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**EUROPEAN BOARD AND COLLEGE OF OBSTETRICS AND GYNAECOLOGY (EBCOG)AND**

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

**Training in Reproductive Medicine**

### LOGBOOK

Approved by

The European Board and College of Obstetrics and Gynaecology (EBCOG)

The European society of Human Reproduction and Embryology (ESHRE)

**ATCRM WORKING GROUP**

Prepared**:** Friday 15 and Saturday 16 December 2023, Vienna

**Prof. Antonis Makrigiannakis (Coordinator) Dr Tatjana Motrenko Simic (Past Coordinator) Prof Dr Baris Ata (Coordinator – elect)**

**Members: Dr Roy Farquharson, Prof Abha Maheshwari, Prof Dr Kenny Rodriguez-Wallberg, Prof Dr Dinka Pavicic Baldani**

TO BE COMPLETED **EVERY SIX MONTHS** AND **BE AVAILABLE PERMANENTLY FOR THE ASSESSMENT COMMITTEE**

**AT THE END OF TRAINING** THE COMPLETED LOGBOOK SHOULD BE

**SENT TO ATCRM CERTIFICATION COMMITTEE**

|  |
| --- |
| Fellow's name and surname (capital letters):  Click or tap here to enter text.  Tutor's name and surname (capital letters):  Click or tap here to enter text.  **Dates of beginning and end of year training**:  From Click or tap to enter a date. until Click or tap to enter a date.  **Name and address of department**:  Year: Click or tap here to enter text.  Click or tap here to enter text.  Year: Click or tap here to enter text.  Click or tap here to enter text.  Optional year: Click or tap here to enter text.  Click or tap here to enter text. |

**Content of the training programme**

1. **Definition.**

The reproductive medical subspecialist is a specialist in Obstetrics and Gynecology who has additional theoretical and practical training to be competent in:

1. Reproductive Endocrinology.
2. Medical and surgical management of infertility (including MAR).
3. All aspects of fertility preservation.

Comprehensive management of these items includes diagnostic, therapeutic procedures and audit of outcome.

1. **Aim of the training.**

To educate the subspecialists in order to improve the care of patients with disorders of reproductive function in collaboration with other care providers.

1. **Objectives of the training.**

To train a subspecialist to be capable of:

1. Improving knowledge, practice, teaching, research and audit.
2. Co-ordinating and promoting collaboration locally and regionally.
3. Providing leadership in the development and in research within subspecialty.
4. **Organisation of training:**
5. The number of training positions should be regulated by the relevant national regulation in order to provide sufficient exposure to training.
6. In case of absence of the national regulation the number of training positions have to comply with the EBCOG/ESHRE logbook.
7. Training programme should be multidisciplinary and should be organised by a subspecialist.
8. Centre should use guidelines and recommendation produced by national and international professional bodies.
9. Training as a subspecialist in Reproductive Medicine does not imply an exclusive activity in that field.
10. **Means of training.**
    1. Entry requirements:

* A recognised specialist qualification in Obstetrics & Gynaecology.
* The availability of a recognised training positions.
  1. 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.

* 1. Fellows should participate in all Centre activities. Participation in audit and clinical or basic research is essential.
  2. 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.
  3. 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:

1. Reproductive endocrinology (general and gynaecological endocrinology).
2. Medically Assisted Reproductive (MAR) procedures.
3. Laboratory (embryology and genetics).
4. Andrology.
5. Reproductive surgery.
6. Early pregnancy and Implantation.
7. Fertility preservation.
   1. Training should be structured throughout with clearly defined targets to be met after specified intervals and 1-to-1 assessment by the appointed Tutor.

An educational plan should be drawn up in agreement with the Fellow at the beginning of each attachment and progress should be monitored regularly by means of the logbook.

* 1. A Fellow may spend some training time in another (1or 2) Centre(s) for missing part of training; contract or MOU between basic training Centre and additional Centre should be signed.

1. **Assessment of training.**
   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.
   2. Approval of institutions as training Centre should be based on:

* Annual statistics.
* Internal quality control and audit.
* Organised teaching sessions.
* Allocated time for training and research.
* Designated Tutor for supervision of all training in the syllabus.

Fulfilment of defined criteria for minimum activity of the Centre:

* 1000 Outpatients per year per Centre and 500 more for any additional Fellow.
* 100 Reproductive surgery procedures per year.
* 200 IVF/ICSI treatment cycles per year per Fellow.

**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).

In the table some rows have numbers. It is expected that Fellow will achieve these levels as basic minimum. Where numbers are not present, it is expected that level 4/5 will be achieved by  the end of training.

***Logbook should be updated every 6 months.***

The general aim is to get at least level of competence 4.

Level of Competence: 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

**Modules**

Here below are the different modules:

1. Reproductive endocrinology (general and gynaecological endocrinology.
2. Medically Assisted Reproductive (MAR) procedures.
3. Laboratory (embryology and genetics).
4. Andrology.
5. Reproductive surgery.
6. Early pregnancy and Implantation.
7. Fertility preservation.

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| 1. **Reproductive endocrinology (general and gynaecological endocrinology)** | | | | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | | | **3** | | **4** | **5** |
| **The Fellow should be able to manage at least 100 patients over the two years (they must consist of a wide variety of clinical conditions as listed in the syllabus):** | **100** |  |  | | |  | | 4 |  |  |  |
| * + Assess ovulatory function, to perform differential diagnosis and provide management for different etiologies of oligo-anovulation. |  |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Perform diagnostic work up and management of polycystic ovarian syndrome including infertility as well as endocrinologic, metabolic, psychological, dermatologic and oncologic concerns. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Perform a differential diagnosis and manage androgen excess. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Independently manage ovulation induction. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Knowledge of the clinical pharmacology of hormonal drugs. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Assess ovarian reserve and interpret the results. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Perform diagnostic work up of amenorrhea and manage amenorrhea due to different etiologies. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Diagnosis and management of thyroid diseases related to infertility. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Organise and interpret tests results including endocrine assessment, DEXA, immunological investigations and genetic testing in POI. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Counselling on the treatment options for young women with POI, including advantages and disadvantages, risks and benefits of hormone replacement therapy (HRT). |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Provide counselling, management and psychologic support for women with premature ovarian insufficiency. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Perform medical management of endometriosis. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Manage medical disorders that affect reproduction. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Be familiar with the impact of non-pharmacological and pharmacological management of obesity on MAR and pregnancy outcome. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Special knowledge in endocrinology of pregnancy and immunology of reproduction. |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Explain menopausal transition, provide comprehensive counselling to perimenopausal and menopausal women including screening services, lifestyle and nutrition recommendations, risks and benefits of hormone treatment and non-hormonal alternatives. | 10 |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| * + Counsel the patients regarding all types of contraception. | 10 |  |  | | |  | |  |  |  | Click or tap to enter a date. |
| **2) Infertility diagnosis and therapy including Medically Assisted Reproduction (MAR) procedures** | | | | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | | | | **Signature Tutor** | **Date** |
| **1** | | **2** | **3** | | | **4** | **5** |
| **The Fellow should be able to manage at least 100 cases of infertility over the two years (they must consist of a wide variety of clinical conditions as listed in the syllabus):** | 100 |  | |  | | |  | 4 |  |  |  |
| * + Genetics of female and male infertility. |  |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Counselling of infertile couples to all other possible treatment except ART/MAR. |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Diagnosis and treatment for recurrent pregnancy loss. |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Counselling for ART/MAR. |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Knowledge of the legal situation mainly nationally and optional in Europe. |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| **The Fellow should be competent to perform independent clinical practice:** | 30 |  | |  | | |  | 4 |  |  |  |
| * + Investigation of tubal patency and / or uterine cavity with HSG, or hydrosonography, or hysterosalpingo-sonography with contrast medium. |  |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| **The Fellow should be competent to perform independent clinical practice:** |  |  | |  | | |  |  |  |  |  |
| * + Construct an ovulation induction protocol for ovulatory dysfunction without MAR. | 50 |  | |  | | |  | 4 |  |  | Click or tap to enter a date. |
|  | |  | | |  |  |  |
| * + Construct an ovulation stimulation protocol tailored to the individualised care leading to a MAR procedure, i.e., oocyte or embryo cryopreservation, fresh embryo transfer, planned freeze all cycle, etc. | 50 |  | |  | | |  | 4 |  |  | Click or tap to enter a date. |
|  | |  | | |  |  |  |
| * + Monitor response to ovarian stimulation by ultrasound. | 100 |  | |  | | |  | 4 |  |  | Click or tap to enter a date. |
|  | |  | | |  |  |  |
| * + Identify patient at risk of ovarian hyperstimulation syndrome before and/or during ovarian stimulation. |  |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Know/apply methods to decrease the risk of ovarian hyperstimulation syndrome. |  |  | |  | | |  |  |  |  | Click or tap to enter a date. |
| * + Perform oocyte retrieval through transvaginal route for the patient. | 75 |  | |  | | |  | 4 |  |  | Click or tap to enter a date. |
|  | |  | | |  |  |  |
| * + Perform transcervical embryo transfer procedure under ultrasound guidance. | 75 |  | |  | | |  | 4 |  |  | Click or tap to enter a date. |
|  | |  | | |  |  |  |
| * + Know alternative routes of oocyte retrieval and embryo transfer. |  |  | |  | | |  |  |  |  | Click or tap to enter a date. |

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| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
| * + Know the contraindications for a fresh embryo transfer. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Endometrial preparation protocols for frozen thawed embryo transfer or embryos produced in non-stimulated cycles, fresh embryo transfer with donor oocytes/ with priorly frozen thawed own oocytes. | 25 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * + Know luteal support requirements and protocols based on ovarian stimulation and endometrial preparation protocol in fresh and frozen embryo transfer cycles, respectively. | 25 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
|  | 50 |  |  |  | 4 |  |  |  |
| * + Know, identify, and manage complications of ovarian stimulation, ovarian hyperstimulation syndrome, bleeding, infection, ovarian torsion. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Counsel patients regarding risks of multiple pregnancy and multiple embryo transfers. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Know ethical and psychological aspects of third-party reproduction cycles for all parties involved. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Refer patients for psychological assessment/support where indicated. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Knowledge of the legal situation both nationally and in Europe. |  |  |  |  |  |  | Click or tap to enter a date. |
| **Trans-vaginal ultrasound scan:** | 250 |  |  |  | 4 |  |  |  |
| * + Follicular tracking. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Normal and abnormal pelvis. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Antral follicle count. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Follicular tracking IVF. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Endometrial development. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Uterine fibroids. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Uterine cavity abnormalities. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Congenital uterine anomaly. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Ovarian pathology. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + Adnexal pathology. |  |  |  |  |  |  | Click or tap to enter a date. |

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| **3) Laboratory (embryology and genetics)** | | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** | |
| **The Fellow should understand and be able to discuss the genetic testing and the appropriate referral for reproductive disorders:** |  |  |  |  |  |  | |  |  |
| * Normal genetics (e.g. genotype and phenotype, basic Mendelian inheritance patterns, the structure and identification of chromosomes). |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * Abnormal genetics including chromosomal abnormalities (numerical, structural), monogenic diseases, mutations, copy number variations, genetically transmitted abnormalities of sexual development (e.g, hermaphroditism, Turner’s syndrome). |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * Inherited, non-reproductive disorders with implications for reproduction (e.g., congenital adrenal hyperplasia, diabetes mellitus). |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * Genetic analyses including pedigree, karyotype analysis, antenatal diagnosis of genetic disease, use of gene probes, fluorescent in-situ hybridisation, array comparative genomic hybridisation, next generation sequencing and associated techniques; indications and arrangements for specialised genetic diagnosis and counselling. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * Inherited causes of infertility and early pregnancy loss. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * Genetic aspects of artificial insemination and assisted fertilisation. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| **The Fellow should complete training by following the work in an MAR laboratory and understand these principles:** |  |  |  |  |  |  | |  |  |
| * + Set-up and quality control of MAR LAB. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * + Semen preparation. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * + IVF. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * + ICSI. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
| * + Embryo scoring. |  |  |  |  |  |  | |  | Click or tap to enter a date. |
|  |  |  | | | | | |  |  |
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|  |  |  | | | | | |  |  |
| **Target** | **Requirements** | **Level of Competence** | | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | | **5** |  |
| * + Embryo selection criteria. |  |  |  |  |  | |  |  | Click or tap to enter a date. |
| * + Cryopreservation of gametes, tissues and embryos. |  |  |  |  |  | |  |  | Click or tap to enter a date. |
| * + Embryo biopsy and preimplantation, genetic testing (where is provided). |  |  |  |  |  | |  |  | Click or tap to enter a date. |
| **A Fellow should be able to apply correct criteria for:** |  |  |  |  |  | |  |  |  |
| * + Different sperm collection methods (ejaculation, split ejaculation, retrograde ejaculation, PESA, TESA, TESE). |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Oocyte collection methods (oocyte pick-up, ovarian tissue biopsy). |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Various fertilisation procedures (IUI, IVF or ICSI). |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Donor oocytes and sperm in relation to serological tests (different handling and storage). |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Laboratory treatment options in cases of total fertilisation failure after IVF and ICSI or embryo developmental arrest. |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Preimplantation genetic testing of embryos for aneuploidies (PGT-A), chromosomal structural rearrangements (PGT-SR) and monogenic diseases (PGT-M). |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Recommendations upon transferring embryos after PGT. |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + Application of novel non-evidence based laboratory methods by considering all safety and quality standards and by using Euro GTP II, practical tools for the assessment and verification of the quality, safety and efficacy of novel therapies with human tissues and cells. |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
|  |  |  |  | |  |
| * + In vitro gamete transport. |  |  |  |  | 4 | |  |  | Click or tap to enter a date. |
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| **4) Andrology** | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
| **The interpretation of sperm analysis.** | 100 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| **The Fellow should be able to consult infertile male cases:** |  |  |  |  | 4 |  |  |  |
| * + To take an appropriate history and examine the man, if appropriate. | 30 |  |  |  |  |  |  | Click or tap to enter a date. |
| * + To perform classification of andrological disorders: pretesticular, testicular and post testicular origin and arrange/perform appropriate investigations. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + To select appropriate methods of male investigation and treatment. |  |  |  |  |  |  | Click or tap to enter a date. |
| * + To organise appropriate sperm retrieval techniques where indicated. | 20 |  |  |  |  |  |  | Click or tap to enter a date. |
| * + To perform counselling of genetic disorders related to male infertility. |  |  |  |  |  |  |  | Click or tap to enter a date. |

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| **5) Reproductive Surgery** | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
| Diagnostic hysteroscopy. | 25 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| Operative hysteroscopy: | 25 |  |  |  |  |  |  |  |
| * Hysteroscopic surgery – resection of fibroid. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Hysteroscopic surgery – resection of polyp. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Hysteroscopic surgery – division of septum. |  | 2 |  |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Hysteroscopic surgery – division of adhesions. |  |  | 3 |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| Diagnostic laparoscopy: | 25 |  |  |  | 4 |  |  |  |
| * Dye test for tubal patency. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Proficiency in: Veress, needle entry, Hasson & Palmer’s point entry techniques. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Safe tissue handling with laparoscopic instruments, sharp and blunt dissection. |  |  |  |  |  |  | Click or tap to enter a date. |
| Operative laparoscopy: | 15 |  |  |  |  |  |  |  |
| * Laparoscopic destruction of superficial endometriosis. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic excision of deep endometriosis. | 1 |  |  |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic excision/ablation of ovarian endometriomas. |  |  | 3 |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic surgery – treatment of ovarian dermoid. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic surgery – division of adhesions. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic surgery – salpingectomy for hydrosalpinx. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic surgery – myomectomy. | 1 |  |  |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Excision of ovarian cystectomy. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic salpingostomy for distal tubal blockages (cuff salpingostomy). | 1 |  |  |  |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Laparoscopic ovarian diathermy for anovulatory polycystic ovary syndrome. |  |  |  | 4 |  |  | Click or tap to enter a date. |
| 5 |  |  |  |  |  |
| * Surgical treatment of benign ovarian and tubal disease with laparotomy. | 15 |  |  |  | 3 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Surgical Management of uterine abnormalities. |  |  |  | 3 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Myomectomy via laparotomy. |  |  |  | 3 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
|  |  | 1 |  |  |  |  |  |  |
| * Male surgery – percutaneous epididymal sperm aspiration. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Male surgery – testicular sperm aspiration. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Male surgery – open testicular biopsy. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Male Surgery – Microscopic epididymal sperm aspiration. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Male surgery – Micro – TESE. |  |  |  |  |  |  |  | Click or tap to enter a date. |

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| **6) Early Pregnancy and Implantation** | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
| **The Fellow should be able to discuss:** |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Endocrinology of pregnancy especially Human Chorionic Gonadotrphin (HCG) levels and fluctuations in relation to the spectrum of early pregnancy outcomes. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The feto-placental unit as relates to the physiology and pathophysiology of steroid hormones (e.g., oestrogen, progestogen, corticosteroids). |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The physiology of decidua-chorionic-placental peptide hormones (e.g. gonadotrophins,  thyrotrophin, ACTH/opioid peptides and prolactin). |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The physiology and pathophysiology of fetal hypothalamic-pituitary-gonadal function. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The pathophysiology of altered maternal thyroid, adrenal and pancreatic status during early pregnancy. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Endocrine and cell signaling mechanisms contributing to implantation. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Immunological adaptation to implantation (immunotolerance) and early pregnancy. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| **The Fellow should:** |  |  |  |  |  |  |  |  |
| * Be competent at early pregnancy ultrasound evaluation including those with maternal uterine anomalies. | 50 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Manage and evaluate pregnancy of unknown location (PUL). | 10 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Make medical, surgical and conservative management of miscarriage. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Diagnose and manage ectopic pregnancy. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Evaluate and refer to a specialist for gestational trophoblastic disease (GTD). |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Manage recurrent pregnancy loss. | 10 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Manage repeated implantation failure. | 10 |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Make early pregnancy assessment. |  |  |  |  |  |  |  | Click or tap to enter a date. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7) Fertility Preservation** | | | | | | | | |
| **Target** | **Requirements** | **Level of Competence** | | | | | **Signature Tutor** | **Date** |
| **1** | **2** | **3** | **4** | **5** |
| **Male Fertility.** |  |  |  |  |  |  |  |  |
| **Cancer treatment:** |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The effects of cancer treatment on spermatogenesis. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Correct assessment of male fertility (semen analysis and endocrine profile). |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Sperm banking. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * Relevant local consent procedures pertaining to sperm storage and usage long term (late effects) of cancer treatment on male gonadal function. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| * The later use of cryopreserved sperm. |  |  |  |  |  |  |  | Click or tap to enter a date. |
| **Benign conditions:** | 15 |  |  |  |  |  |  |  |
| * Genetic conditions: Klinefelter syndrome. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Chronic inflammatory diseases, haematological, neurological diseases requiring treatments that may affect fertility. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| **Female Fertility.** |  |  |  |  |  |  |  |  |
| **Cancer treatment:** | 20 |  |  |  |  |  |  |  |
| * The effects of cancer treatment on the ovarian reserve. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Assessment of ovarian reserve. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Oocyte vs. embryo cryopreservation. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Ovarian tissue banking. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Current place of uterine transplantation. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Methods to protect the ovary from the effects of chemo and radiotherapy. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Relevant local consent procedures pertaining to oocyte and embryo cryopreservation and usage. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Discuss the later use of cryopreserved oocytes and embryos long term (late effects) of cancer treatment on female gonadal function. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| **Benign conditions:** | 10 |  |  |  | 4 |  |  |  |
| * Turner syndrome. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Endometriosis. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Chronic inflammatory diseases, hematological, neurological diseases requiring treatments that may affect fertility. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Cancer risk reduction surgery for BRCA mutation carriers. |  |  |  |  |  |  | Click or tap to enter a date. |
| * Transgender patients. |  |  |  |  |  |  | Click or tap to enter a date. |
| **Assisted Reproductive Techniques for Fertility Preservation:** | 10 |  |  |  |  |  |  |  |
| * Discuss controlled ovarian stimulation regimens for fertility preservation. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Counsel patients regarding the process of controlled ovarian stimulation. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Organise in a timely manner a cycle of controlled ovarian stimulation including the use of random cycle start. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Discuss the use of adjuvant drugs during the stimulation cycle (e.g. Letrozole, GnRH analogues and Tamoxifen. |  |  |  | 4 |  |  | Click or tap to enter a date. |
|  |  |  |  |  |
| * Psychological Aspects of Fertility Preservation treatment. |  |  |  |  |  |  | Click or tap to enter a date. |

**ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS**

Scoring system: A = Excellent

B = Sufficient

C = Weak

D = Unacceptable

E = Not applicable

Assessment of fulfilment of the targets defined on pages 3 – 9

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

Date : Click or tap to enter a date.

Signature of Fellow: Signature of Tutor: