



RECOMMENDATIONS FOR POSTGRADUATE TRAINING AND ASSESSMENT IN OBSTETRICS AND GYNAECOLOGY

Approved by
The UEMS Section of Obstetrics and Gynaecology
and
The European Board and College of Obstetrics and Gynaecology (EBCOG)

The first version of these recommendations was prepared by an EBCOG Standing Committee Chaired by J. Lansac (France)¹. It was modified following the comments of the national societies from: Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, The Netherlands, Norway, Portugal, Slovenia, Sweden, UK and the European Network of Trainees in Obstetrics and Gynaecology (ENTOG) and was adopted by the UEMS Section of Obstetrics and Gynaecology and EBCOG on the 5th of December 1998. The recommendations have been updated in June 2000, March 2004 and June 2005.

I - MISSION

To harmonise postgraduate training in Obstetrics and Gynaecology in Europe at the highest possible level in order to provide optimal health care in all areas encompassed by the definition of the specialty.

II - RECOMMENDATIONS

Recognising that training methods among European countries differ greatly, but that fully trained specialists should be competent to practise without supervision in any country, the Standing Committee has formulated the recommendations which follow.

1. Definition of Obstetrics and Gynaecology

The speciality of Obstetrics and Gynaecology involves the supervision of, and appropriate intervention during, normal and complicated pregnancy and delivery, as well as the recognition, prevention, management and surveillance of diseases of female reproductive organs and factors affecting reproductive health as well as diseases of the female pelvic floor and lower urinary tract (see Annex I). Treatment of diseases of the breast is included for the countries where gynaecologists have this responsibility.

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2. Means

- 2.1** Entry requirements are a medical qualification recognised by the countries in which training is to occur and the availability of a recognised training post
- 2.2** An adequately remunerated post in a recognised training programme is a basic condition. Each trainee² must have a tutor² throughout training to provide guidance and advice.
- 2.3** For each country the number of training posts should reflect the national need for specialists in Obstetrics and Gynaecology, as well as the facilities and finance available for specialist training.
- 2.4** Trainees must:
- participate in all hospital activities, including the care of outpatients and inpatients and on call duties, both day and night;
 - perform deliveries and gynaecological operations;
 - participate in educational activities, including the teaching of other health professionals;
 - participate in audit and in clinical or basic research.
- 2.5** Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternity leave and compulsory military service.
- 2.6** Duration of training
- A minimum of five years in an approved training programme.
 - Not more than one of these years may be spent in relevant research or in another specialty such as:
 - abdominal surgery
 - endocrinology
 - urology
 - neonatal medicine
 - imaging
 - anaesthesia
 - emergency medicine
 - human genetics
 - radiotherapy
 - medical oncology
 - pathology
 - basic medical science
 - If the trainee spends more than one year outside clinical Obstetrics and Gynaecology, the training period should be extended pro rata temporis.

² See definitions in annexe II

- 2.7** Training should be structured throughout, with clearly defined targets to be met after specified intervals. An educational plan should be drawn up by the programme co-ordinator³ responsible for overall training in the department and by the tutor in consultation with the trainee at the beginning of each attachment. Progress should be monitored at least annually. The educational plan should indicate measures to correct deficiencies in training.
- 2.8** It is recommended that, if possible, part of training should be spent in a recognised hospital in another European country.

III - EDUCATIONAL OBJECTIVES OF TRAINING IN OBSTETRICS AND GYNAECOLOGY

1. Aims

- 1.1** To ensure that at the time of appointment to a specialist post, Obstetricians and Gynaecologists have attained standards of knowledge and specialist skills adequate to permit them to practice at the levels of competence defined in the Log Book
- 1.2** To encourage the acquisition, assessment and application of information and techniques in order to improve standards of practice
- 1.3** To encourage the updating of the knowledge and skills acquired as a result of such education and training

2. Objectives

2.1 Relating to Aim 1.1

- To define the content of the training in a syllabus which is reviewed regularly (Annex I).
- To define the clinical abilities that should have been acquired by the specialist in obstetrics and gynaecology
- To define the personal and professional attributes which are desirable in a specialist
- To organise assessment throughout the training period
- To ensure that individual postgraduate training programmes and assessments are supervised by a designated programme co-ordinator in each training unit

2.2 Relating to Aim 1.2

- To ensure that clinical practice is based upon sound scientific principles.
- To ensure that access to facilities for postgraduate training is provided for all trainees.
- To ensure that the assessment of training reflects new developments in the specialty.
- To provide opportunities for recruitment into, and progress within, the specialty of junior doctors of high quality.

³ See definitions in annexe II

2.3 Relating to Aim 1.3

- To arrange regular meetings for the critical review of new clinical and scientific developments
- To publicise new developments in the specialty

3. Assessment of training

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

3.2 Approval of an institution as a training centre

- The following information should be reviewed:
 - annual statistics
 - internal quality control and audit
 - protocols of clinical management
 - individually appointed tutors
 - trainee's educational plan
 - supervision of training
 - formal and clinical teaching sessions
- The criteria for minimum clinical activity will be defined, and the advice of the EBCOG Standing Committee on Hospital Recognition will be obtained, involving appropriate experts when necessary. EBCOG will regularly publish a list of recognised European training centres. EBCOG will compare national criteria for accreditation and prepare uniform advice for all European training centres.

3.3 Assessment of trainees

- All trainees should be formally evaluated at least once a year. Progress during training should be recorded in a Log Book, listing procedures performed and participation in teaching programmes in accordance with the recommendations of EBCOG. Use of the European Log Book prepared by EBCOG is recommended.
- Assessment during training will be of three types:
 - Self-assessment: Trainees should record in the Log Book their confidence in performing recommended procedures and their opinion of their interaction with their trainers.
 - Formative assessment: Trainers should record in the Log Book, at least annually, their assessment of the trainee's competence in performing clinical tasks. The trainee's interaction with patients and colleagues should also be noted.
 - Summative assessment: It is recommended that an intermediate assessment by the tutor should be carried out after one year in order to identify shortcomings needing corrective action or, if necessary, to recommend a change of speciality. Each country will be responsible for organising its own evaluation of the training programme. Emphasis should be given to evaluation during training rather than at the end.

4. Training requirements

4.1 Training should be directed towards achieving competence. During training, it is essential to participate in a full range of clinical activities involving outpatient and inpatient management, as well as emergency care. The amount of experience required as principal clinician (i.e. as primary surgeon) in individual areas of training indicated by the numbers of procedures recommended should not be regarded as mandatory but simply as guidelines. In addition, when training in certain of these techniques is not possible in an individual training centre, it is acceptable to substitute some for others or to arrange a component of training in another recognised centre.

- Obstetrics
 - Antenatal ultrasound examination: 200
 - Normal labour and delivery: 100
 - Assisted vaginal delivery (forceps, vacuum extractor, breech): 40
 - Caesarean section: 40
- Diagnostic procedures
 - Colposcopy: 50
 - Hysteroscopy: 25
 - Gynaecological ultrasound examination: 100
 - Laparoscopy 25
- Gynaecological surgery
 - Adnexal surgery (eg tubal ligation, ectopic pregnancy, ovarian cyst) 30 (at least 10 laparoscopically)
 - Hysterectomy: 40 (abdominal: 15; laparoscopic approach 10, vaginal: 15)
 - Prolapse surgery: 10
 - Breast surgery including cancer⁴: 20

On completion of training, trainees should have performed the minimum number of diagnostic and therapeutic procedures and technical acts under supervision and be able to carry these out independently, properly and safely.

4.2 Scientific communications. It is recommended that by the end of training, each trainee will have presented at least one communication or poster at a scientific meeting and publish at least one peer-reviewed scientific paper.

⁴ Only in those countries where this is part of gynaecological practice.

IV - ORGANISATION OF TRAINING

1. Postgraduate courses

- 1.1 Theoretical teaching at postgraduate level should not consist entirely of a series of lectures. Meetings devoted to the review and discussion of research cover only part of the theoretical syllabus. Group sessions (regional, national or European) led by a trainer with prepared contributions from trainees are valuable and should be organised so as to cover the required syllabus.
- 1.2 Furthermore, all training centres should hold regular meetings for case discussions and the review of morbidity and mortality, recognising that these meetings alone cannot fulfil the needs for theoretical teaching.
- 1.3 Trainees should be entitled to have leave for attendance at approved courses and meetings, for research work and for private study. Such arrangements should form part of the trainee's contract of employment, and reasonable expenses should be met by the employer or a government agency.

2. Duties of trainers

- 2.1 Postgraduate training must encompass all of the contents of the training syllabus (Annex 1). Trainees should be properly supervised in their clinical practice. All the specialists from the department should be involved in the supervision of training and teaching, which is one of the duties of all clinicians working in a training hospital. Two fundamental elements will assume additional responsibilities and should be specified in the training programme:
 - 2.2 A programme coordinator responsible for the organisation of training in the department who should:
 - be designated in agreement with the head of department
 - be responsible for the educational plan and co-ordination of all postgraduate training activities of the department
 - be held accountable by the accreditation authorities and be responsible for training equipment, manpower and organisation
 - follow and participate in the assessment of trainees
 - provide up-to-date protocols of clinical management for the trainee at the start of the training attachment
 - provide guidance on research projects
 - publish annual statistics and the results of internal audits and make these available to trainees
 - arrange regular staff meetings and multidisciplinary discussions in which trainees can actively participate
 - 2.3 A tutor who should
 - be responsible for the individual trainee
 - supervise the trainee, co-ordinate his/her activities and progress, detect difficulties and promote corrections
 - ensure that the trainee is assessed regularly

It is recommended that trainers participate in formal courses on adult education.

3. Rights of trainers

3.1 If trainers are to be able to meet the educational needs of trainees, their own rights should be considered. These should include:

- adequate remunerated time for undertaking their training responsibilities
- trainers should expect to spend 10 to 20% of their time on teaching and related activities. This time should be clearly identified in their contracts of employment and defended against the demands of clinical work
- adequate remunerated time for their own continuing education
- training in educational methods by such means as attendance at national or European courses for medical trainers

V - SUMMARY

1. Trainees must have an adequately remunerated hospital post and participate in all activities of the training department.

2. The number of training posts should reflect the country's need for specialists as well as the country's capacity to train.

3. The minimum duration of postgraduate training in Obstetrics and Gynaecology is five years, at least four of which must be spent in a department of Obstetrics and Gynaecology. It is recommended that part of the training should take place in another European country.

4. A specialist qualification should be granted at the end of training after an assessment of the trainee's theoretical knowledge and practical skills.

5. The training syllabus will be regularly updated by EBCOG (Standing Committee on training and Assessment).

ANNEX I - SYLLABUS

Definitions

- Knowledge: basic understanding of topics not commonly used in the clinical practice of obstetrics and gynaecology.
- Detailed knowledge: Understanding of important aspects of topics which may be more comprehensively understood by a specialist in other discipline (e.g. geneticist, paediatrician).
- Comprehensive knowledge: Complete understanding of topics which are important in the clinical practice of obstetrics and gynaecology.

1. Basic sciences

1.1 Anatomy

- Comprehensive knowledge of the regional anatomy of the pelvis, abdomen, thorax, breast, thigh, endocrine glands, particularly in relation to surgical procedures undertaken by the Obstetrician and Gynaecologist.
- Detailed knowledge of relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply and histology.
- Knowledge of cell structure.

1.2 Physiology and Endocrinology

- Comprehensive knowledge of human physiology and reproductive endocrinology with particular reference to the male and female reproductive systems, pregnancy, the foetus and the neonate.
- Knowledge of common physiological activities, including principles of nutrition, water, electrolytes and acid base balance, and cell biology.

1.3 Genetics

- Detailed knowledge of common inherited disorders.
- Knowledge of the principles of inheritance of chromosomal and genetic disorders.

1.4 Embryology

- Comprehensive knowledge of gametogenesis and fertilisation, of organogenesis and the development of the embryo in all body systems, of the development of placenta, membranes and amniotic fluid, and of structural changes in the newborn.
- Detailed knowledge of common foetal malformations.

1.5 Pathology

- Detailed knowledge of the cytology and histology of common conditions in relation to obstetrics and gynaecology.

1.6 Statistics and epidemiology

- Knowledge: how to apply statistical analysis, to collect data.
- Knowledge of the setting up of clinical trials and the ability to interpret data.

1.7 Microbiology

- Comprehensive knowledge of infective agents, infectious diseases and complications encountered in the practice of obstetrics and gynaecology.

1.8 Biochemistry

- Knowledge of the metabolism of carbohydrates, lipids, proteins and nucleic acids, acid base balance, vitamins, minerals, and enzymes and of the composition and regulation of intracellular and extra cellular fluids.
- Knowledge of molecular biology.

1.9 Biophysics

- Knowledge of the physical principles and biological effects of heat, sound and electromagnetic radiation. Understanding of the principles of laser, electrocardiography, isotopes, X-rays, ultrasound and magnetic resonance imaging.

1.10 Immunology

- Knowledge of immune mechanisms, and of the principles of reproductive immunology.

1.11 Pharmacology

- Comprehensive knowledge of the properties, pharmacodynamics, actions, interactions and hazards of pharmacological agents which are used in obstetrics and gynaecology and particularly the principles of teratogenicity and of prescribing during pregnancy and lactation.

2. Clinical sciences

2.1 Obstetrics

- Normal pregnancy
 - Comprehensive knowledge of maternal and foetal physiology, including placental function and materno-foetal interactions.
 - Comprehensive knowledge of antenatal, intrapartum and postnatal care, including psychological guidance, obstetric analgesia and anaesthesia.
- Abnormal pregnancy.
 - Comprehensive knowledge of all aspects of abnormality of pregnancy, labour and puerperium together with their management.
 - Knowledge of foetal and neonatal diseases, neonatal resuscitation and of the principles of neonatal management.
- Maternal and perinatal mortality
 - Knowledge of the relevant definitions statistics and concepts, as well as of their significance.
- Genetics
 - Detailed knowledge of screening for and the diagnosis and management of foetal abnormality.
 - Knowledge of normal and abnormal karyotypes, the genetic causes of infertility and early abortion, as well as the ability to transmit this knowledge to patients, and discuss its implications.
- Ultrasound
 - Detailed knowledge of normal and abnormal anatomy of the foetus, placenta and amniotic fluid compartment; foetal biometry; estimation of gestational age; assessment of foetal growth and behaviour; evaluation of foetal and utero-placental blood flow.
 - Knowledge of invasive diagnostic and therapeutic procedures.

- Foetal monitoring
 - Detailed knowledge and experience of the principle and practice of all recognised methods of evaluating the conditions of the foetus before and during labour.

2.2 Gynaecology

- General gynaecology
 - Comprehensive knowledge of aetiology, pathogenesis, pathophysiology, symptomatology, diagnosis and differential diagnosis of gynaecological diseases, including breast diseases.
- Gynaecological surgery.
 - Comprehensive knowledge of all basic gynaecological procedures including breast surgery.
 - Comprehensive knowledge of the complications of surgery and of the principles of post-operative care.
 - Knowledge of more complicated procedures eg. in gynaecology and infertility.
 - Knowledge of the applications, techniques and complications of anaesthesia and the principles of adult resuscitation.
- Gynaecological oncology
 - Comprehensive knowledge of epidemiology, aetiology, prevention, diagnostic techniques, staging and management of gynaecological pre-invasive and invasive carcinomas including primary and secondary prevention and terminal care.
- Urogynaecology and pelvic floor disorders
 - Detailed knowledge of the aetiology and presentation of disorders of the female pelvic floor and lower urinary tract.
 - Knowledge of the principles of investigation and of non-surgical, surgical and post-operative management.
- Reproductive endocrinology
 - Comprehensive knowledge of gynaecological endocrinology and its clinical applications to the reproductive system.
- Paediatric and adolescent gynaecology
 - Detailed knowledge of normal and abnormal sexual development and of specific gynaecological disorders affecting young girls and adolescents.
- Disorders of menstruation
 - Comprehensive knowledge of normal menstruation and of the pathophysiology of menstrual disorders, their investigation and management.
 - Climacteric and post menopausal problems
 - Detailed knowledge of pathophysiology, psychological disturbances in the climacteric and post-climacteric including prevention, diagnosis and management.
- Sexually transmitted disease
 - Detailed knowledge of epidemiology, aetiology, pathology, and complications of male and female of sexually transmitted diseases.
- Infertility
 - Comprehensive knowledge of causes, investigations and management of female and male infertility.
 - Detailed knowledge of endocrine therapy and of the techniques involved in assisted reproduction.
- Family planning
 - Comprehensive knowledge of all methods of contraception and sterilisation

- Comprehensive knowledge of the reproductive physiology of both men and women
- Detailed knowledge of all available contraceptive methods, including sterilization and emergency contraception, associated benefits, risks and contraindications.
- Comprehensive knowledge of all techniques in contraception, including sterilization, insertion of IUD and subdermal implants
- Detailed knowledge of the legal aspects of the performance of sterilization and induced abortion
 - Induced abortion
 - Detailed knowledge of techniques and complications of surgical and medical termination of pregnancy
 - Diagnosis of domestic violence and support for women suffering from domestic violence and its effects
- Psychosomatic, psychosexual and stress-related disorders
 - Detailed knowledge of the psychopathology and management of psychosexual disorders, and the influence of stress on functional disorders such as menstrual and ovarian dysfunction and chronic pelvic pain.
- Ultrasound
 - Detailed knowledge of ultrasonic aspects of normal pelvic anatomy; gynaecological disease; infertility and ultrasound guided invasive procedures.

2.3 Ethics, law, and public health

- Detailed knowledge of the ethical and national legal issues involved in obstetric and gynaecological practice.
- Knowledge of public health issues relevant to obstetrics and Gynaecology including the resources required to provide for adequate health care in the hospital and community.

ANNEX II: GLOSSARY

1. Specialist

Medical doctor who has satisfactorily completed a nationally approved training programme in an officially recognised branch of medicine.

2. Sub-specialist

Medical doctor who, as well as being recognised as a specialist, has satisfactorily completed a standardised training programme in a specific area within his/her speciality in a centre officially accredited for these purposes.

3. Trainee

Medical doctor who is undergoing training in order to obtain a specialist qualification.

4. Tutor

Specialist who supervises and guides the training of individual trainees.

5. Programme co-ordinator

Specialist responsible for the co-ordination, monitoring and evaluation of training programmes delivered by tutors for trainees.

6. Trainer

Person who contributes to the practical, clinical or scientific instruction of trainees.

7. University hospital

Public or private hospital accredited for medical education, involving clinical, teaching and research activities, and linked to the university in a way such that part of their clinical staff is in turn university staff.

8. Teaching hospital

Public or private hospital accredited for medical education, involving clinical, teaching and research activities.