b>	<b>Year of Training:</b>	<b>Date:</b>
<b>Trainer name:</b>	<b>Training Centre:</b>	
<b>Clinical setting:</b> Out-patient / Acute admission / In-patient / Other		
<b>Clinical problem category:</b> Benign gynaecology / Reproductive medicine / Early pregnancy / Gynae oncology / Urogynaecology / Other		
<b>Focus of clinical encounter:</b> History / Diagnosis / Management / Explanation		
<b>Complexity of case:</b> Low / Average / High		<b>Encounter declared in advance:</b> Yes / No

This is a **formative** tool designed to provide feedback to the trainee about their performance in some or all areas of this clinical encounter. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

**Areas to consider (may be others):**

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

**Feedback** (continued overleaf):

What went well?



What could have gone better?

Learning Plan:

**Trainee signature:**

**Trainer signature:**

Trainee Reflection:



# Case-based Discussion (CbD)



## **Case-based Discussion (CBD) Supervised Learning Event – Gynaecology**

<b>Trainee name:</b>	<b>Year of Training:</b>	<b>Date:</b>
<b>Trainer name:</b>	<b>Training Centre:</b>	
<b>Clinical setting:</b> Out-patient / Acute admission / In-patient / Other		
<b>Clinical problem category:</b> Benign gynaecology / Reproductive medicine / Early pregnancy / Gynae oncology / Urogynaecology / Other		
<b>Focus of clinical encounter:</b> Clinical record keeping / Clinical assessment / Management / Professionalism		
<b>Complexity of case:</b> Low / Average / High		

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive** feedback to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning. There is **NO** overall judgement relating to competence for this event.

### **Areas to consider:**

1. Clinical record keeping (completeness, legibility, information sharing)
2. Clinical assessment (interpretation of clinical findings, “putting it all together”)
3. Investigation and referrals (appropriate tests and referrals for case, rationale demonstrated)
4. Management (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate advice sought)
5. Follow up and future planning (linking current problem to future needs, rationale for follow up)
6. Professionalism (respectful, logical approach to problem-solving, diligent and self-directed approach to patient and learning needs)

### **Feedback** (continued overleaf):

What went well?
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What could have gone better?

Learning Plan:

**Trainee signature:**

**Trainer signature:**

Trainee Reflection:





# **Annual Assessment Review Form**



## **ANNUAL ASSESSMENT REVIEW FORM FOR REPRODUCTIVE MEDICINE SUBSPECIALTY TRAINING**

**To be completed by the Subspecialty Training Programme Supervisor (STPS) and forwarded to HKCOG**

Trainee's name: \_\_\_\_\_

Year of Training: \_\_\_\_\_

Name of Assessors: \_\_\_\_\_ (to be completed by HKCOG)

Date of Review: \_\_\_\_\_ (to be completed by HKCOG)

**A = Areas of concern**

**S = Meets standards for year of training**

**G = Good standard for year of training**

<b>1. GOOD CLINICAL CARE</b>	<b>A</b>	<b>S</b>	<b>G</b>	<b>Comments</b>
History & Examination				
Patient Management				
Clinical/Professional judgment				
Reliability/Conscientiousness				
Responsibility				

<b>2. DEVELOPING AND MAINTAINING GOOD MEDICAL PRACTICE</b>	<b>A</b>	<b>S</b>	<b>G</b>	<b>Comments</b>
Clinical knowledge				
Self Motivation				
Self Reflection/Insight				
IT skills and development				
Administrative tasks				
Attendance at local educational meetings				



3. WORKING WITH COLLEAGUES	A	S	G	Comments
Relationship with staff				
Teamworking				
Leadership				
Referral & delegation				

4. TEACHING AND TRAINING	A	S	G	Comments
Clinical teaching				
Presentation skills				

5. PROBITY	Area of concern	No known areas of concern
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6. HEALTH	Area of concern	No known areas of concern
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7. SPECIALTY SKILLS	A	S	G	Comments
Operating skills				
Labour ward management				



## 8. OSATS:

Where there are areas of major concern, please supply additional information. In this case it is the responsibility of the STPS to alert the assessors.

When a specific competence has been signed off in the logbook, the trainee should continue to record all procedures undertaken in their log of experience and an occasional OSATS in each skill should still be undertaken, as appropriate.

OSATS	Number undertaken in last year	Number completed at standard required for independent practice in last year	Date competence signed off in logbook (DD/MM/YY)
Intrauterine insemination			
Oocyte retrieval			
Embryo transfer			
Diagnostic Hysteroscopy			
Diagnostic Laparoscopy			
Hysteroscopic Surgery			
Laparoscopic Adhesiolysis			
Laparoscopic Treatment of Endometriosis			
Laparoscopic Ovarian Cystectomy			
Laparoscopic Salpingectomy			
Laparoscopic Salpingostomy			
Myomectomy			
<i>Areas of concern etc</i>			



9. MINI CLINICAL EVALUATION EXERCISE (Mini CEX) AND CASE-BASED DISCUSSIONS (CbDs)	
Number of Mini CEX (Reproductive Medicine) undertaken in last year	
	Any specific comment:
Number of Case-based Discussion (Reproductive Medicine) undertaken in the last year	
	Any specific comment:
Other Comments	

10. LOGBOOKS– please enter date when module was signed off				
No.	Module	Date		
		In progress	Completed	Comments
1	Female Reproductive Endocrinology			
2	Endometriosis			
3	Reproductive Surgery			
4	Subfertility and Assisted Conception			
5	Andrology			
6	Early Pregnancy Problems			
7	Generic Module			
Comments				



**11. AUDIT AND TEACHING (undertaken since last Assessment)**

**12. On-Call Commitment**

What on-call shift system is the trainee working?

What is the estimated training time lost due to this shift system?

Is the trainee covering :

- a) Emergency gynaecology?
- b) Emergency obstetrics

**13. RESEARCH**

Total number of relevant publications as defined by the Subspecialty Committee:

Does the trainee plan to submit a thesis?

Does the trainee have a thesis submitted?

Comments:

**14. ANY OTHER ISSUES OF CONCERN (please outline nature of problems and action plan)**



### 15. SUBSPECIALTY TRAINING PROGRAMME SUPERVISORS REPORT

Give a brief overview of the Trainee's main strengths and weaknesses and whether the Trainee is competent to continue with subspecialty training

Progress to next year of Subspecialty training (tick)	YES		NO		

If there is NO disagreement between the trainee and the assessor about the trainee's progress, please sign below

Signature of STPS: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of trainee: \_\_\_\_\_

Date: \_\_\_\_\_

Or



If there is disagreement between the STPS and the trainee about the problem areas or lack of progress, this section should be completed and the documentation from the interview be passed to the TPD or chairperson of the Deanery Training Committee. Both STPS and trainee should sign to indicate the disagreement.

*I do not agree that I have problems in the area(s)/modules identified.*

Areas:

Modules:

Signature of trainee: \_\_\_\_\_

Date: \_\_\_\_\_

I have studied the documentation attached and believe that the problems have been accurately identified.

Signature of STPS: \_\_\_\_\_

Date: \_\_\_\_\_

#### 16. ASSESSORS COMMENTS

No.	Module			
		In progress	Completed	Comments
1	Female Reproductive Endocrinology			
2	Endometriosis			
3	Reproductive Surgery			
4	Subfertility and Assisted Conception			
5	Andrology			
6	Early Pregnancy Problems			
7	Generic Module			
Comments:				





Have there been any changes to the centre since the last visit?

If yes, please specify:

Have there been any changes to the programme since the last visit?

If yes, please specify:

Strengths identified by the assessors relating to trainee:

Problems identified by the assessors relating to trainee:

Remedial action suggested by assessors:

**Please note:** The Subspecialty Training Programme Supervisor needs to report in writing to the Subspecialty Committee how the above recommendations made have been addressed within 3 months of the review.

Are there specific problems with the training programme?

If yes, were these of significant severity that these needed to be highlighted to the Deanery for action?

Signature of Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_

Date: \_\_\_\_\_