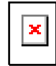

Training in Reproductive Medicine

LOG BOOK

Approved by
The European Board and College of Obstetrics and Gynaecology (EBCOG)
The European Society of Human Reproduction and Embryology (ESHRE)

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

Surname (in capitals), first name of Fellow :

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Dates of beginning and end of year of training :

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

Name and address of Department :

Year :
……………………………………………………………………………………………………

Year :
……………………………………………………………………………………………………

Optional year :
……………………………………………………………………………………………………

CONTENT OF THE TRAINING PROGRAMME

1-Definition .

The reproductive medical subspecialist is a specialist in Obstetrics and Gynaecology who has had theoretical and practical training in :
a) medical and surgical management of infertility. This may involve treatment of the male if practised by the gynaecologists in the country. It will involve a range of assisted reproductive techniques (A RT)
b) reproductive endocrinology

Comprehensive management of these items includes diagnostic, therapeutic procedures and audit of outcome.
The practice of reproductive medicine excludes training and practice in another subspecialty.

2-Aim of training .
To improve the care of patients with disorders of reproductive function in collaboration with other care providers.

3-Objectives of training :
To train a subspecialist to be capable of :

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

4-Organisation of training :

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

5-Means of training .

5.1 Entry requirements:
• a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme .
• the availability of a recognised training positions.

[1] Initially there will be a transitional period when accreditation for training will be given by the national appointing authority to a Specialist in Obstertics and Gynaecology with proven scientific and clinical expertise in reproductive medicine. Subsequently only individuals with training in the subspecialty should hold such a position .

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

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

5.4 Training should be directed towards achieving competence. Fellows should participate in all hospital activities such as the care of out-patients and in-patients, on call duties, performing endoscopic surgery, assisted reproductive techniques such as ovulation induction, insemination, IVF/ICSI and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

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

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

Andrology
Counselling and psychology
Endocrinology
Genetics
Reproductive biology
Reproductive surgery
Ultrasound imaging

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals.
An educational plan should be drawn up in consultation with the Fellow at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

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

6-Assessment of training

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

6.2 Approval of institutions as training centres should be based on :

- -Annual statistics
- -Internal quality control and audit
- -Organised teaching sessions
- -Availability of :
  - -Multidisciplinary team regularly involved in the management of reproductive medicine
  - -Reproductive biologist
  - -Ultrasound unit
  - -Optional: unit of genetics and urology
- - Fulfilment of defined criteria for minimum activity:
  - -100 new infertility cases per year for a first Fellow and 60 more for a second one would be the minimum number necessary to provide quality care, fellowship training and research.

6.3 Assessment of the Fellow should be carried out by a national or federal committee of experts and should take into consideration:

- participation in Reproductive Medicine courses, in particular those recognised by EBCOG, advised by ESHRE;
- completion of a log book of clinical experience in Reproductive Medicine;
- peer review publications in a nationally recognised journal.

6.4 On completion of training, Fellows 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.

6.5 A representative of the EBCOG/ESHRE Postgraduate Training and Assessment Working Party may be an observer on the national or federal assessment committee.

6.6 EBCOG in conjunction with the European Society of Human Reproduction and Embryology is willing to organize an evaluation visit to a subspecialist unit if requested .

TARGETS FOR THE FIRST YEAR OF TRAINING

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

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

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

KNOWLEDGE :

…………………………………………………………………………………………………….

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TECHNICAL SKILLS :

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TASKS :

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DATE : **NAME OF THE TUTOR :**

SIGNATURES : TUTOR : -------------------------------------- FELLOW : ---------------------------

TARGETS FOR THE SECOND YEAR OF TRAINING

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

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

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

KNOWLEDGE :

………

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TECHNICAL SKILLS :

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TASKS :

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DATE : **NAME OF THE TUTOR :**

SIGNATURES : TUTOR : ----------------------------------- FELLOW : -------------------------

TARGETS FOR ADDITIONAL YEAR OF TRAINING

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

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

Year: 20……. - 20…….

KNOWLEDGE :

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TECHNICAL SKILLS :

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TASKS :

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DATE : **NAME OF THE TUTOR :**

SIGNATURES : TUTOR : ----------------------------------- FELLOW : --------------------------

ON CALL DUTIES

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

Year	1	2	3
Frequency			

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL :

Year 1 :
………
………
………

Year 2 :
………
………
………

Year 3 :
………
………
………

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG and ESHRE recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).
Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Fellows can choose whether or not to tick the shaded boxes as they progress .
Certain targets do not require the Fellow to be level 5 (Independent). These are identified by a black box.
The open targets require your tutor or trainer to check your competence and sign you off . When you feel ready for this it is your responsibility to organise with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module.

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

The general aim is to get at least mark 4.

INFERTILE COUPLE ASSESSMENT

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

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

MEDICAL PROCEDURES

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

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

Ultrasound in reproductive medicine

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

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

LABORATORY PROCEDURES

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

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

SURGICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Diagnostic laparoscopy							
Minor laparoscopic surgery: EUP, ovarian cyst, ovarian drilling,……..							
Laparoscopic infertility surgery : fimbrioplasty, adhesiolysis, ……							
Major laparoscopic surgery: Myomectomy , severe endometriosis, hemi-hysterectomy							
Laparoscopic tubal anastomosis							
Diagnostic hysteroscopy							
Simple hysteroscopic procedures (e.g polypectomy)							
Hysteroscopic treatment of fibromas, synechiae, uterine septa							
Surgical treatment of vaginal septa							
Laparotomy: tubal microsurgery (fimbrioplasty, adhesiolysis, anastomosis)							
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy							
Laparotomy: myomectomy							
Embryo reduction							
Transvaginal ultrasound guided oocyte retrieval							
Ultrasound guided ovarian cyst aspiration							
Douglas pouch aspiration							
Testicular biopsy [2]							
Fine needle aspiration[2]							
Epididymal sperm recovery [2]							
Epididymal-vas deferent anastomosis [2]							
Microsurgical vaso -vasostomy[2]							
Varicocele surgical treatment[2]							

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

[2] **If infertile male surgery is practised by Gynaecologists in the country**

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Diagnostic laparoscopy				
Minor laparoscopic surgery: EUP, ovarian cyst, ovarian drilling, …..				
Laparoscopic infertility surgery : fimbrioplasty , adhesiolysis,….				
Major laparoscopic surgery: myomectomy , severe endometriosis , hemi-hysterectomy				
Laparoscopic tubal anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedures (e.g.polypectomy)				
Hysteroscopic treatment of fibromas , synechiae , uterine septa, …….				
Vaginal septa : surgical treatment				
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy, fimbrioplasty, adhesiolysis,….				
Laparotomy: tubal microsurgery				
Laparotomy : myomectomy				
Embryo reduction				
Ultrasound guided follicular aspiration - ransvaginal oocyte retrievial				
Ultrasound guided ovarian cyst aspiration				
Douglas pouch aspiration				
Testicular biopsy [3]				
Fine needle aspiration[3]				
Epididymal sperm recovery [3]				

[3] **If infertile male surgery is practised by Gynaecologists in the country**

Epididymal – vas deferent anastomosis [3]				
Microsurgical vaso-vasostomy[3]				
Varicocele surgical treatment[3]				

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

Date : Name and signature of Fellow:

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

[1] Add extra page(s) if space provided is insufficient.

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Diagnostic laparoscopy				
Minor laparoscopic surgery: EUP, ovarian cyst , ovarain drilling				
Laparoscopic infertility surgery : fimbrioplasty , adhesiolysis				
Major laparoscopic surgery: myomectomy , severe endometriosis , hemi-hysterectomy				
Laparoscopic tubal anastomosis				
Diagnostic hysteroscopy				
Simple hysteroscopic procedure (e.g.polypectomy)				
Hysteroscopic treatment of fibroma, synechiae, uterine septa				
Surgical treatment of vaginal septa				
Laparotomy: salpingectomy, oophorectomy, ovarian cystectomy, fimbrioplasty and adhesiolysis				
Laparotomy tubal microsurgery				
Laparotomy: myomectomy				
Embryo reduction				
Ultrasound guided follicular aspiration - transvaginal oocyte retrievial				
Ultrasound guided ovarian cyst aspiration				
Douglas pouch aspiration				
Testicular biopsy [4]				
Epididymal sperm recovery [4]				
Epididymal deferent anastomosis [4]				
Micro surgical vaso-vasostomy[4]				
Varicocele surgical treatment[4]				

[4] **If infertile male surgery is practised by Gynaecologists in the country**

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

Date : Name and signature of Fellow:

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

[1]Add extra page(s) if space provided is insufficient.

ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

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

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

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

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

Signature of Fellow: Signature of Trainer :

……………………………….. ……………..………………………

CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE FELLOW

(entire duration of training; to be up-dated yearly)[5]

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

The number is not limited

1.

2.

3.

4.

5.

[5] Certificate of attendance has to be provided

CUMULATIVE LIST OF PAPERS PRESENTED AT SCIENTIFIC MEETINGS

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

(A MINIMUM OF 1 AS FIRST AUTHOR IS REQUIRED)[6]

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

The number is not limited

1.

2.

3.

4.

5.

[6] **Abstracts have to be provided**

CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN INTERNATIONAL JOURNALS

(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS FIRST AUTHOR IS REQUIRED)[7]

The number is not limited

1.
2.
3.
4.
5.

[7] **Published manuscript should be provided**

CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN NATIONAL JOURNALS

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

(AT LEAST 1 AS FIRST AUTHOR IS REQUIRED)[8]

The number is not limited

1.

2.

3.

4.

5.

[8] Published manuscript should be provided

SURGICAL REPORTS

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