

THE ROYAL AUSTRALIAN AND  
NEW ZEALAND COLLEGE OF  
OBSTETRICIANS AND GYNAECOLOGISTS



CERTIFICATION IN REPRODUCTIVE  
ENDOCRINOLOGY & INFERTILITY  
TRAINING PROGRAM HANDBOOK

Published by  
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The Royal Australian and New Zealand College of Obstetricians and Gynaecologists  
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**IMPORTANT NOTICE  
ON INFORMATION AND REGULATIONS  
IN THIS HANDBOOK**

**Every effort has been made to ensure that the information and  
College regulations in this handbook were correct  
at the time it was produced.**

**A regularly updated version of the handbook is available  
on the College website ([www.ranzcog.edu.au](http://www.ranzcog.edu.au))  
Readers are strongly advised to consult the website  
version when checking information or regulations.**

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**PART A: ADMINISTRATION**

**1.0 COLLEGE INFORMATION**

# PART A: ADMINISTRATION

## 1.0 COLLEGE INFORMATION

### 1.1 DATES FOR 2010

31 January	Final date for payment of Annual Training Fee
1 February	Final date to request Certification applications for March Council meeting
19 February	Final date for return of Certification applications for March Council meeting
2-5 March	Council and committee meetings
26 March	Closing date for National Selection Process applications for 2011
30 April	Closing date to submit subspecialty research projects (2010 exam candidates)
21 May	National Selection Process interviews for 2011 trainees
31 May	Closing date for applications to sit the Subspecialty Written and Oral Examinations (2010 candidates)
2 June	Final date to request Certification applications for July Council meeting
30 June	Final date for return of Certification applications for July Council meeting
13-16 July	Council and committee meetings
10 August	Subspecialty Written Examinations
1 October	Final date to request Certification applications for November Council meeting
TBC	CREI Oral Examination
30 October	Final date for return of Certification applications for November Council meeting
9-12 November	Council and committee meetings

**\* NOTE: LATE APPLICATIONS FOR RANZCOG EXAMINATIONS AND CERTIFICATION WILL NOT BE ACCEPTED - Please refer to the relevant College Regulations in the Subspecialties Committee Policies and Procedures Handbook.**

# PART A: ADMINISTRATION

## 1.0 COLLEGE INFORMATION

### 1.2 COLLEGE HOUSE STAFF CONTACT DETAILS

#### Director of Education & Training

Mr Julian Cross  
tel +61 3 9417 1699 fax +61 3 9419 0672  
[jcross@ranzcog.edu.au](mailto:jcross@ranzcog.edu.au)

#### Subspecialty & Curriculum Development Services

Name and Position	Area of responsibility	Contact details
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Ms Jayne Petricca Administrative Officer	Subspecialty trainee enquiries Subspecialty registration/training documentation Subspecialty research projects	tel +61 3 9412 2959 fax +61 3 9419 7817 <a href="mailto:jpetricca@ranzcog.edu.au">jpetricca@ranzcog.edu.au</a>
Mrs Anna Kaider Curriculum Coordinator	Subspecialties & DRANZCOG curricula	tel +61 3 9412 2982 fax +61 3 9419 7817 <a href="mailto:akaider@ranzcog.edu.au">akaider@ranzcog.edu.au</a>

#### Training Services

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Name and Position	Area of responsibility	Contact details
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Ms Anne Davenport Training Services Re-accreditation Coordinator	ITP Hospital Re-accreditation	tel +61 3 9412 2960 fax +61 3 9419 7817 <a href="mailto:adavenport@ranzcog.edu.au">adavenport@ranzcog.edu.au</a>
Ms Maggie van Tonder Training Services Administrative Officer	Trainee registration Membership & Fellowship applications Training documentation	tel +61 3 9412 2936 fax +61 3 9419 7817 <a href="mailto:mvantonder@ranzcog.edu.au">mvantonder@ranzcog.edu.au</a>

(cont')

**Training Services**

(cont')

<b>Name and Position</b>	<b>Area of responsibility</b>	<b>Contact details</b>
Ms Katherine Goodwin Administrative Officer	DRANZCOG/DRANZCOG Advanced trainee applications/certification Occupational Training Visas	tel +61 3 9412 2911 fax +61 3 9419 7817 <a href="mailto:kgoodwin@ranzcog.edu.au">kgoodwin@ranzcog.edu.au</a>
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**Assessment**General assessment email address: [assessment@ranzcog.edu.au](mailto:assessment@ranzcog.edu.au)

<b>Name and Position</b>	<b>Area of responsibility</b>	<b>Contact details</b>
Mr Julian Cross Director of Education	Assessment/Curriculum	tel +61 3 9412 2928 fax +61 3 9419 0672 <a href="mailto:jcross@ranzcog.edu.au">jcross@ranzcog.edu.au</a>
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Ms Frances Gilleard Assessment Coordinator	Research Project Research Skills Workshops Surgical Procedures Education & Examination Programs	tel +61 3 9412 2945 fax +61 3 9412 2953 <a href="mailto:fgilleard@ranzcog.edu.au">fgilleard@ranzcog.edu.au</a>
Alice Williams Examinations Officer - DRANZCOG	Communication Skills Workshops DRANZCOG Examinations	tel +61 3 9412 2929 fax +61 3 9412 2953 <a href="mailto:awilliams@ranzcog.edu.au">awilliams@ranzcog.edu.au</a>

# PART A: ADMINISTRATION

## 1.0 COLLEGE INFORMATION

### 1.3 COLLEGE TRAINING AND EDUCATION COMMITTEES

Standing Committees of Council have been established to formulate and review training and assessment requirements leading towards the attainment of MRANZCOG/FRANZCOG and Subspecialty qualifications.

Council Committees usually meet in March, July and November.

#### **Education & Assessment Committee**

Chair: Dr Michael Rasmussen

Responsibilities:

- Development and maintenance of requirements for the examinations and assessments leading towards MRANZCOG, FRANZCOG and Subspecialty certification
- Assessment Subcommittee

#### **Training Accreditation Committee**

Chair: Dr Rupert Sherwood

Responsibilities:

- Approval of hospitals and training posts suitable for MRANZCOG/FRANZCOG training and the development of training programs
- Consideration and assessment of individual trainee programs leading towards MRANZCOG/FRANZCOG
- Consideration of applications for admission to MRANZCOG and elevation to FRANZCOG
- Coordination of the development and maintenance of the training requirements associated with the MRANZCOG/FRANZCOG
- Coordination of the ITP hospital re-accreditation process, including site visits to hospitals

#### **Subspecialties Committee**

Chair: Dr Gino Pecoraro

Responsibilities of the Subspecialties Committees:

- Development of training and assessment requirements to achieve qualification in the relevant subspecialty
- Consideration and assessment of individual trainee applications and programs leading to the award of a subspecialty qualification
- Consideration and assessment of Overseas Trained Subspecialists seeking a RANZCOG subspecialty qualification
- Determination of the requirements for recertification of the relevant subspecialty

#### **Certification in Reproductive Endocrinology & Infertility (CREI) Subspecialty Committee**

Chair: Associate Professor Neil Johnson

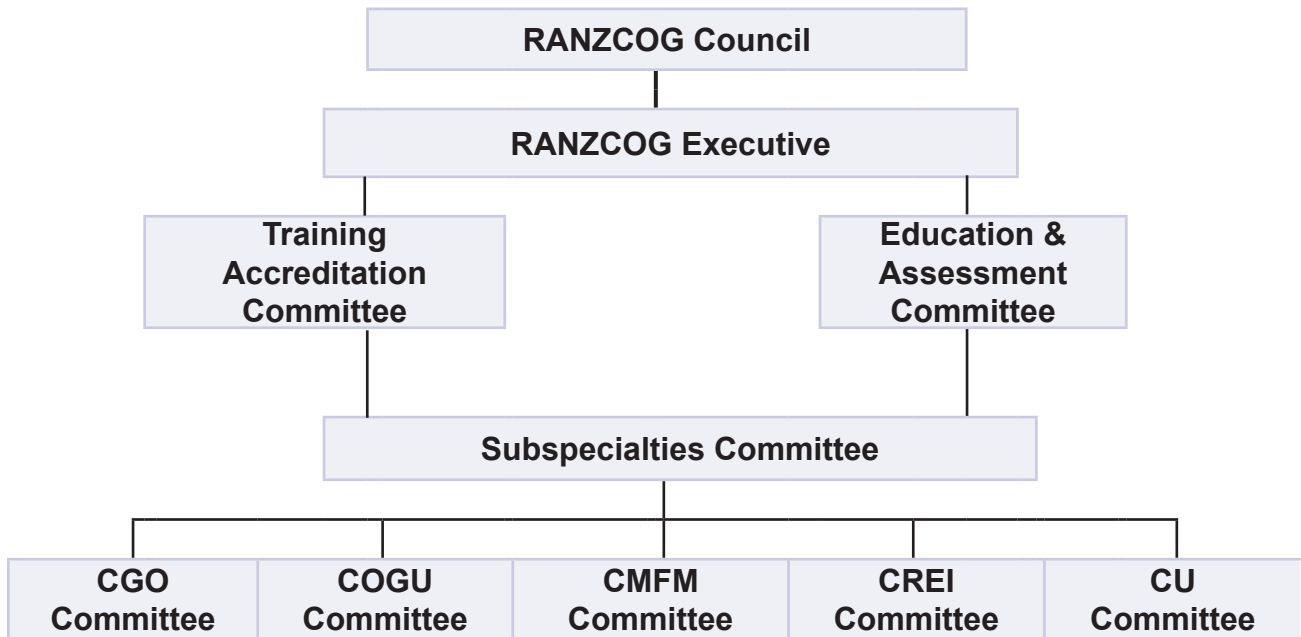
Chair of the Examination Board: Dr Peter Benny

Responsibilities of CREI Subspecialty Committee:

- Development of training and assessment requirements to achieve certification in the REI subspecialty
- Consideration and assessment of individual trainee applications and programs leading to the award of certification in REI
- Consideration and assessment of Overseas Trained Subspecialists seeking a RANZCOG qualification in REI
- Determination of the requirements for recertification in the REI subspecialty

All correspondence pertaining to the work of these committees should be forwarded to the chair of the relevant committee through College House.

### 1.4 SUBSPECIALTY TRAINING AND ACCREDITATION ORGANISATIONAL STRUCTURE



### 1.5 ACCREDITED CREI TRAINING UNITS & PROGRAM DIRECTORS

State/Country	Training Unit	Program Director	Accreditation Period
Victoria	Monash IVF, Melbourne	Professor David Healy	01/01/2009 - 31/12/2013
	Monash IVF Epworth	Professor Gab Kovac	01/01/2009 - 31/12/2013
	Royal Women's Hospital + Melbourne IVF, Melbourne	Dr John McBain	01/01/2009 - 31/12/2013
New South Wales	Royal Prince Alfred Hospital + Sydney IVF, Sydney	Dr Mark Bowman	01/01/2009 - 31/12/2013
	Royal North Shore Hospital, Sydney + IVF Australia Royal Hospital for Women + Prince of Wales Hospital, Sydney St George Hospital/IVF Australia Westmead Hospital, Sydney* *3 positions	A/Prof Peter Illingworth	01/01/2009 - 31/12/2013
South Australia	Repromed, South Australia	Dr Kelton Tremellen	01/01/2009 - 31/12/2013
	Fertility SA & Flinders Repromed	Dr Rob Norman	01/01/2010 - 31/12/2010
Western Australia	KEMH & Fertility Specialists, WA	A/Prof Roger Hart	01/01/2009 - 31/12/2013
Queensland	Royal Womens, Mater	Dr Anusch Yazdani	01/01/2009 - 31/12/2013
New Zealand	Fertility Associates	Dr Freddie Graham	01/01/2010 - 31/12/2010
	Christchurch Women's Hospital	Dr Peter Benny	01/01/2009 - 31/12/2013
	Fertility Plus (National Women's Hospital) Auckland	A/Prof Neil Johnson	01/01/2009 - 31/12/2013

## 1.6 LIST OF CURRENT CREI SUBSPECIALISTS

New South Wales	Victoria	Queensland	South Australia
Dr W R S Birrell Dr M C Bowman Professor M G Chapman Dr A M Clark Dr M F Costello Associate Professor J A Eden Professor I S Fraser Dr N Gayer Dr A J Gee Associate Professor P J Illingworth Dr C S James Dr A K S Kan Dr R Lahoud Dr H Y P Leung Dr M Livingstone Dr D F Lok Dr R C Lyneham Dr K L Matthews Dr M McIlveen Dr J W Persson Dr R N Porter Dr F B Quinn Dr R Teirney Dr I Y Wang Dr R J Woolcott Dr D Greening	Dr L Burmeister Dr F R Cattrall Dr L G Hale Professor D L Healy Professor G Kovacs Dr P J Lutjen Dr L Rombauts Dr C J Stern Dr M Toledo Professor B J Vollenhoven Dr S Wakeman Dr D Wilkinson	Dr C V Boothroyd Professor B Dunphy Dr K L Forbes Dr A Yazdani	Professor R J Norman Dr O M Petrucco Dr K P Tremellen
Western Australia	Australian Capital Territory	Tasmania	New Zealand
Associate Professor R J Hart Dr J L Yovich	Dr J A McDonald	Dr W B Watkins	Dr P Benny Professor C M Farquhar Dr P R Fisher Associate Professor W R Gillett Dr F M Graham Dr G S Gudex Professor J D Hutton Associate Professor N P Johnson Dr A S Murray Dr G T Phillipson

# **PART A: ADMINISTRATION**

## **2.0 CREI TRAINING PROGRAM**

# PART A: ADMINISTRATION

## 2.0 CREI TRAINING PROGRAM

### 2.1 A YEAR-BY-YEAR GUIDE FOR TRAINEES

	YEAR 1	YEAR 2	YEAR 3	Continuing Professional Development
<b>Training</b>	<b>Minimum Surgical Procedures</b> Observe, assist and personally perform a minimum number of microsurgical procedures			College Approved Professional Development Programs
	<b>Statistics Course</b> Completion of an assessable statistics course offered by a tertiary institution, with instruction of at least 3 hours per week			
<b>Assessment</b>	Submit Mid-semester formative assessment forms every 3 months			Recertification Requirements
	Submit Six-monthly summative assessment and entire TAR at 6 & 12 months			
	Research Project Proposal (draft), including timeline		Research Project Completed	
	Research Project Proposal (final), including ethics committee approval			
Oral Examination				

### 2.2 APPLYING FOR PROSPECTIVE APPROVAL TO COMMENCE TRAINING

#### Eligibility

To join a subspecialty training program in Australia or New Zealand, doctors must have:

1. successfully completed the MRANZCOG Examination, the Integrated Training Program and preferably one elective year; or
2. have obtained the FRANZCOG.

Trainees commencing from 2004 onwards should note that only one year of post-Membership training may be credited towards subspecialty training.

#### Applications - National Selection Process

The CREI Subspecialty Committee will advertise annually (in the January, February and March issues of the *Training & Assessment Bulletin* and *College Connexion*, and the March issue of *O&G Magazine*) for prospective REI trainees to apply through the National Selection Process for a training position in the CREI Subspecialty Training Program which leads to certification as a subspecialist in Gynaecologic Oncology. Successful National Selection Process candidates are then responsible for obtaining their own position in an accredited CREI training unit.

All applicants must use the official RANZCOG National Selection Process application form available on the College website and submit their application to College House addressed to the Chair of the CREI Committee. Cover letters are not required but will be accepted.

Applicants must note that they are required to provide the details of three (3) referees. These referees must be:

- a) a senior colleague (FRANZCOG or equivalent) with whom the applicant has worked in the previous two years. If applicants are still completing FRANZCOG training, this senior colleague must be the Training Supervisor.
- b) Two other colleagues with whom the applicant has worked in the last two years.

Applicants must have successfully completed the MRANZCOG examinations prior to the closing date for applications. For this reason, prospective trainees should sit the examinations in the year before

they wish to submit a National Selection Process application.

Applicants are advised to contact the College to confirm the application closing date for the National Selection Process.

The interviews will be held in May.

#### Selection Criteria

Applicants will be assessed against the following Selection Criteria:

- previous experience in obstetrics and gynaecology
- previous surgical experience
- research experience
- psychosocial medical experience
- teaching experience
- commitment to Reproductive Endocrinology & Infertility
- ability to relocate during the training program
- referee reports

#### Entry level knowledge for CREI

1. Candidates are strongly advised to review the following areas: Anatomy (including male genital anatomy), Surgical Pathology (excepting neoplasia), Reproductive Physiology (including male reproductive physiology) and Genetics and Ethics (as applied to reproductive medicine). These areas must be known at the level required for MRANZCOG and at the applied subspecialty tertiary referral level.
2. Candidates must be well acquainted with public health and social concerns in the subspecialty, including the concept of fecundability (monthly probability of pregnancy), leading to the normal expectations of pregnancy in the community, the medical, ethical, social and legal aspects of assisted conception, donor gametes and embryos, and adoption.
3. Candidates should be familiar with current literature that is relevant to the Reproductive Endocrinology and Infertility.
4. Candidates must be able to monitor and manage their own and their institution's practices, carry out their own research studies, and analyse the work of others critically. The candidate must therefore have a thorough practical understanding of the statistical and managerial methods used in the field.

# PART A: ADMINISTRATION

## 2.0 CREI TRAINING PROGRAM

### Interview Panel

The interview panel consists of three (3) panelists, one of whom is the Chair of the CREI Subspecialty Committee. All applicants will be notified in writing of the outcome of the interview.

### Registration

Following confirmation of a training post, the prospective Trainee will need to register as a RANZCOG Trainee and pay the Annual Training Fee. Trainees who commence part-way through the year will pay a pro-rata amount of the annual training fee.

The RANZCOG Registration and Prospective Approval of Training forms are distributed in November, and are also available on the College website.

### 2.3 APPLYING FOR PROSPECTIVE APPROVAL TO CONTINUE IN THE CREI TRAINING PROGRAM

All CREI Trainees are required to apply for prospective approval of training for each year of training. This includes clinical and research experience. Applications for prospective approval of training must be made on the official RANZCOG *Registration and Prospective Approval of Training* forms which are distributed in November, and are also available on the College website.

Some trainees find that circumstances and opportunities change during the CREI Training Program. The Trainee or the Training Supervisor should communicate this to the CREI Subspecialty Committee as soon as possible.

### 2.4 APPLYING FOR PART-TIME TRAINING

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures* Handbook for regulations pertaining to part-time training.

Year 1 of subspecialty training must be completed full time. In subsequent years, part-time training may be approved.

All part-time training must not be less than half of the full-time training requirement for the relevant training period at the relevant training site and the duration of the training program must be extended appropriately for that trainee. This half-time training must include a range of experience appropriate to the trainee's year

level, as well as appropriate supervision.

All CREI trainees are required to apply for prospective approval of part-time training using the *Application to Train Part-time* form available on the College website.

### 2.5 APPLYING FOR LEAVE FROM TRAINING

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures* Handbook for regulations pertaining to taking leave from training.

In any one training year, all subspecialty trainees must do a minimum of 44 weeks of active clinical service and formal training or 44 weeks 0.5FTE of part-time training. Any leave arrangements made by trainees - i.e., annual leave, maternity leave, extended sick leave, family leave, research leave, or leave without pay - must not reduce this stipulated minimum of service/training per year. If a trainee takes any leave which reduces this stipulated minimum, the relevant six-month block of training will not be credited.

This regulation applies irrespective of any government or hospital leave entitlements which may operate in a particular state or region.

In addition to the eight weeks' leave per year allowed, trainees are permitted up to two weeks of study-conference leave per year, which is recognised as part of active clinical service. This study/conference leave must be prospectively approved using the Application for Leave form available on the College website.

At each six-monthly summative assessment, the trainee and his/her supervisor must sign off on the number of weeks of leave taken during the six-month training period. The nature of the leave must also be indicated. This signing-off process is done using the leave box which appears on the six-monthly assessment form. Trainees must also maintain, in their Training Assessment Record, an accurate record of all leave taken during the three year training period.

Any leave in excess of normal leave entitlements must be prospectively approved by the Chair of the REI Subspecialty Committee using the Application for Leave form available on the College website. If necessary, the Chair may discuss the leave application with the REI Subspecialty Committee. The application for leave approval must be made with the knowledge and agreement of the Training Supervisor.

## 2.6 TRAINING IN AN OVERSEAS TRAINING UNIT

Trainees are advised to consult the Subspecialties Committee Policy and Procedures Handbook for regulations pertaining to undertaking training in an overseas training unit.

Trainees may undertake part of their training in an overseas training unit. As with all training, overseas training must be prospectively approved by the REI Subspecialty Committee. Trainees must provide a plan for completion of training on return to Australia and New Zealand and commitment of support from an Australian or New Zealand Training Supervisor.

As with training in Australia or New Zealand, overseas trainees are required to submit all training documentation within the specified timelines to College House. The guidelines and regulations that govern registration, fees and training documentation also apply to overseas trainees.

In some hospitals, the consultants with whom the trainee works and the Training Supervisor may not be familiar with the forms and training documentation requirements. Trainees will need to provide consultants and their Training Supervisor with the necessary documentation and explain how it is used.

## 2.7 REGISTRATION & TRAINING FEES (2010)

All fees are reviewed annually and subject to change.

### Training

Annual Training Fee	\$AU 1280.00
Late lodgement fee	10% annual fee per month
Re-instatement fee	50% annual fee

### Assessment

Subspecialty Written Examination	\$AU 1,100.00
Subspecialty Oral Examination	\$AU 2,680.00
Special Consideration Application	\$AU 180.00
Overseas-Trained Subspecialist Assessment	\$AU 2,560.00

### Certification Fee

Subspecialty Certification Fee	\$AU 600.00
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The annual training fee is due within one calendar month of commencing training.

Trainees who do not pay the annual training fee within one calendar month of commencing training will incur a late fee (10 per cent of the annual training fee) for each month they are overdue, in addition to the annual training fee. These trainees will receive one formal written reminder from the College.

Trainees who have not paid their annual training fee (including late fees) within three calendar months of commencing training will be removed from the Register and will not be permitted to continue training until they have paid the outstanding fees, together with a reinstatement fee (calculated as 50 per cent of the annual training fee).

Training will not be credited until such time as the above fees are paid. Training will be credited from the date when the trainee is reinstated.

Trainees who remain in arrears with RANZCOG fees, including the annual training fee, will be ineligible for all RANZCOG examinations.

# PART A: ADMINISTRATION

## 2.0 CREI TRAINING PROGRAM

Trainees who commence training during January of any calendar year will pay the full annual training fee. Trainees commencing part-way through the year will pay a pro-rata amount of the annual training fee.

Trainees who elect to stay on the Register when not undertaking prospectively approved training will be required to pay the annual training fee.

Trainees who have completed the training requirements, but not all the assessment requirements for certification in the subspecialty, must remain registered as a RANZCOG trainee. They must pay half the annual training fee until the satisfactory completion of all assessment requirements for certification in the subspecialty and must nominate at the completion of their training, a RANZCOG certified REI Subspecialist, to act as a mentor/supervisor. The exception to this is when notification in writing is received of the trainee's intent not to proceed with certification in the subspecialty. Trainees who do not comply with the above will not be eligible to sit the examinations and a period of 12 months or more will render the trainee ineligible to rejoin the training register.

Trainees who discontinue their registration as a registered RANZCOG trainee and subsequently decide to obtain subspecialty certification will be required to pay half the annual training fee for the period of time between the last record of registration as a RANZCOG trainee and certification as a subspecialist.

### **2.8 OVERSEAS TRAINED SUBSPECIALISTS**

Overseas Trained Subspecialists applying for certification as REI subspecialists are directed to consult the *Subspecialties Committee Policies and Procedures Handbook*.

# PART A: ADMINISTRATION

## 2.0 CREI TRAINING PROGRAM

### 2.9 TIMELINE FOR TRAINING IN CREI

YEAR ONE	YEAR TWO	YEAR THREE
Register and pay fees by end of January ↻	Register and pay fees by end of January ↻	Register and pay fees by end of January ↻
Start planning research project ↻		Research Project to be submitted at least two months BEFORE final examination ↻
Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻
		Apply for examination(s) by 31 May if going to be eligible. Eligible for written or oral examination after 24 months of satisfactory training if 30 months of prospectively approved training will be completed by the time of the examination. First attempt must be within 2 years of completion of clinical training. ↻
Six-monthly summative assessment with Training Supervisor. Submit entire TAR with draft research project proposal, including timeline, and feedback questionnaire to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire, and research project report to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire to College House ↻
Submit proposal for Year 2 training ↻	Submit proposal for Year 3 training ↻	Eligible for first examination if research project has been submitted ↻
Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻
Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire and final research project proposal, with institutional ethics committee approval ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire and research project report to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire to College House ↻
Complete Surgical Skills ↗	Complete Surgical Skills ↗	Complete Surgical Skills Assessment
<b>MUST COMPLETE OVER THREE YEAR PERIOD</b>		
Personal performance of minimum numbers of a variety of procedures Examinable statistics course		

## 2.10 APPLYING FOR CERTIFICATION AS A CREI SUBSPECIALIST

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures Handbook* for regulations pertaining to Subspecialty Certification.

Subspecialty certification is awarded to persons who have met all the following requirements:

- Joined the CREI Subspecialty Training Program in Australia and New Zealand after obtaining an approved Australian or New Zealand subspecialty training position
- Have passed the following assessments:
  - the Research Project
  - completed all the Components of the CREI Training Program requirements
  - the Written Examination
  - the Oral Examination
- Have satisfactorily completed and been credited with 36 months of full-time, or part-time equivalent, approved CREI subspecialty training
- Have submitted all documents required by these regulations and/or the CREI Subspecialty Committee
- Have paid all required training, examination, certification and subscription fees
- Achieved all of the above within six years of satisfactorily completing approved CREI subspecialty training (4 consecutive attempts to pass the examination with up to two years special leave as approved by the REI Subspecialty Committee)

Trainees must submit an Application for Subspecialty Certification form available from the College website to the Subspecialties Department at College House in Melbourne.

**PART A: ADMINISTRATION**

**3.0 ACCREDITATION OF CREI**

**TRAINING UNITS**

# PART A: ADMINISTRATION

## 3.0 ACCREDITATION OF REI TRAINING UNITS

### 3.1 STANDARDS FOR THE ACCREDITATION OF A CREI TRAINING UNIT

To be approved as a training unit, the hospital department and/or private practice should fulfil the following criteria:

#### Workload:

- Sufficient workload to maintain and develop the clinical skills of existing personnel and to train REI trainees.

#### Staff:

- One or more on-site certified REI subspecialists who will act as Training Supervisors.
- A certified REI subspecialist who will act as Program Director and coordinate the training program, accept the responsibility for supervision, and be actively involved in the training process.
- If more than one centre provides the program, there must be a Training Supervisor at each centre, with one having overall responsibility as Program Director.
- Each trainee must be supervised by two certified REI subspecialists over the 3-year training program.
- Adequate collaboration with allied health professionals.

#### Facilities:

- A fully equipped reproductive endocrinology & infertility laboratory which provides a full range of diagnostic services:
  - reproductive histopathology
  - cytogenetics and molecular biology
  - organ imaging facilities
- provide comprehensive care of reproductive endocrinology & infertility conditions including:
  - Conservative management of:
    - surgery
    - pharmacology
  - Access to other subspecialties
  - Community Education and liaison
- Adequate library, laboratory and other resources to support subspecialty work, training and research, over and above that required for the recognition of MRANZCOG and higher training

posts

#### Activities:

- A research program related to reproductive endocrinology & infertility
- Participation in regular multidisciplinary clinical meetings
- Involvement in education at nurse, undergraduate and postgraduate levels

### 3.2 APPLYING FOR ACCREDITATION AS A CREI TRAINING UNIT

Departments need not necessarily carry out every possible subspecialty activity to be involved in the training of specialists for the qualification of CREI. In applying for accreditation, prospective training units can submit joint applications in which activities in more than one institution complement each other.

A detailed application for accreditation as a training unit should be made to the CREI Subspecialty Committee, on the electronic accreditation template, addressing each of the areas covered above. As part of the College's commitment to ensure quality assurance processes are addressed and clinical and educational experiences are maximised, formal site visits for re-accreditation of REI training units will commence in 2009. In order to maintain approved unit status, a review of Training Assessment Records produced by the Trainee on the quality of the training provided by the program must be considered satisfactory.

An institution fulfilling all of the above criteria could be approved for two years or more of training responsibility. Those units that fall short of fulfilling all of the requirements may be approved for one year of training responsibility.

A maximum of 2 training positions per unit is applicable at any one time.

Re-accreditation of a training unit should take place every 5 years or earlier if there has been a change in the staffing or services provided.

#### Documentation Required

The application document requires the following:

##### A. Evidence of Workload

- A qualitative (ie: how and by whom the clinical service is delivered) and quantitative (ie: an indication of the number of patients seen and

# PART A: ADMINISTRATION

## 3.0 ACCREDITATION OF REI TRAINING UNITS

procedures performed) description of the clinical services provided in the unit under the following headings in the last 12 month period. Details of procedures which will be either performed by CREI trainees or at which CREI trainees will act as first assistant must be highlighted.

1. Endocrinology
  - anovulation
  - hirsutism
  - menopause
  - early pregnancy and its complications
  - contraception
  - adolescent and paediatric gynaecology
2. Female reproductive surgery
  - other endoscopic (minimally invasive) surgery
  - other pelvic microsurgery
3. Endometriosis
  - endocrine management
  - operative management
4. Assisted conception
  - in vitro fertilisation
  - gamete intrafallopian transfer
  - artificial insemination (donor or husband)
  - cryopreservation facility for gametes and embryos
5. Andrology
  - semenology and laboratory procedures
  - medical andrology
  - surgical andrology, including microsurgery
  - sperm antibody laboratory facilities
6. Fetal Medicine
  - clinical genetics and genetic counselling
  - recurrent abortion management
7. Pathology
  - subspecialty-level (tertiary-referral) reproductive histopathology
  - cytogenetics and molecular biology
8. Diagnostic imaging
  - laparoscopy
  - hysteroscopy
  - hysterosalpingography
  - ultrasound, including facilities for colour Doppler
  - tertiary referral neuroradiology
9. Psychosocial
  - subspecialty level counselling by medical social workers or qualified counsellors
10. Ethical and Administrative
  - institutional ethics committee that has considered reproductive research and is properly composed to satisfy NH&MRC criteria
  - computerised data analysis and

management  
formal quality assurance program

### B. Evidence of Staffing

- Names, postnominals and titles of practitioners working at the subspecialty level in the unit.
- Proportion of time these practitioners spend working at the subspecialty level in the unit.
- Past responsibilities for trainees these practitioners have had in the last 5 years.
- Names of proposed Training Supervisors and Program Director.
- Names, postnominals and titles of allied health professionals and details of collaboration with these

### C. Evidence of Facilities

- Evidence of provision of a referral service for patients with REI conditions who would benefit from REI facilities, expertise and experience.
- List of relevant equipment in the REI laboratory, and evidence of provision of diagnostic services, including reproductive histopathology, cytogenetics and molecular biology, and organ imaging facilities.
- Evidence of comprehensive care provided to patients with REI conditions, including:
  - Conservative management of surgery, pharmacology and critical care
  - Access to other subspecialties
  - Community Education and liaison
- Evidence of access to adequate library facilities
- Evidence of access to adequate research infrastructure (ie: laboratory and other resources)

### D. Evidence of Activities

- **Publications and Presentations:**
  - List of publications, published and in preparation, in the last 5 years by practitioners working at a subspecialty level at the unit in all categories described below. Details of publications must include the title of the publication, authors, the name of the journal, and the date of publication.
  - Reproductive endocrinology
  - Female reproductive surgery
  - Endometriosis
  - Assisted conception

- Andrology / urology
- Fetal medicine
- Other
- List of presentations made by practitioners working at a subspecialty level in the unit at scientific meetings in the last 5 years. Details of presentations must include the title of the presentation, name/s of presenter/s, title of the conference or scientific meeting, and date of the presentation.

- **Research**

- List of current research projects in progress undertaken by practitioners and trainees working at the subspecialty level in the unit. Details must include title of research project, names of researchers, brief description of research, and expected completion dates.
- Details of opportunities for research to be completed by prospective trainees.
- List of protocols submitted to the unit's institutional ethics committee in all trainee research activities.

- **Meetings**

- Timetable of regular education, peer review, practice review, and clinical management meetings at a subspecialty level.
- Evidence of representation at hospital and local clinical and scientific meetings.

- **Teaching**

- Details of involvement in nurse, undergraduate and postgraduate level teaching.

## **Summary**

Unit accreditation and re-accreditation for CREI subspecialty training will depend on demonstrating the capacity to develop trainees across the whole subspecialty.

Training can take place in non-accredited training units, but such positions would be approved (for 12 months at a time) only after application in advance by a trainee registered with the College.

The advantage in being an accredited training unit is that prospective trainees will know in advance that the unit has the capacity to offer them the training they need. The fact of the appointment will then ordinarily be accepted as evidence that their position is a suitable one.

Ultimately, responsibility for the trainee receiving suitable training will continue to rest with the trainee.

## **PART B: CURRICULUM**

### **1.0 AIMS**

# PART B: CURRICULUM

## 1.0 AIMS

### 1.0 AIMS

#### 1.1 Subspecialist practice

Reproductive Endocrinology and Infertility (REI) is a subspecialty of obstetrics and gynaecology. Reproductive Endocrinology and Infertility subspecialists are specialists in Obstetrics and Gynaecology, awarded the FRANZCOG, who are trained and assessed as being competent in the comprehensive management of patients with reproductive endocrine disorders and infertility. A CREI subspecialist must spend at least 66% of his/her clinical time working in the area of this specialty, the remainder being split between obstetrics and gynaecology. At least part of this work must be within a professional setting that provides a comprehensive service for patients with infertility or gynaecological endocrine disorders (this may include private units as well as public hospitals).

It is not intended that only persons with the CREI should treat infertile couples. It is probable, though, that specialists with this qualification will be leaders in this area and directors of assisted conception units.

The Certificate of Reproductive Endocrinology and Infertility (CREI) is a qualification only for individuals who hold the qualification of Fellow of The Royal Australian & New Zealand College of Obstetricians and Gynaecologists (FRANZCOG).

#### 1.2 Context

The highly specialised field of Reproductive Endocrinology and Infertility has emerged as a result of massive accumulation of new knowledge in reproductive endocrinology and pathology and developments in clinical management, through the availability of new treatments and assisted reproduction techniques resulting in improved conception and pregnancy outcomes. The subspecialist will be required to keep abreast of this knowledge and ensure its availability to mainstream obstetric practice.

The development of subspecialisation in Reproductive Endocrinology and Infertility highlights a developing and exciting area of obstetrics and gynaecology and will enhance recruitment of quality people into obstetrics and gynaecology in general and to the subspecialty in particular.

The changing medico legal climate in Australia, particularly with respect to obstetrics, requires experts to keep abreast of the rapid pace of development in this field.

A subspecialist in Reproductive Endocrinology and Infertility would be expected to promote clinical and basic research in this field and would function as a regional consultant in matters of organisation, standards and education in the subspecialty.

#### 1.3 Aims of the Subspecialties

The College introduced certification in the five subspecialties in order to:

- improve knowledge, practice, teaching and research
- promote the concentration of specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients
- improve the recruitment of talented graduates into areas of recognised subspecialisation
- establish a close understanding and working relationship with other disciplines
- encourage co-ordinated management of relevant clinical services throughout a region
- accept a major regional responsibility for higher training, research and audit in areas of recognised subspecialisation
- establish, as far as possible, consistency in recruitment, training and assessment across areas of recognised subspecialisation

### **1.4 Aims of the Subspecialty in CREI**

The College introduced certification in the subspecialty of CREI in order to:

- provide competent management of patients with reproductive endocrine disorders and infertility
- provide a comprehensive service for patients with infertility or gynaecological endocrine disorders
- further research in reproductive endocrinology and infertility

### **2.0 OBJECTIVES OF THE CREI TRAINING PROGRAM**

It is expected that the subspecialist in Reproductive Endocrinology & Infertility will be able to demonstrate:

1. Knowledge of the basic sciences relevant to Reproductive Endocrinology and Infertility.
2. A thorough knowledge of the reproductive pathophysiology, and methods of evaluation and treatment of endocrinological disorders contributing to reproductive problems. A full knowledge and competence in all of the modalities of reproductive diagnosis and therapy. State of the art skills and competence in the management of all acute and chronic problems within the discipline of Reproductive Endocrinology and Infertility.
3. An understanding of the concepts of investigative science and the development of skills in research methods.
4. An understanding of the organisation of health services in the areas of Reproductive Endocrinology and Infertility.
5. Understanding of the methods of quality assurance and audit.

### 3.0 KNOWLEDGE AND UNDERSTANDING

#### **Knowledge and Understanding: The Building Blocks Required for the Development of Expertise in Reproductive Endocrinology and Infertility**

This section details areas of knowledge that underpin the practice of reproductive endocrinology and infertility. The purpose is to grasp the underlying principles on which modern reproductive endocrinology and infertility practice is based, not merely to memorise facts. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The areas of knowledge presented in this section are categorized as follows:

- 1. scientific knowledge** that forms the building blocks underpinning clinical practice (Sections 3.1 to 3.9)
- 2. clinical or applied knowledge** that links the science and the practice of reproductive endocrinology and infertility (Sections 3.10 to 3.11)
- 3. contextual knowledge** (for example, consultation processes, business and management principles, professional expectations) that acknowledges the service obligations implicit in the practice of reproductive endocrinology and infertility (Sections 3.12 to 3.14)

Relevant knowledge may be accessed in a variety of ways, through text books, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication. It is through these publications and interactions that a consensus on standards is established for the discipline. Through these means, specialists certified in reproductive endocrinology and infertility learn accepted terminologies, appropriate vocabulary, levels of understanding expected of them and key applications for their clinical work. As clinical professionals, they are expected to select, organize and test this knowledge through their own experience and in academic conversation with colleagues.

### 3.1 Fetal Medicine

#### **General Aim**

Candidates should understand and describe normal and abnormal human development and the principles of implantation, developmental embryology and early pregnancy maintenance.

#### **Specific objectives**

##### **3.1.1 Implantation**

- Understand and describe;
  - Embryonic development of the genital tract in the male and female, including factors controlling male and female gonadal primordia, internal duct systems and external genitalia
  - Embryology of the hypothalamic/pituitary, adrenal and thyroid endocrine systems
  - Development of the urological system
  - Development of the breast
  - Mechanism, diagnosis, and management of female patients with developmental abnormalities of the genital tract, including ambiguous genitalia, imperforate hymen, vaginal septa, uterine anomalies, Mullerian agenesis and gonadal dysgenesis
  - Mechanism, diagnosis, and management of male patients with developmental abnormalities, including failure of testicular development and / or testicular descent, penile abnormality, and ambiguous genitalia
  - Anomalies associated with the urological system in the male and female

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

### 3.1.2 Developmental Embryology

- Understand and describe;
  - Embryonic development of the genital tract in the male and female, including factors controlling male and female gonadal primordia, internal duct systems and external genitalia
  - Embryology of the hypothalamic/pituitary, adrenal and thyroid endocrine systems
  - Development of the urological system
  - Development of the breast
  - Mechanism, diagnosis, and management of female patients with developmental abnormalities of the genital tract, including ambiguous genitalia, imperforate hymen, vaginal septa, uterine anomalies, Mullerian agenesis and gonadal dysgenesis
  - Mechanism, diagnosis, and management of male patients with developmental abnormalities, including failure of testicular development and / or testicular descent, penile abnormality, and ambiguous genitalia
  - Anomalies associated with the urological system in the male and female

### 3.1.3 Early Pregnancy Maintenance

- Understand and describe;
  - Maintenance of pregnancy and the initiation of parturition, including physiology, pathophysiology, and pharmacology of the prostaglandins and related compounds
  - Neuroendocrine and general endocrine changes in the mother during pregnancy and the puerperium
  - Physiology of decidual-chorionic peptide hormones, e.g., gonadotrophins, somatomammotrophin, thyrotropin, ACTH/opioid peptides and prolactin
  - Physiology and pathophysiology of fetal hypothalamic-pituitary-gonadal, and pancreatic function
  - Pathophysiology of altered maternal endocrine states, e.g., thyroid, adrenal and pancreatic states during pregnancy
  - Feto-placental unit as it relates to the physiology and pathophysiology of steroid hormones, e.g., oestrogen, progesterone, corticosteroids
  - Physiology of the fetal adrenal gland

## 3.2 Reproductive Endocrinology & Physiology

### General Aim

Candidates should understand the principles of reproductive physiology and endocrinology, including:

- the action of the major protein and steroid hormones
- functions of the ovaries, testes, and thyroid and adrenal glands
- the breast as a target organ
- development and cessation of mature reproductive function

### Specific Objectives

#### 3.2.1 Neuroendocrinology

- Understand and describe;
  - Suprahypothalamic structures and neural system relevant to the regulation of the reproductive processes
  - Anatomical-functional aspects of the peptidergic, catecholaminergic, and opiate systems in the control of hypothalamic/pituitary function

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

- Neurovascular arrangements between the hypothalamus and the pituitary
- Biochemical basis, including structure/function, of hypothalamic/pituitary secretion, including feedback
- Interaction of reproductive steroids with the hypothalamic/pituitary complex
- Control and functional aspects of rhythmic functions (long and short term) of hypothalamic/pituitary function
- Distribution and cellular characteristics of pituitary hormone secretion with particular reference to the gonadotrophe and the lactotrophe
- Function of the pineal gland and melatonin as related to reproduction
- Site of production, biological action and control of secretion of oxytocin, vasopressin and the neurophysins
- Neuropharmacology of GnRH and its analogues together with a knowledge of compounds with similar functions in related areas
- Normal (organic and inorganic) of hypothalamic pituitary, hypo and excess secretion in the female
- Mechanisms, investigation, and management of hyperprolactinaemia
- The neuroendocrine control of the male reproductive system, including hypo and hypergonadotrophic states in the male
- Blood-brain barrier

### 3.2.2 Steroid and protein Hormones

- Understand and describe;
  - Biosynthesis, secretion, production rate, clearance, and plasma binding of the major steroid hormones of reproduction
  - Mechanism of steroid and protein hormone action at a cellular level, with particular reference to the reproductive hormones
  - Response of the reproductive tract to cyclical endocrine changes
  - Concepts of receptor activity, specificity, and kinetics and their application to receptor assay methodology
  - Administration, absorption, distribution, metabolism, and excretion of drugs/hormones relevant to reproduction, including during pregnancy
  - Tolerogenicity, tolerance, biological variation, modifying features, and interaction of common drug and hormone therapies
  - Government and pharmaceutical regulations pertaining to drugs/hormones and their development, together with the design and analysis of clinical trial methodology

### 3.2.3 Gonadal function - the menstrual cycle, spermatogenesis

- Understand and describe;
  - Development and changes throughout life inherent in the ovary and testis
  - Influence of genetic constitution on ovarian and testicular development
  - Cyclical changes in biochemical functions and control mechanisms within the ovary
  - Mechanisms of atresia, selection, and maturation of the dominant follicle (s)
  - Corpus luteum and its control in the non-conceptual and conceptual cycle
  - Impact of ovulation induction and hyperstimulation agents on the ovary
  - Polycystic and related ovarian syndromes
  - Development, maintenance, and changes through life of endocrine and gametogenetic testicular and accessory gland function
  - Induction and maintenance of normal spermatogenesis, including endocrine, genetic and local environmental effects
  - Ovarian activity during gestation

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

### 3.2.4 Breast

- Understand and describe;
  - benign Disorders of the breast
  - The breast as an end organ for reproductive hormone response

### 3.2.5 Thyroid/Adrenal

- Understand and describe;
  - Physiology, biosynthesis, control, and metabolism of normal thyroid and adrenal hormonal function
  - Mechanism, investigation, diagnosis, and management of disordered thyroid/adrenal states with particular reference to reproductive function
  - Thyroid/adrenal changes in pregnancy and the newborn, including effects of abnormal maternal thyroid function on the fetus
  - Pharmacology and effects of thyroid/adrenal drug/hormone therapy on the reproductive system and pregnancy, including the fetus
  - Syndromes of congenital disordered adrenal function
  - Effect of adreno-cortical hypo and hyper function
  - Normal and disordered renin-angiotensin and catecholamine systems
  - Thyroid function in struma ovarii, molar pregnancy and choriocarcinoma

### 3.2.6 Beginning and Cessation of Reproductive Function

- Understand and describe;
  - Endocrine changes associated with reproduction from conception to the mature development of normal reproductive function, including gonadotrophin secretion in the male and female fetus and neonate
  - Normal chronology of pubertal changes in the male and female
  - Effects of gonadal and adrenal hormones on bone growth and other non-reproductive organs
  - Mechanism, investigation, diagnosis, and management of delayed pubertal development and the syndromes of sexual precocity
  - Disorders of sexual development, including male and female pseudo-hermaphroditism
  - Physiology and pathophysiology of the menopause, including gynaecological and non-gynaecological clinical manifestations
  - Role of replacement and therapeutic regimes associated with the menopause
  - Mechanism, investigation and management of bone loss
  - Effect of old age on testicular endocrine and gamete function

## 3.3 Psychology

### General Aim

Candidates should understand and describe the clinical psychology aspects of reproduction and reproductive failure.

### Specific Objectives

- Understand and describe;
  - Physiodynamics of normal psychosexual development and the establishment of the gender role through childhood, puberty and adulthood
  - Normal and abnormal psychosexual function and gender disturbance
  - Psychological factors in disordered male and female reproductive function

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

- Psychological changes associated with infertility and the impact on the family
- Psychological and endocrine changes associated with premenstrual syndrome, the menopause and the impact of hormonal therapy
- Principle of sexual counselling and modes of therapy

### 3.4 Genetics

#### General Aim

Candidates should understand basic human genetics, and the principles of molecular biology as pertains to reproductive technologies.

#### Specific Objectives

##### 3.4.1 General Concepts including Epigenetics

- Understand and describe;
  - Principles of Mendelian inheritance, pedigree, and linkage analysis
  - Genetic basis of clinical syndromes, including chromosomal abnormalities with special reference to syndromes affecting sexual development and reproductive function of both the male and the female
  - Antenatal diagnosis of genetic abnormalities, including the indications and arrangements for specialized service for genetic diagnosis and counseling
  - Relevance of genetics to male and female infertility, artificial insemination, and early pregnancy loss
  - Mechanisms of mitosis and meiosis, including the effects of chromosome segregation
- Understand the principles underpinning;
  - The standard laboratory procedures associated with chromosomal preparation, identification, and current nomenclature

##### 3.4.2 Molecular Biology

- Understand the principles underpinning;
  - Recombinant technology and its potential impact in medicine through the availability of purified proteins and improved diagnostic techniques
  - Basic techniques of gene manipulation, including the use of restriction endonucleases and specific hybridization probes to isolate genes, the use of cloning vectors in gene propagation, the techniques of DNA sequencing and synthesis
  - Potential application of rDNA technology in biology and medicine, with particular reference to rDNA probes for the diagnosis of genetic disease in adult and fetal medicine
  - Engineering of transgenic organisms and their use as a source of human proteins and other reagents of pharmaceutical interest

### 3.5 Therapeutics

#### General Aim

Candidates should understand and describe the principles of pharmacology and therapeutics as pertain to the control of fertility.

#### Specific Objectives

- Understand and describe;
  - Pharmacodynamics, metabolic effects, and complications of oral and injectable contraceptive preparations
  - Mechanism of action and complications of intrauterine contraceptive devices

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

- Indications, advantages, disadvantages, side effects, complications, and efficacy of traditional contraceptive methods
- Surgical techniques associated with male and female sterilization
- Techniques of interruption of pregnancy
- Potential of immunology for contraception
- Status of contraceptive research and its limitations

### 3.6 Pathology - Macro/Hystopathology including Immunohistopathology

#### General Aim

Candidates should understand and describe normal and pathological histology of the male and female reproductive tracts.

#### Specific Objectives

- Understand and describe;
  - Normal histological appearance, together with cyclical changes where appropriate, of the vagina, endometrium, myometrium, fallopian tube and the ovary in the female
  - Normal histological appearance of the male reproductive tract and the testis
  - Normal histology of the pituitary, the adrenal, and thyroid glands
  - Normal histological features of early implantation and of early pregnancy loss
  - Normal features of aging on the reproductive tract
  - Pathological changes characteristic of the impact of endometriosis, antenatal hormone exposure, the action of abnormal levels of endogenous reproductive hormones, myofibromata and infection
  - Histology of physiological, pathophysiological, and specific pathological tumours associated with hormonal production from the ovary and testis
  - Pathological features of gonadal dysgenesis and intersex
  - Histological features of tumours of the pituitary, changed thyroid and adrenal function and other tumours associated with reproductive function
  - Features of altered testicular architecture related to reproductive function
  - Pathophysiology of thyroiditis

### 3.7 Immunology - including pregnancy

#### General Aim

Candidates should understand and describe the basics of immunology and principles related to reproductive failure.

#### Specific Objectives

- Understand and describe;
  - Mechanism of antibody response, including the origin and function of IgA, IgM, IgG, and IgE
  - Origin and functions of T, B, helper, suppressor and natural killer cells
  - Effect of active and passive immunization on hormonal specific target tissues
  - Knowledge of auto-immune disease affecting reproduction
  - Basic components of the immune system and their possible role in male and female reproductive failure, recurrent abortion, infertility and contraception
  - Place of immunological diagnostic procedures relating to infertility, fertility, gonadal failure and endocrine dysfunction

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

### 3.8 Laboratory Procedures - including Pre-implantation Genetic Diagnosis (PGD)

#### General Aim

Candidates should understand and describe the principles underpinning laboratory procedures used in the assessment and management of infertility.

#### Specific Objectives

- Understand and describe;
  - Methods and kinetics associated with the production, distribution, and metabolism of reproductive hormones
  - Immuno and bioassay methodology for common reproductive steroid and protein hormones
  - Receptor identification, function, and analysis
  - Culture and maintenance of oocytes, fertilisation, and the preparation of embryo transfer
  - Role of the micromanipulator in gamete handling
  - Pre-implantation Genetic Diagnosis (PGD)
  - Techniques of sperm analysis and the procedures associated with the isolation of motile spermatozoa
  - Cryobiology associated with gamete and embryo preservation
  - Basic molecular biology techniques, including oligonucleotide probes, in situ hybridization, Southern, Western and Northern blotting, restriction fragment length polymorphism, polymerase chain reaction

### 3.9 Research

#### General Aim

Candidates should understand the principles and methods underpinning productive and ethical research, and the sharing of knowledge in the medical community.

#### Specific Objectives

##### 3.9.1 Research

- Understand and describe;
  - Hypothesis definition, experimental design, sampling techniques, data acquisition, data storage, selection of appropriate statistical analysis and scientific writing
  - Appropriate application of statistical parametric tests, including unpaired and paired, T test, correlation, linear, and multiple regression analysis, and analysis of variance
  - Appropriate application of non-parametric statistics
  - The use of computers for data storage and statistical analysis
  - How to compute means, standard deviations, and standard errors
  - Significance, confidence intervals, type I and type II errors
  - Epidemiological analysis, cohort and case control studies, assessment of bias, population parameters and sampling techniques
  - Techniques of quality control in laboratory procedures
  - Randomized controlled trials and techniques of meta-analysis
  - Disease surveillance systems and disease registries

**3.9.2 Publications**

- be familiar with and know;
  - the current RANZCOG and RCOG guidelines in reproductive endocrinology and infertility
  - the relevant Cochrane reviews
  - significant published studies and trials in reproductive endocrinology and infertility

**3.10 Clinical Conditions**

**General Aim**

Candidates should understand and describe the aetiology, pathogenesis, pathology, epidemiology, presentation, investigation and management of:

- Disorders of the menstrual cycle
- Development/cessation of reproductive function
- Androgen disorders – female and male
- Infertility - male and female
- Recurrent miscarriage

**Specific Objectives**

**3.10.1 Disorders of the Menstrual Cycle**

- Understand and Describe;
  - Neuroendocrinology of the abnormal reproductive cycle
  - Physiology of development and regression of normal and abnormal endometrial growth and the impact of exogenous hormones
  - Physiology, pathophysiology, investigation, and management of disordered menstruation, anovulation and endometrial hyperplasia
  - Non-gynaecological causes of abnormal uterine bleeding
  - Pathophysiology of amenorrhoeic states, their investigation and management

**3.10.2 Development/cessation of reproductive function**

- Understand and Describe;
  - Developmental abnormalities of the female genital tract
  - Developmental abnormalities in males including failure of testicular development and/or testicular descent, penile abnormality and ambiguous genitalia
  - Delayed pubertal development and the syndromes of sexual precocity
  - Bone loss
  - Genetic abnormalities

**3.10.3 Androgen Disorders – Female and Male**

- Understand and Describe;
  - Production, physiology and metabolism of androgens in the normal female, together with the mechanism of androgen action
  - Clinical syndromes, differential diagnosis, investigation and management of androgen excess in the female
  - Physiology of normal and abnormal hair growth in the female
  - Diagnosis, investigation, and management of late onset adrenal hyperplasia
  - Pharmacology of antiandrogen therapy
  - Production, physiology, and metabolism of androgen in the normal male
  - Clinical syndromes of androgen deficiency in the male
  - Syndromes of receptor and enzyme abnormality in the male and female

# PART B: CURRICULUM

## 3.0 KNOWLEDGE AND UNDERSTANDING

### 3.10.4 Infertility - Female and Male Infertility

- Understand and Describe;
  - Normal expectations of fertility in the community and the evaluation of the infertile couple
  - Diagnosis, investigation, and management of anovulation, including modes of investigation and the selection of ovulation inducing drugs
  - Role of microsurgery for tubal corrective procedures in the male and female and the influences on the expectation of results
  - Evaluation of uterine and cervical factors in infertility, including the indications for corrective procedures
  - Mechanism, diagnosis, investigation, and management of endometriosis
  - Indications, methods applicable, results and limitations of Artificial Insemination (husband)
  - Indications for therapy, selection of donors, methods of therapy, results, medical, legal, and ethical aspects of Donor Insemination
  - Medical and legal aspects of adoption, associated areas of counseling, local regulations, outcome of procedures, and have a knowledge of adoption agencies
  - Indications and appropriate counselling methods for surrogacy
  - IV/GIFT and related procedures, including:
    - indications and contraindications
    - determination of the menstrual cycle to plan synchronization
    - the choice of hyperstimulation regimes
    - follicular stimulation and monitoring by ultrasound, and steroid and peptide assays
    - normal and abnormal responses
    - decision making
    - timing and methods of oocyte collection
    - oocyte recognition
    - influences on the rates of fertilization
    - methods of gamete and embryo transfer
    - monitoring of implantation
    - the expectation of results
    - assessment of genetic abnormalities and their potential treatment
    - medical and ethical aspects of this technology
  - Federal and State legislation relating to IVF/GIFT procedures, including the constraints on research
  - Sperm-oocyte interaction, fertilization and early embryonic development
  - Practical approaches to ovum and embryo donation and recipient preparation
  - Scientific methods used for infertility programs, including life table analysis
  - Formation, composition, and analysis of seminal fluid, including spermatozoa function
  - Physiology and pathophysiology of ejaculation and sexual function, including hormonal and non-hormonal influences
  - Male reproductive tract and conditions relevant to infertility, sperm transport, and accessory duct function
  - Medical and surgical approaches to investigation and therapy of male infertility
  - Role of endogenous and exogenous androgens to infertility in the male
  - Usefulness of diagnostic procedures in the infertile male
  - Mechanisms, investigation, and management of azoospermia and oligospermia

**3.10.5 Recurrent Miscarriage**

- Understand and Describe;
  - Mechanism of implantation and the physiology of early pregnancy recognition
  - Mechanism, investigation, diagnosis and management of patients with multiple early pregnancy loss
  - Immunology of early pregnancy loss and the role of therapy
  - Genetics of early pregnancy loss

**3.11 Clinical Management**

**General Aim**

Candidates should understand and describe the principles underpinning clinical diagnostic and surgical techniques used in the management of fertility disorders.

**Specific Objectives**

- Understand the principles underpinning the following techniques;
  - Operative biopsy of the lower reproductive tract
  - Cytology, endoscopy, laparoscopy, hysteroscopy with assorted techniques
  - Reversal of sterilization
  - Infertility surgery, including
    - Reconstruction of bicornuate or septate uterus
    - Myomata
    - Uterine synechiae
    - Cervical incompetence,
    - Reparative techniques for tubal and/or adhesive pelvic disease
    - Wedge resection of the ovaries
    - Ovarian cystectomy
    - Staging of endometriosis and surgical management
    - Place of laser surgery
    - percutaneous epididymal and surgical management
    - testicular sperm aspiration
  - Radiographic imaging associated with reproduction, including
    - Hysterosalpingography
    - Pituitary radiology
    - Arteriography
    - Arterial catheterization
    - Urography
    - Isotope imaging and ultrasound
    - Nuclear magnetic resonance and thermography
  - Dynamic endocrine testing and visual field examination
  - Surgery of development disorders, including neovaginal, vulva construction, imperforate hymen, vaginal septate, Mullerian anomalies with obstruction of drainage
  - Surgical techniques for the management of ambiguous genitalia
  - Indications and techniques for gonadectomy in the female

### 3.12 Professionalism & Management

#### General Aim

Candidates should understand and describe the Quality Assurance/Total Quality Management (TQM) organizational responsibilities inherent in reproductive endocrinology and infertility practice.

#### Specific Objectives

- Understand the organizational responsibilities inherent in Reproductive Endocrinology and Infertility subspecialty practice, including:
  - Creating protocols for management
  - Establishing and maintaining regional transport systems with appropriate patterns of referral
  - Involvement in research advisory and ethics committees
  - Participation in perinatal data collections systems
  - Organization and co-ordination of clinical meetings

### 3.13 Teaching

#### General Aim

Candidates should understand the principles and methods underpinning the teaching and assessment of practical and theoretical concepts.

#### Specific Objectives

- Understand the principles underpinning;
  - the facilitation of learning of patients, trainees, students and other health professionals
  - apprenticeship learning
  - the provision of constructive feedback
  - assessment of performance according to set performance criteria
- Understand the use of vocabulary that encourages and acknowledges learning
- Understand the learning needs of oneself and others

### 3.14 Ethics & Culture

#### General Aim

Understand and discuss the ethical and legal aspects of subspecialty practice in reproductive endocrinology and infertility.

#### Specific Objectives

- Understand the RANZCOG Code of Ethical Practice as pertains to practice in reproductive endocrinology and infertility
- Understand and discuss the ethical and legal aspects of subspecialty practice in reproductive endocrinology and infertility, including:
  - Gamete storage and donation
  - Surrogacy
  - Fertility control
  - Termination of pregnancy
  - Fetal reduction
  - Pre-implantation diagnosis
  - Gene therapy
  - Research on embryo
  - Donation of fetal and ovarian tissue

# PART B: CURRICULUM

## 4.0 CLINICAL & MANAGEMENT SKILLS

- Relevant state and national legislation
- Roles and duties of ethics committees
- Roles and duties of NHMRC, FSA, and RTAC, and state-based Infertility Treatment Authorities
- NHMRC 'Ethical guidelines on the use of assisted reproductive technology in clinical practice and research'
- Know the current RANZCOG and RCOG guidelines on termination of pregnancy
- Understand special implications for women's health services with respect to women of diverse cultural backgrounds, including indigenous women and those with various spiritual beliefs, sexual orientations, lifestyles, beliefs, ages, social status and perceived economic worth.
- Understand and respect the ways in which culture impacts on women's reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments.
- Have an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups and how these are applied in a clinical situation.

## 4.0 CLINICAL & MANAGEMENT SKILLS

### Clinical and Management Skills Fundamental to the Practice of Reproductive Endocrinology and Infertility

Routine skill develops with practical experience. Subspecialists in reproductive endocrinology and infertility perform complex skills that require much more than practical experience. Their skill set draws on a rich and interrelated store of knowledge that underpins and informs their practice. Their practice is characterized by professional attitudes and behaviours, and they review and update their practice continually to ensure the highest possible standard of healthcare delivery.

Reproductive endocrinology and infertility subspecialists possess:

- advanced knowledge of reproductive endocrine disorders and infertility
- expertise in the most current approaches to diagnosis and treatment of patients with gynaecological endocrine disorders and infertility

All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the woman.

## 4.1 Reproductive Endocrinology & Infertility

### General Aim

Candidates should be able to investigate, diagnose, counsel, treat and manage women with disorders of reproductive endocrinology and infertility.

### Specific Objectives

#### 4.1.1 Disorders of the Menstrual Cycle

- Investigate and Manage;
  - hyperprolactinaemia
  - disordered menstruation, anovulation and endometrial hyperplasia
  - amenorrhoeic states
  - disordered thyroid / adrenal states

#### 4.1.2 Development/cessation of reproductive function

- Diagnose and Manage;
  - female patients with developmental abnormalities of the genital tract
  - male patients with developmental abnormalities including failure of testicular development and/or testicular descent, penile abnormality and ambiguous genitalia
- Diagnose, Investigate and Manage;
  - delayed pubertal development and the syndromes of sexual precocity
- Investigate and manage bone loss
- Diagnose genetic abnormalities

#### 4.1.3 Androgen Disorders - Male and Female

- Differentially diagnose, investigate and manage syndromes of androgen excess in the female patient
- Diagnose, investigate and manage late onset adrenal hyperplasia

#### **4.1.4 Infertility - Male and Female Infertility**

- Diagnose, Investigate and Manage;
  - non-ovulation
  - endometriosis
  - azoospermia and oligospermia
- Evaluate uterine and cervical factors in infertility

#### **4.1.5 Recurrent Miscarriage**

- Investigate, diagnose and manage patients with multiple early pregnancy loss

## **4.2 Procedural & Surgical Skills**

### **General Aim**

Candidates should be able to perform surgical and ultrasound procedures relevant to obstetrical, medical and surgical complications of conditions and problems associated with reproductive endocrinology and infertility.

### **Specific Objectives**

#### **4.2.1 Surgical Skills**

- Be able to interpret findings, and perform when appropriate;
  - Operative biopsy of the lower reproductive tract
  - Cytology, endoscopy, laparoscopy, hysteroscopy with assorted techniques
  - Reversal of sterilization
  - Infertility surgery, including reconstruction of bicornuate or septate uterus, myomata, uterine synechiae and cervical incompetence,
  - Reparative techniques for tubal and/or adhesive pelvic disease
  - Wedge resection of the ovaries
  - Ovarian cystectomy
  - Staging of endometriosis and surgical management
  - Place of laser surgery
  - Reversal of sterilization
  - Imperforate hymen
  - Percutaneous epididymal sperm aspiration
  - Testicular sperm aspiration
  - Dynamic endocrine testing and visual field examination
  - Surgery of development disorders, including neovaginal, vulva construction, imperforate hymen, vaginal septae, Mullerian anomalies with obstruction of drainage
  - Surgical techniques for the management of ambiguous genitalia
  - Indications and techniques for gonadectomy in the female
  - Dual energy X-ray absorptiometry bone scanning

#### **4.2.2 Radiographic imaging**

- Be able to interpret findings and perform when appropriate, radiographic imaging associated with reproduction, including:
  - Hysterosalpingography
  - Hysterosalpingo contrast sonography
  - Saline sonohysterography
  - Pituitary radiology

# PART B: CURRICULUM

## 4.0 CLINICAL & MANAGEMENT SKILLS

- Arteriography
- Arterial and venous catheterization
- Digital subtraction angiography
- Urography
- Isotope imaging and ultrasound
- Nuclear magnetic resonance imaging and thermography

### 4.2.2 Radiographic Imaging

- Be able to interpret findings and perform when appropriate, radiographic imaging associated with reproduction, including:
  - Hysterosalpingography
  - Hysterosalpingo contrast sonography
  - Saline sonohysterography
  - Pituitary radiology
  - Arteriography
  - Arterial and venous catheterization
  - Digital subtraction angiography
  - Urography
  - Isotope imaging and ultrasound
  - Nuclear magnetic resonance imaging and thermography

### 4.2.3 Ultrasound

- Be able to interpret findings, and perform competently when appropriate, ultrasound to
  - Assess normal and abnormal uterus, including fibroids
  - Assess ovarian, parovarian and tubal masses
  - Track folliculo genesis and formation and disappearance of corpus luteum
  - Assess tubal patency using contrast media
  - Confirm intrauterine gestational sac with embryo, yolk sac, cardiac pulsation
  - Diagnose ectopic pregnancy
  - Assess gestational age
  - Assess cervical length and dilation

# PART B: CURRICULUM

## 4.0 CLINICAL & MANAGEMENT SKILLS

### 4.3 Surgical and Diagnostic Procedures

#### Specific Surgical Procedures

	ASSIST	PERFORM SUPERVISED	PERFORM INDEPENDENTLY
<b>Female Reproductive Surgery</b>			
<b>Diagnostic Surgery</b>			
Laparoscopy +/- dye studies			x
Hysteroscopy under GA			x
Office hysteroscopy (no GA)			x
<b>Adnexal Surgery</b>			
Laparoscopic salpingostomy for ectopic			x
Laparoscopic salpingectomy			x
Laparoscopic salpingo-oophorectomy			x
Laparoscopic surgery for adnexal torsion			x
Laparoscopic salpingolysis			x
Laparoscopic neosalpingolysis		x	
Laparoscopic ovarian cystectomy for endometrioma**		x	x
Laparoscopic ovarian cystectomy for cyst **		x	x
Laparoscopic tubal reanastomosis	x		
Open tubal reanastomosis		x	
Laparoscopic ovarian drilling			x
<b>Uterine Surgery</b>			
Hysteroscopic polypectomy			x
Hysteroscopic ashesisolysis			x
Hysteroscopic division of uterine septum			x
Hysteroscopic myomectomy			x
Laparoscopic myomectomy		x	
Open myomectomy			x
<b>Endometriosis surgery - laparoscopic resection of endometriosis</b>			
Peritoneal only			x
Ureterolysis		x	
Ureteric catheterisation		x	
Rectal shaving		x	
Rectovaginal excision		x	
Rectal excision with reanastomosis		x	
Resection endometrioma			x
Proceed to open surgery			x
<b>Vaginal Surgery</b>			
Resection of vaginal septum		x	
Neovaginoplasty (specify)	x		
<b>Male Reproductive Surgery</b>			
PESA			x
TESA			x
Open testicular biopsy			x
Reversal of vasectomy	x		
Electroejaculation	x		
Microsurgical sperm recovery	x		
<b>ART</b>			
Transvaginal oocyte collection			x
Transabdominal oocyte collection	x		
Transcervical embryo transfer			x
Laparoscopic zygote tubal transfer	x		

\*\* Dependant on size. See TAR for further details

# PART B: CURRICULUM

## 4.0 CLINICAL & MANAGEMENT SKILLS

### 4.4 Management & Professional Responsibilities

#### General Aim

Candidates should be able to apply sound management and administrative skills to their professional practice.

#### Specific Objectives

##### 4.4.1 Management

- Apply:
  - the basic principles of Human Resources Management
  - the steps associated with recruiting staff
  - principles of good staff supervisions
- Advocate on behalf of junior staff
- Counsel staff and manage conflict resolution in the workplace

##### 4.4.2 Administration

- Facilitate successful meetings
- Establish systems to store records effectively
- Establish systems to ensure that test results are always followed up

##### 4.4.3 Clinical Service Delivery

- Take steps to minimise areas of potential complaint in the delivery of clinical services
- Ensure that staff communicate clearly, verbally and in writing, with the women in their care
- Discuss costs, where appropriate, before treatment
- Provide consistent information
- Apologise where you have inconvenienced a women in your care or made an error
- Personally discuss complaints with women in one's care
- Be able to convey bad news and sub-optimal outcomes compassionately, appropriately and in person

##### 4.4.4 Business/financial Management

- Apply the principles of effective bookkeeping
- Understand issues related to insurance, including professional indemnity and public liability
- Understand how income is affected by patient satisfaction and the ability to pay

##### 4.4.5 Risk Management

- Understand the principles and importance of risk management
- Understand the importance of continuing professional development I both a risk management and service improvement context
- Understand the importance and functional basis of continuing professional development program in risk management and practice improvement

##### 4.4.6 Relationships with Professional Bodies

- Understand the need for accountability and its relationship to registration
- Understand the role of the relevant medical board and healthcare complaints body
- Understand the roles of the RANZCOG

# PART B: CURRICULUM

## 4.0 CLINICAL & MANAGEMENT SKILLS

### 4.4.7 Teamwork

- Understand the principles and importance of;
  - good communication
  - defining areas of individual responsibility
  - collective goal setting
  - providing opportunities for all team members to contribute

### 4.4.8 Time Management

- Understand the principles and importance of time management

### 4.4.9 Project Management

- Understand the importance of defining the scope of a project, the clustering of tasks and the principles of delegation

### 4.4.10 Economics

- Understand the basic principles of supply and demand, cost (total/marginal/average), profit, cost effective analysis and cost utility analysis
- Explain to patients the realities of health resource allocation

## 4.5 Research Skills

### General Aim

Candidates should be able to undertake productive and ethical research, and share knowledge in the medical community.

### Specific Objectives

#### 4.4.1 Management

- Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information
- Critically appraise/evaluate relevant literature, reviews and new techniques/technologies
- Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers
- Conduct a literature review
- Develop an hypothesis to be tested
- Choose an appropriate research methodology and design a research study
- Write a grant application to fund a research project
- Apply for ethics committee approval for a clinical or laboratory based study
- Collect, collate and interpret data
- Apply basic statistical analysis to clinical data
- Develop an outline structure for a research paper
- Write a literature review for a research paper
- Apply the developed outline to write a research paper

# PART B: CURRICULUM

## 5.0 RECOMMENDED RESOURCES

### 5.0 RECOMMENDED RESOURCES

#### 5.1 Journals

Fertility and Sterility: [www.fertstert.org](http://www.fertstert.org)

Reproduction (Journal of the SRF): [www.reproduction-online.org](http://www.reproduction-online.org)

Human Reproduction: [www.humrep.oxfordjournals.org](http://www.humrep.oxfordjournals.org)

Human Reproduction Update: <http://www.oxfordjournals.org>

Journal of Endocrinology: <http://joe.endocrinology-journals.org/>

Reproductive BioMedicine (RBM) Online: <http://www.rbmonline.com/>

British Medical Journal: <http://group.bmj.com/products/journals/>

Eshre Monographs: <http://eshremonographs.oxfordjournals.org/>

The Lancet: <http://www.thelancet.com/>

Medical Journal of Australia: <http://www.mja.com.au/>

New England Journal of Medicine: <http://content.nejm.org/>

MHR Basic Science of Reproductive Medicine: <http://molehr.oxfordjournals.org/>

Human Molecular Genetics: <http://molehr.oxfordjournals.org/>

#### 5.2 Websites

Fertility Society of Australia (FSA): <http://www.fertilitysociety.com.au/>

European Society of Human Reproduction and Endocrinology (ESHRE): <http://www.eshre.com/>

American College of Obstetricians and Gynecologists (ACOG): [www.acog.org](http://www.acog.org)

American Society for Reproductive Medicine (ASRM): [www.asrm.org](http://www.asrm.org)

Royal College of Obstetricians and Gynaecologists (RCOG): [www.rcog.org.uk](http://www.rcog.org.uk)

Society for Reproductive Endocrinology and Infertility (SREI): [www.socrei.org](http://www.socrei.org)

Society for Reproduction and Fertility (SRF): [www.srf-reproduction.org](http://www.srf-reproduction.org)

**PART B: CURRICULUM**  
**6.0 CREI TRAINING PROGRAM**

# PART B: CURRICULUM

## 6.0 CREI TRAINING PROGRAM

### 6.1 REQUIREMENTS OF THE CREI TRAINING PROGRAM

<p>3-year Clinical Training Program</p>	<ul style="list-style-type: none"> <li>• must be prospectively approved</li> <li>• first year must be spent in a prospectively approved RANZCOG accredited CREI Subspecialty Training Post in Australia or New Zealand and must be completed on a full-time basis</li> <li>• Subsequent years may be completed either full-time or part-time, with a maximum of 2 years' break before credit for training may be lost</li> <li>• 2 years must be spent in an Australian/New Zealand training position</li> <li>• one third of time spent in ongoing research</li> <li>• clinical training must be completed in 5 years</li> <li>• desirable that trainees should not spend all three years in the same training site</li> <li>• desirable that part of the program is in a prospectively approved unit outside Australia or New Zealand</li> <li>• trainees must perform and assist with a minimum of surgical procedures</li> <li>• assessment of specified procedural skills by the end of year 3</li> <li>• trainees must complete an examinable university-based statistics course</li> </ul>
<p>Training Documentation</p>	<ul style="list-style-type: none"> <li>• mid-semester assessment to be completed and forwarded to College House</li> <li>• trainee reports completed by Training Supervisor, clinical summaries, and trainee questionnaire to be completed and submitted to the College for each 6-month period</li> <li>• all reports must be submitted within 8 weeks of completing each 6-month period</li> </ul>
<p>Research Project</p>	<ul style="list-style-type: none"> <li>• draft Research Project proposal, including timelines, to be submitted with the first six-month training documentation within the approved timeframe for submission of training documents</li> <li>• detailed Research Project proposal with institutional ethics approval, if necessary, to be submitted at end of the first 12 months of training within the approved timeframe for submission of training documents</li> <li>• progress reports must be submitted with each 6 monthly TAR</li> <li>• must consist of work in the area of or pertaining to the Reproductive Endocrinology &amp; Infertility subspecialty</li> <li>• original research work at a standard to be accepted in a peer-reviewed journal</li> <li>• a project published in a peer-reviewed journal with an impact factor of <math>\geq 2</math> will not need to be formally assessed, but must still be submitted</li> <li>• case reports and review articles not acceptable</li> <li>• research paper must be submitted by 30 April in the year of the final examination</li> <li>• must have been assessed as satisfactory at least two months prior to the date of the second examination</li> </ul>

# PART B: CURRICULUM

## 6.0 CREI TRAINING PROGRAM

### Examinations (written & oral)

- applications close on 31 May each year
- eligible for first attempt at the examination (written or oral) only if satisfactory completion of 24 months of prospectively approved training and expected to complete a further 6 months of prospectively approved training before the examination
- the examination (written or oral) must be attempted for the first time within 2 years of completion of training
- must pass both the written and oral examinations within six years of completing prospectively approved subspecialty training
- maximum of four consecutive attempts allowed for each examination
- research project must have been assessed as satisfactory at least two months prior to the date of the second examination

#### **Written:**

- is usually held on the first Monday in August
- 3 hours duration
- comprises 12 fifteen-minute short answer questions

#### **Oral:**

- a pass in the written examination is no longer a requirement for eligibility for the oral examination
- 3 hours and 20 minutes duration (plus short break)
- usually held each year within six months of written examination
- comprises nine fifteen-minute stations (with a fifteen-minute break) and five minutes preparation before each station
- histological sections, videos, laboratory worksheets, photographs, journal article critiques may be included

## 6.2 COMPONENTS OF THE CREI TRAINING PROGRAM

### 1. Statistics Course

Trainees will be expected to provide evidence of having taken, and successfully completed, an approved assessable course in statistics offered by a tertiary institution. Trainees are required to submit details of the proposed course on the Application for Approval of Course form available on the College website prior to commencing the course so it may be prospectively approved by the CREI Subspecialty Committee. An acceptable course will involve instruction for at least **3 hours a week for 1 semester**.

### 2. Minimal Surgical Procedures

Certification as a CREI Subspecialist requires a minimum number of surgical cases to be performed, assisted at or observed over the 3-year clinical training period as follows:

- assistance at 10 microsurgical cases performed by a CREI training centre approved microsurgeon
- assistance at one anastomosis / performance alternate anastomosis to count as one case when supervised by a CREI accredited training centre approved microsurgeon
- performance of 10 microsurgical cases overall
- involvement in a CREI Committee approved laboratory / animal research project supervised by a CREI training centre approved microsurgeon (counts for a maximum of 5 cases overall)
- documented microsurgical cases supervised by a CREI training centre approved microsurgeon during FRANCOG training to count up to a maximum of 5 cases

### 3. Procedural Skills Assessment

Trainees are expected to be competent to independently perform specified procedures as the primary operator by the end of the three year training program.

These procedures are in the areas of:

- Diagnostic
- Adrexal Surgery
- Uterine Surgery
- Endometriosis surgery
- ART
- Male Fertility
- Imaging

# **PART B: CURRICULUM**

## **7.0 ASSESSMENT**

## 7.1 TRAINING DOCUMENTATION

Trainees are required to complete and submit the following documents as part of their CREI training:

1. Daily Training Record (DTR)
2. Mid-semester Formative Assessment
3. Training and Assessment Record (TAR), including the Six-monthly Summative Assessment Report

These documents are all available on the College website.

### Daily Training Record (DTR)

The DTR is a record of selected aspects of the trainee's experience during 1 year of the CREI Subspecialty Training Program. In the DTR, trainees must record:

- clinical experience
- attendance at meetings
- attendance at outpatient clinics
- research activities

This record of experience has several functions:

- it provides trainees with a personal record of clinical experience, which can be used to plan further training with the trainee, Training Supervisor or other mentors
- it provides trainees with the information required to complete the Training and Assessment Record, the six-monthly summary of training experiences which trainees are obliged to prepare for the College. These six-monthly summaries are used by the Training Supervisors, Program Director and the CREI Subspecialty Committee Chair to monitor the trainee's experience and ensure that it is appropriate for the trainee's year of training. They are used by the College to monitor the experience provided for the trainee by the hospital
- makes up a component of the formal proof of training, which trainees are obliged to provide to the College when requested. The Chair of the CREI Subspecialty Committee, the Training Supervisor, or Program Director may view the DTR for verification or clarification of details in the Training and Assessment Record.

NOTE:

1. The DTR **must** be reviewed and signed by the Training Supervisor every 3 months.
2. Trainees are required to complete a new DTR for every year of training.
3. The DTR includes detailed instructions on how to complete it.
4. The privacy of all patients **must** be protected.

### Printed and Electronic Versions

Trainees may choose to print the DTR from the College website and complete a hard copy, or use the DTR electronically. If the DTR has been maintained electronically, then a print-out must be produced for the Training Supervisor to review and sign every 3 months. Trainees must retain a copy of signed print outs.

In addition:

- Annotations used in the electronic DTR must be fully explained in an accompanying legend
- Trainees must regularly back up any electronically maintained DTR. **Claims for recognition of training will not be recognised where data cannot be produced.**

If trainees choose to set up their own electronic version of the DTR, the following requirements must be met:

- Electronic DTRs must be in a spreadsheet program, such as Excel
- The electronic version must indicate the relevant training period (including training year), the name of the Training Supervisor, location and type of training. Training periods should be kept separate from each other
- The headings contained in the printed DTR must be duplicated in the electronic version and must be shown on any print-out
- The Certificate of Accuracy, Certificate of Satisfactory Completion of the DTR, and Record of Discussion and Assessment by Training Supervisor must be incorporated
- Every three months, trainees must submit a print-out of the relevant data for signature and notation by the Training Supervisor
- All procedures must be listed in print-outs and signed off by the relevant consultants, as per the printed DTR
- Complete print-outs for the entire period of training must be kept and presented to the Chair of the CREI Subspecialty Committee when required for assessment purposes
- The confidentiality of all patients must be protected
- All guidelines detailed in the printed DTR apply equally to electronically maintained DTRs
- Trainees must regularly back-up any electronically maintained DTR. Claims for recognition of training will not be recognised where data cannot be produced
- The guidelines detailed in the printed College DTR apply to an electronically maintained DTR and records

**Mid-Semester Formative Assessment**

The mid-semester assessment is completed by the trainee and Training Supervisor, each giving a brief assessment of the trainee's progress over the three-month period. The Training Supervisor must indicate if the assessment is satisfactory OR that improvement is expected. In the latter case a warning is then given that failure to improve may result in a FAIL in the next six-monthly Trainee Report. The Training Supervisor and Trainee must both sign and date the form before it is forwarded to College House.

**Training and Assessment Record (TAR)**

The TAR is designed to provide the Chair of the CREI Subspecialty Committee, Training Supervisor, Program Director and the College with a sequential presentation of all training and assessment achievements. It also enables trainees to record progress made in other components of the CREI Training Program, such as attendance at courses, and meetings.

The TARs must be updated by the trainee, and sighted and signed by the Training Supervisor, every 6 months.

**Completion of TAR**

Every 6 months, trainees must:

- Update as necessary the Trainee Training Record, which is the record of training sites and dates for commencement and completion of training.
- Tally the clinical experiences recorded in the DTR and record the results on the Clinical Training Summary.
- Complete an Average Weekly Timetable for the six-month training period. If the training period altered significantly during the 6 months, trainees must use photocopies of the page to indicate the different training experiences.
- Complete the trainee section of the Research Project Progress Report and have the Training Supervisor complete the Training Supervisor section of the report.
- Complete the trainee section of the Research Project Progress Report and have the Training Supervisor complete the Training Supervisor section of the report.
- Complete the Trainee Participation in other Professional Activities record.
- Have each consultant with whom the trainee has worked to fill out a Trainee Assessment Form.
- The Training Supervisor consolidates the Trainee Assessment Forms from each consultant into

a single, composite Six-Monthly Summative Assessment Report, which is a summary of ratings and comments collected from the consultants. This report is used for 2 purposes:

- it provides the trainee with feedback on their performance from the consultants with whom the trainee has worked, and
  - it provides the College with feedback on the trainee's progress.
- All RANZCOG CREI trainees are required to provide a confidential evaluation of their training unit in the form of a Trainee Feedback Questionnaire. This questionnaire can be discussed with the Program Director, although this is not essential, and aims to identify strengths and weaknesses within Training Units that, where appropriate, improvements in a Training Unit may be encouraged. The Chair of the CREI Subspecialty Committee (or nominee) will contact the trainee to discuss any identified weaknesses and the best approach to improve the situation.

**NOTE:**

1. All overseas training must be prospectively approved and is assessed by the CREI Subspecialty Committee. Trainees undertaking overseas training must forward training documentation to College House in Melbourne.
2. In some overseas hospitals, the consultants with whom the trainee works and the Training Supervisor may not be familiar with the forms and training documentation requirements. Trainees will need to provide consultants and their Training Supervisors with the necessary documentation and explain how it is used.

**Submitting Training Documentation**

Trainees are required to submit the TAR containing the following documents for every 6 months of training:

- Trainee Training Record
- Clinical Training Summary
- Average Weekly Timetable(s)
- Research Project Progress Report
- Trainee Participation in other Professional Activities record
- Six-monthly Summative Assessment Report
- Trainee Feedback Questionnaire

Trainees must ensure they retain a copy of all documentation submitted to College House. Trainees are also requested to submit a single-sided copy of their TAR, with no staples.

The College will only accept TARs where:

# PART B: CURRICULUM

## 7.0 ASSESSMENT

- the Training Supervisor has indicated the Six-Monthly Summative Assessment Report is either satisfactory or unsatisfactory, and has been signed by both the trainee and the Training Supervisor
- the Clinical Training Summary, Report of Research Project Progress and Components of the CREI Training Program Record have also been signed by the Training Supervisor

If any of the above are missing from the TAR, it will be returned to the trainee for completion.

The Six-monthly Trainee Report MUST be received by the Training Services Department at College House no later than 8 weeks from the END of each 6-month training period.

A period of training CANNOT be credited until the Training Services Department at College House receives copies of satisfactory Six-monthly Summative Assessment Reports and Clinical Summaries for that period.

Trainees who do not submit satisfactory Six-monthly Summative Assessment Reports and Clinical Summaries will be discussed by the CREI Subspecialty Committee and a recommendation will be made, through the Subspecialties Committee, that no credit is given for the period in question. This will extend the training time for the trainee.

The Training Services Department will return training documentation to trainees with notification in writing that their documentation has been approved by the CREI Subspecialty Committee.

### **Late Submission of Training Documentation**

Trainees must be aware of the regulations which govern the submission of all training documentation, as described in the *Subspecialties Committee Policies and Procedures Handbook*.

Trainees mid-semester formative assessment reports and six-monthly reports summative assessment reports/Clinical Training Summaries must be received by the Subspecialties Training Officer, College House, within **12 weeks** of the end of the relevant 6 month training period. These 12 weeks include the current standard eight weeks within which trainees are required to submit their documentation.

**The first time a trainee fails to submit the mid-semester report and/or six-monthly summative report/Clinical Training Summary within the stipulated 12 weeks as above, the relevant training period will not be credited.** At this time,

the trainee will receive a letter from the Chair of the CREI Subspecialty Committee advising them that the relevant training period has not been credited. The letter will also warn the trainee of the consequences of a second failure to submit the above documents on time.

**If, on a second occasion in the course of the training program, the three-monthly formative assessment and/or six monthly summative assessment report/Clinical Training Summary are not received by the Subspecialties Training Officer, College House, within 12 weeks of the end of the relevant training period, the trainee will be removed from the training program. No further warning will be provided.**

All six-monthly summative assessment reports assessed as 'Other than Satisfactory' will be considered by the CREI Subspecialty Committee at the next meeting following the conclusion of the relevant six-month training period.

### **Removal from Training Program**

A trainee who receives 3 'Fail' six-monthly reports in the course of the training program will be removed from the training program.

## 7.2 RESEARCH PROJECT

Trainees should consult the regulations which govern all aspects of the Research Project found in Subspecialties Committee Policies & Procedures Handbook.

A Research Project, on some aspect of, or pertaining to, the CREI subspecialty, must be completed by each subspecialty trainee. The paper that reports on the research must be at a standard to be accepted in a peer-reviewed journal and must meet the criteria on the assessment form (available from College website). The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper.

The Research Project should be prospectively approved and demonstrate the basic principles of research: original hypothesis testing, research methodology, rigorous scientific method, and approved by the trainee's research and ethics committee. A draft of the Research Project proposal, including timelines, must be submitted with the first six-monthly training documentation within the approved timeframe for submission of training documentation. A detailed final proposal of the Research Project with institutional ethics approval, if necessary, must be submitted to the CREI Subspecialty Committee for

approval by the end of the first 12 months of training, within the approved timeframe for submission of training documents. Progress reports must be submitted with training documentation at 18 and 24 months.

Trainees must nominate a research supervisor. The supervisor could be the Training Supervisor, but the CREI Subspecialty Committee must approve the nomination.

Trainees must submit their research paper by 30 April in the year of their second final examination.

A prospectively approved research project which has been published or accepted for publication in a journal with an impact factor of  $\geq 2$  will not need further assessment, but must still be submitted to the CREI Subspecialty Committee

The project must have been assessed as satisfactory 2 months before the second examination. If the paper is assessed as 'fail but suitable for resubmission', a member of the CREI Subspecialty Committee will be assigned to assist the candidate to revise the paper for re-submission within 6 months. If the paper is failed again, the full Subspecialties Committee should review the result with a report from the Chair of the REI Subspecialty Committee. The Subspecialties Committee will make a recommendation to the Education and Assessment Committee about the next course of action. The final decision on the most appropriate course of action will be made by the Education and Assessment Committee, in consultation with the Chair of the Subspecialties Committee.

Trainees will not be eligible for the second examination until the Research Project has been assessed as satisfactory at least 2 months before the second examination.

#### **Important Points:**

1. Three copies of the research paper must be submitted.
2. Case reports and review articles are not acceptable for the thesis.
3. All submissions for assessment must include the covering page and Candidate Statement for Research Papers, detailing the trainee's role in the project. These are available on the College website.
4. The research project must have been assessed as satisfactory two (2) months before the second (written or oral) examination.

#### **Recognition of Prior Research**

A formal higher research degree qualification in an area relevant to the subspecialty may be approved as meeting the requirement for satisfactory completion of

the research project. However, trainees to whom this applies will still be expected to be involved in ongoing research during their training.

Trainees who have completed a higher research degree must apply for exemption from doing the research project on the official *Application for Exemption from Research Project* form available from the College website and submit the completed form to the Subspecialties Department at College House.

Details of ongoing research must be documented in the *Research Project Progress* sections of the Daily Training Record and the Training Assessment Record.

## **7.3 PROCEDURAL SKILLS ASSESSMENT**

Trainees are expected to be competent to independently perform surgical and diagnostic procedures as the primary operator in 7 key areas by the end of the three year training program:

- Diagnostic
- Adnexal Surgery
- Uterine Surgery
- Endometriosis Surgery
- ART
- Male Fertility
- Imaging

'Competent' implies the ability of the trainee to safely complete the procedure in a timely manner, without instruction or intervention from others.

#### **Who can perform the assessment?**

The assessment of each procedure must be performed by a certified RANZCOG CREI Subspecialist - either the Training Supervisor or an appropriate consultant who has worked with the trainee.

The assessor must sign and date each procedure assessed on the CREI PROCEDURAL SKILLS ASSESSMENT FORM, which is to be retained by the trainee until all procedures have been satisfactorily completed.

If the opportunity to independently perform one of the procedures proves difficult, the trainee must notify College House staff. It is recognised that all procedures may not be undertaken in all units.

#### **When is the Assessment Summary Form submitted?**

The completed assessment summary form is submitted with the TAR for the final six months of training.

# PART B: CURRICULUM

## 7.0 ASSESSMENT

### 7.4 EXAMINATIONS

#### Eligibility

Subspecialty trainees may make their first attempt at an examination (written or oral) after at least 24 months of prospectively approved and satisfactory training in a Subspecialty Training Program provided they can reasonably be expected to complete a further 6 months satisfactory training before the date of the examination.

Trainees must have had their research project assessed as satisfactory at least two months before the second examination.

#### Applications

Applications for both the written and oral examinations will close on 31 May each year. Please contact the Assessment Co-ordinator for application and fee details. This information, including the application form, is also available on the College website.

#### Number of attempts

Subspecialty trainees have a maximum of four consecutive attempts at the written and oral examinations unless the candidate can show cause to the satisfaction of the CREI Subspecialty Board of Examiners that exceptional circumstances exist.

### Format

#### Written Examination

Subspecialty Written Examinations are usually held on the same day as the MRANZCOG Written Examination in August. The three-hour examination comprises 12 short answer questions (SAQs) or a mixture of SAQs and short essays, with fifteen-minutes allowed for each. Sample questions and answers are available on the College website.

Examination results will be displayed on the College website.

#### Oral Examination

The oral examination takes approximately 3 hours and 20 minutes (plus a short break) to complete and comprises nine clinical stations with 5 minutes preparation time for each encounter. The examination will be held on a date determined by the CREI Subspecialty Committee within six months of the written examination.

Candidates rotate through each examination station and, before each encounter begins, will be given the introductory details of a clinical case or cases that will be developed during the encounter.

Stations may consist of two examiners examining concurrently or sequentially, or one examiner and an observer. At some stations there may be a standardised patient. Every attempt will be made to ensure that the trainee will not be directly examined by an examiner from the trainee's hospital.

Candidates should ask explicitly for additional relevant historical and physical details, for the results of investigations, for consultations if needed, and for responses to treatment. Examiners can then formally change these answers to explore candidates' ability to deal with expected or unexpected complications or confounding events, and with simulated late-stage referrals. Questions will not necessarily be restricted to those that would apply to the case.

Histological sections, videos, laboratory work sheets and microscopic photographs can be shown. Where a station consists of a critique of a journal article, all candidates will read the article for 20 minutes immediately prior to the examination, with 5 minutes to review the article before that station.

Notes may be made during the encounters (and while reading the published paper) but are to be left in the examination room.

## Areas covered by the examinations

Both the oral and written examinations will have material drawn from, but not limited to, the following areas:

1. Female reproductive medicine, reproductive surgery, assisted conception, male reproductive medicine, clinical reproductive physiology
2. Principles and limitations of laboratory practice that affect the making of clinical decisions
3. Skill and sensitivity in informing patients and relatives of options and implications of alternative plans of management
4. Detailed practical knowledge of the legal, regulatory and ethical framework in which the subspecialty is practised
5. Clinical trial methodology and statistics needed to critically analyse scientific data and published papers

## 7.5 SPECIAL CONSIDERATION GUIDELINES FOR EXAMINATIONS

### Preamble

Special consideration is available to candidates who believe their examination preparation and/or performance has been hampered by illness or other causes to such a substantial degree that it is likely to adversely affect their performance and, consequently, their result in a College examination.

Special consideration is available for all RANZCOG Written and Oral Examinations, including the In-hospital Clinical Ultrasound Examinations (ICUE) for the Maternal Fetal Medicine and Obstetrical and Gynaecological Ultrasound subspecialties.

All applications for special consideration must be supported by appropriate documentation, except in exceptional circumstances that render this impossible or redundant. Appropriate supporting documentation includes, but is not limited to, certificates or statements from medical professionals licensed to issue such certificates or statements, police reports, bereavement notices and statutory declarations. In particular, applications for special consideration that are based on illness grounds will NOT be considered without appropriate supporting documentation from medical professionals licensed to issue such certificates or statements.

## 1. Grounds for Special Consideration

The most common reasons for applying for special consideration include serious illness (either yourself or a close family member), bereavement, family breakdown and personal trauma. If you are in any doubt as to whether particular circumstances warrant special consideration, you should seek advice from the Assessment Co-ordinator at the College.

Special consideration is available to candidates who have been:

- prevented by illness or other cause from preparing or presenting for all or part of an examination;

or

- adversely affected to a substantial degree by illness or other cause during the performance of an examination.

In cases where candidates feel their examination preparation has been significantly impaired through illness, the College should be contacted and advice requested. In some instances, it may be that the most appropriate course of action is for a candidate to defer an examination attempt.

## 2. Consideration

Applications for special consideration relating to subspecialty examinations will be considered by the CREI Subspecialty Board of Examiners, who will make recommendation to the RANZCOG Education and Assessment Committee.

Applications for special consideration will be regarded in the strictest confidence and anonymity of applicants will be maintained where possible. Members of the CREI Subspecialty Board of Examiners and/or the RANZCOG Education and Assessment Committee will, however, be informed of details of the circumstances relating to the application in order to make a decision relating to the application.

Applications for special consideration will only be considered by the relevant College body where a candidate has submitted an application in accordance with the procedures outlined in this document, and where the candidate has not gained a grade of 'Pass' in the examination in question under the normal College procedures.

# PART B: CURRICULUM

## 7.0 ASSESSMENT

### 3. Possible Outcomes

The outcome of an application for special consideration may be any of the following, based on material presented to the relevant College body considering the application.

- Candidates may be deemed to have passed the examination
- Candidates may be allowed a further attempt at the examination without affecting the number of attempts available to them under relevant College regulations
- Given other consideration as deemed appropriate
- No action may be taken

Where the decision relating to an application for special consideration results in a candidate being granted extra or supplementary attempts at an examination, the decision will include a recommendation relating to the charging of fees or otherwise to the candidate for presenting at those attempts.

The remarking of an examination paper is not an option available under special consideration provisions, unless the candidate can demonstrate that an error in process or natural justice has occurred that warrants such action.

### 4. Application Requirements and Time Limits

Candidate should advise the College of circumstances that they feel may warrant special consideration as soon as they are aware that such circumstances exist, and communication with the College is possible. Initial notification to the College in writing (via email acceptable) on the official RANZCOG Application for Special Consideration form **MUST** occur no later than TWO days after the relevant examination was scheduled or held. Applications for Special Consideration should be directed to the Assessment Co-ordinator at the College.

There is an application fee payable. This fee must be included with the written application. In cases where applications are lodged via email or fax, a written authorisation for debit to the applicant's credit card is acceptable.

### 5. Late Applications

An application made after the relevant date, or not on the approved form, must be made to the Chair of

the College Education and Assessment Committee. Such applications will only be accepted if the Chair is satisfied that it was not possible for the application to have been made on the prescribed form or by the required date. Late applications **MUST** include an outline of the reason(s) why the application was not submitted by the due date. It should be anticipated that any application for special consideration in an examination made after the publication of results in that examination will not be normally accepted.

### 6. Appeals

Applicants for special consideration will be advised of the outcome of their application as soon as is practicable after a decision is reached. Applicants may appeal against the decision made in relation to their application through the normal College appeals procedure outlined in Section 19 of the College Regulations and in *Subspecialties Committee Policies and Procedures Handbook*.

### Applicant's Checklist

To assist your application, please ensure that you have completed these steps.

- Have you read the "Special Consideration Guidelines for RANZCOG Examinations" information?
- Have you notified/discussed your application with the College Assessment Co-ordinator?
- If your application relates to circumstances that arose during an examination, did you advise the examination invigilator, local organiser or Examination Co-ordinator as appropriate? If 'yes', you should include this in your written statement.
- Have you attached supporting documentary evidence?
- Have you specified why you are seeking special consideration?
- Have you written a statement outlining how the illness/difficulty has affected your studies or examination preparation and/or performance?
- Have you included or authorised payment of the appropriate fee?

### Application Form

The application form for Special Consideration is available on the College website:

[www.ranzcog.edu.au/trainees/pdfs/assessment/special-consideration.pdf](http://www.ranzcog.edu.au/trainees/pdfs/assessment/special-consideration.pdf)

## 8.0 CONTINUING CERTIFICATION

Please refer to the *Subspecialties Committee Policies and Procedures Handbook* for information about Cognate Point requirements for Recertification and the process for dealing with Subspecialists who default which is relevant to all Subspecialties.

# **PART C: APPENDICIES**

## **APPENDIX 1: TERMINOLOGY**

### A1.1 ACRONYMS

**AAVIS**

Australian Association of Vaginal & Incontinence Surgeons

**AGES**

Australian Gynaecological Endoscopy Society

**AMC**

Australian Medical Council

**ANZJOG**

Australian & New Zealand Journal of Obstetrics and Gynaecology

**CFA**

Continence Foundation of Australia

**CGO**

Certification in Gynaecological Oncology

**CMFM**

Certification in Maternal Fetal Medicine

**COGU**

Certification in Obstetrical and Gynaecological Ultrasound

**CPD**

Continued Professional Development

**CREI**

Certification in Reproductive Endocrinology and Infertility

**CU**

Certification in Urogynaecology

**DDU**

Diploma of Diagnostic Ultrasound (available through Australasian Society of Ultrasound in Medicine)

**EAC**

Education & Assessment Committee of the RANZCOG

**FIGO**

International Federation of Obstetricians and Gynaecologists

**FRANZCOG**

Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**FRCOG**

Fellow of the Royal College of Obstetricians and

Gynaecologists (UK)

**ICUE**

In-hospital Clinical Ultrasound Examination

**MCQ**

Multiple Choice Questions

**MRANZCOG**

Member of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**MRCOG**

Member of the Royal College of Obstetricians and Gynaecologists (UK)

**NASOG**

National Association of Specialists in Obstetrics and Gynaecology

**NHMRC**

National Health & Medicine Research Council

**O&G**

Obstetrics and Gynaecology

**OTS**

Overseas Trained Specialist

**OTSS**

Overseas Trained Subspecialist

**RACGP**

Royal Australian College of General Practitioners

**RACS**

Royal Australian College of Surgeons

**RANZCOG**

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**RCOG**

Royal College of Obstetricians and Gynaecologists (UK)

**SS**

Subspecialty

**TAC**

Training Accreditation Committee of the RANZCOG

**TAR**

Training and Assessment Record

# PART C: APPENDICES

## 1.0 TERMINOLOGY

### A1.2 ABBREVIATIONS USED / ACCEPTED IN CREI SUBSPECIALTY EXAMINATIONS AND TRAINING DOCUMENTATION

<b>Female Reproductive Medicine</b>	
OI-C	Ovulation induction with clomiphene
OI-FSH	Ovulation induction with follicle stimulating hormone
OI-GnRH	Ovulation induction with pulsatile GnRH
OS-OC	Ovarian suppression with oral contraceptives or other steroid combinations
OS-GnRHA	Ovarian suppression with GnRH agonists or antagonists
HRT	Hormone replacement therapy
AAT	Anti-androgen therapy
GEC	General endocrinology cases
PAG	Puberty/adolescent gynaecology
FPC	Family Planning (contraceptive) cases
NEC	Neuro-endocrinology cases
<b>Female Reproductive Surgery</b>	
TMS	Tubal micro-surgery
TR	Tubal reversal (microsurgical anastomosis)
BAS	Benign adnexal surgery (ovarian cystectomies etc)
MM	Myomectomy (laparotomy)
MP	Metroplasty (laparotomy)
HABL	Hysteroscopic endometrial ablation
HPP	Hysteroscopic Polypectomy
HMM	Hysteroscopic Myomectomy
HAD	Hysteroscopic division of adhesions
HMP	Hysteroscopic matroplasty (septoplasty)
LAH	Laparoscopic assisted hysterectomy
LAS	Laparoscopic excision adnexal tissue
LEE	Laparoscopic excision extensive endometriosis
TAH/BSO	Total abdominal Hysterectomy/bilateral salpingo-oophorectomy
<b>Andrology and Male Reproductive Surgery</b>	
MFC	Male factor (male infertility) cases
DAC	Diagnostic andrology cases (infertility)
DUC	Diagnostic Urology cases
MHRT	Male Hormone replacement therapy

VR	Vasectomy reversal	
MESA	Microsurgical epididymal sperm aspiration	
TESE	Testicular sperm or spermatid extraction	
TB	Testicular biopsy	
<b>Assisted Conception</b>		
LAP-OPU	Laparoscopic egg pick-up	
LAP-GIFT	Laparoscopic Gamete Intrafallopian Transfer	
LAP-ZIFT	Laparoscopic zygote (or pre-embryo) intrafallopian transfer	
TV-OPU	Transvaginal egg pick-up	
TV-GIFT	Transvaginal gamete intrafallopian transfer	
TV-ZIFT	Transvaginal zygote (or pre-embryo) intrafallopian transfer	
UET	Uterine embryo transfer	
<b>Imaging</b>		
LAP	Diagnostic Laparoscopy (+/- minor intervention)	
HYST	Diagnostic Hysteroscopy	
FAL	Fallopscopy	
SAL	Salpingoscopy	
HSG	Hysterosalpingogram	
US	Diagnostic Ultrasound	
UFT	Ultrasound follicle tracking	
CT	CT scan (interpretation with radiologist)	
MRI	MRI scan (interpretation with radiologist)	
<b>Laboratory Skills</b>		
IA	Immuno-assay	
SA	Semen analysis	
SP	Sperm preparation procedures	
IVF	In-vitro fertilisation procedures	
IVF-FERT	IVF fertilisation checks	
ICSI	Intracytoplasmic sperm injection procedures	
CYRO	Embryo freezing procedures	
PCR	Polymerase chain reaction procedures	
FISH	Fluorescent in-situ hybridisation procedures	
TEM	Transmission electron microscopy examinations	
SEM	Scanning electron microscopy examinations	

# PART C: APPENDICES

## 1.0 TERMINOLOGY

### A1.3 GLOSSARY OF TERMS

#### **Accreditation**

The formal process by which a hospital obtains recognition from the RANZCOG as a training site for RANZCOG Training Programs.

#### **Accredited Hospital**

A hospital which has been accredited by the RANZCOG as a training site for RANZCOG Training Programs.

#### **Applicant**

A FRANZCOG who meets the eligibility criteria described in Section 3.4 of the Certification in Obstetrical & Gynaecological Ultrasound Handbook.

#### **Area of Need (AoN)**

A national initiative to streamline the recruitment of overseas trained doctors (including O&Gs) to work in rural areas only. The prospective employer of an AON practitioner must refer the application to the RANZCOG for assessment and approval.

#### **Candidate**

A person attempting the Written and/or Oral Examinations and/or ICUE for the COGU/MFM subspecialty.

#### **Certification**

The formal recognition that a trainee, who has met all relevant selection and assessment criteria, is a CREI Subspecialist.

#### **Certification in Gynaecological Oncology (CGO)**

Certification in the treatment of genital malignancy after attaining Fellowship of the RANZCOG.

#### **Certification in Maternal-Fetal Medicine (CMFM)**

Certification in the area of maternal and fetal physiology and pathology after attaining Fellowship of the RANZCOG.

#### **Certification in Obstetrical and Gynaecological Ultrasound (COGU)**

Certification in obstetrical and gynaecological ultrasound after attaining Fellowship of the RANZCOG.

#### **Certification in Reproductive Endocrinology and Infertility (CREI)**

Subspecialty training of three years' duration in the treatment of reproductive endocrine disorders and infertility undertaken after attaining Fellowship of the RANZCOG.

#### **Certification in Urogynaecology (CU)**

Certification in the field of urogynaecology, after attaining Fellowship of the RANZCOG.

#### **Clinical Training Summaries (CTS)**

Sheets containing summaries of the clinical experiences (both primary operator procedures and assists) recorded by a trainee in their Logbook. These summaries are compiled by the trainee every six months and checked/signed by the Chair of the COGU Committee.

#### **Cognate Points**

Points accrued in the Continuing Professional Development Program in which all Fellows of the RANZCOG must participate to qualify for renewal of their Fellowship or Subspecialty Certification every three years.

#### **College**

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

#### **Continuing Certification**

The process of participating in the RANZCOG Continuing Professional Development Program (see next entry). Continuing Certification is also known as Recertification.

#### **Continuing Professional Development (CPD)**

The RANZCOG program for continuing professional development in which all Fellows of the College must participate to qualify for renewal of their Fellowship or Subspecialty Certification every three years.

#### **Consultant**

A specialist in obstetrics/gynaecology and Fellow of the College or Certified Subspecialist with whom a trainee trains in an accredited RANZCOG training site. Terminology

#### **Council**

The governing body of the RANZCOG with an elected term of two years.

#### **Credited Training**

A period of prospectively approved training of not less than a single six-month period for which a trainee has satisfactorily completed all assessment requirements and paid the necessary annual training fee.

#### **Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG)**

A diploma qualification for general practitioners who wish to obtain further post-graduate training in obstetrics and family planning.

NOTE: A further qualification, the DRANZCOG Advanced, is also available in recognition of the attainment of skills in advanced obstetrics and gynaecology beyond the DRANZCOG.

### **Diplomate**

A general practitioner who has obtained the Diploma of the RANZCOG (DRANZCOG).

### **Elective Program (EP)**

A prospectively approved and planned two-year training program in an area of interest to trainees, usually as part of their post-Membership training.

### **Elevation**

The formal recognition that a trainee who has met all relevant selection and assessment criteria is a Fellow (FRANZCOG) of the College.

### **Education & Assessment Committee**

A Standing Committee of Council responsible for developing and maintaining the requirements for examinations and assessments leading towards the MRANZCOG/FRANZCOG and Subspecialty qualifications.

### **Examiner**

A specialist in obstetrics/gynaecology formally approved by the RANZCOG to assess Written and Oral Examinations and ICUEs for MRANZCOG, DRANZCOG or a subspecialty.

### **Fellowship (FRANZCOG)**

The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment and administrative requirements for the designated 72 months of MRANZCOG/FRANZCOG training.

### **In-hospital Clinical Assessment**

An essential element of the MRANZCOG Training Program in the form of three hospital-based modules in consultation skills, diagnostic ultrasound, and colposcopy and the treatment of cervical disease.

### **In-hospital Clinical Ultrasound Examination**

An essential element of the COGU and CMFM Training Programs in Diagnostic Ultrasound.

### **Logbook (Daily Training Record)**

A record of clinical experiences available on the College website which trainees must maintain for every year of their MRANZCOG/FRANZCOG/ Subspecialty Training.

### **Membership (MRANZCOG)**

The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment requirements for the 48 months of prospectively approved MRANZCOG training, including In-hospital Clinical Assessment modules, and the MRANZCOG Written and Oral Examinations.

### **Mid-Semester Formative Assessment Form**

A compulsory mid-semester assessment of performance and progress, which Training Supervisors are required to complete for each of their subspecialty trainees.

### **National Selection Process**

A formal process of selection applying to all prospective trainees intending to undertake the Certification in Gynaecological Oncology (CGO), Obstetric and Gynaecological Ultrasound (COGU), Reproductive Endocrinology and Infertility (CREI), Urogynaecology (CU) and Maternal-Fetal Medicine (CMFM).

### **Occupational Training Visa (OTV)**

A visa required for an overseas practitioner taking up a short-term appointment in an O&G department of a hospital to gain additional training and experience. The employing hospital must apply to the College for approval of such appointments in order to obtain these visas from the Department of Immigration.

### **Overseas Trained Specialist (OTS)**

A medical practitioner in obstetrics/gynaecology who does not have an Australian or New Zealand primary medical degree and/or Australian/New Zealand residency status, and who must apply to the RANZCOG for assessment of their eligibility for specialist and/or subspecialist recognition.

### **Practice Improvement**

A process in which Fellows of the College review their work (individually or collectively) with the aim of improving or enhancing clinical practice by identifying areas for improvement or modification. Practice Improvement is part of the College's Continuing Professional Development (CPD) program.

### **Program Director**

A certified Subspecialist responsible for planning and co-ordinating a Subspecialty Training Program at an accredited Subspecialty Training Unit.

### **Recertification**

See Continuing Certification.

### **Register of Trainees**

The formal record of all those undertaking the DRANZCOG, MRANZCOG, FRANZCOG, Subspecialty Training Programs.

## **Regulations**

The formal stipulation of training requirements and the conduct of examinations and assessments approved by the Council of the RANZCOG.

## **Research**

Experience in research in clinical obstetrics and gynaecology, which all trainees must undertake during the RANZCOG Training Programs.

## **Research Project**

Original research work of sufficient quality and which meets the requirements of the relevant training program, which MRANZCOG/FRANZCOG trainees and subspecialty trainees who entered the training program from 1 December 2003 are required to submit as part of their assessment.

## **Six-Monthly Trainee Feedback Questionnaire**

A confidential questionnaire on all aspects of training, which trainees are asked to complete at the end of each six-month training period and send in to the College.

## **Six-Monthly Trainee Report**

A composite report on the performance of each trainee in the RANZCOG Training Programs compiled every six months by their Training Supervisor based on the individual assessments of the consultants with whom the trainee works.

## **Subspecialty**

A three-year post-Membership training program leading to a certificate in one of the following areas: Gynaecological Oncology; Maternal-fetal Medicine; Obstetrical and Gynaecological Ultrasound; Reproductive Endocrinology and Infertility; and Urogynaecology.

## **Subspecialty Committees**

Six committees (an umbrella committee and one for each subspecialty) responsible for the development and maintenance of training and assessment requirements to achieve qualification in a subspecialty.

## **Subspecialty Training Program**

A structured three-year postgraduate program leading to certification as a RANZCOG Subspecialist.

## **Trainee**

A medical practitioner, who meets the eligibility criteria described in the RANZCOG regulations and whose training has been prospectively approved), undertaking the MRANZCOG/FRANZCOG Training Program.

## **Trainee Assessment Form**

A form completed every six months by each consultant working with a trainee, assessing the trainee's knowledge, skill and attitudes. From these forms the relevant Training Supervisor compiles the Six-monthly Trainee Report.

## **Training Accreditation Committee of RANZCOG**

A standing committee of Council responsible for the development and maintenance of the training requirements for the MRANZCOG/FRANZCOG and Subspecialties, the approval of training hospitals and posts, the review of RANZCOG Training Programs, and the consideration of applications for Membership and Fellowship.

## **Training Assessment Record**

A collection of documents, compiled every six months, recording and presenting for assessment, all the completed training experiences of each subspecialty trainee.

## **Training Post**

A hospital position in an accredited hospital, which has been accredited by the RANZCOG as suitable for training towards MRANZCOG/FRANZCOG/Subspecialty Certification.

## **Training Supervisor**

A consultant and Fellow of the College, who is a member of staff in an accredited hospital, responsible for the co-ordination and ongoing supervision of RANZCOG trainees in that hospital, including the formal assessment of one or more trainees every six months.

## **Year of Training**

Each 12-month period of the three years comprising the relevant Subspecialty Training Program. Trainees must satisfactorily complete all three years.

### A2 CREI SUBSPECIALTY COMMITTEE FUNCTIONS & TERMS OF REFERENCE

**1.** Reproductive Endocrinology & Infertility Subspecialty Committee is a sub-committee of the Subspecialties Committee. It reports directly through the Subspecialties Committee to Council.

**2. Date of establishment**

The committee was established in 1991 as the Reproductive Endocrinology and Infertility Subspecialty Accreditation Board.

**3. Functions and Responsibilities**

The REI Subspecialty Committee is responsible for the overseeing the formulation and review of the training and accreditation policies leading towards the attainment of the Reproductive Endocrinology and Infertility subspecialty certification of the College. Recommendations on assessment matters are referred to Council through the Subspecialties Committee and the Education and Assessment Committee; recommendations on training and accreditation matters are referred directly to Council or to Council through the Subspecialties Committee. Recommendations concerning Overseas Trained Subspecialist assessments are referred by the Committee through the Subspecialties Committee to Council for consideration.

Such training, assessment and accreditation matters include, but are not limited to:

- The ongoing development, co-ordination and maintenance of the CREI Subspecialty Training Program
- The accreditation and review of CREI Subspecialty Training Units in Australia, New Zealand and other countries
- The approval of the individual training programs and assessment of the trainees enrolled in the CREI Subspecialty Training Program
- The formal recommendation to the Council of new training units and the re-accreditation of existing training units
- The reporting to the Training and Accreditation Committee of all matters pertaining to CREI subspecialty training
- The formal recommendation to Council of Reproductive Endocrinology and Infertility subspecialty certification for eligible trainees
- The assessment of Overseas Trained Reproductive Endocrinology and Infertility

Subspecialists in Australia and New Zealand

- The appointment of working groups to undertake specific developmental and planning tasks relating to CREI training and accreditation.
- The recommendation of all matters to the Subspecialties Committee on matters relating to the College assessment process, including the Research Project, Written and Oral Examinations
- The resolution of trainee / supervisor problems or concerns. Any matter which the Committee is unable to resolve must be referred to the Subspecialties Committee.
- The consideration for confirmation of other than unsatisfactory trainee reports, and other concerns regarding trainee performance and progress.
- Matters on which no precedent has been established, matters of policy, new issues, specific referral matters and matters requiring the benefit of full committee discussion will be considered by the entire Committee or referred to the Subspecialties Committee.

**4. Membership**

The Committee shall consist of:

- the Chair, appointed by Council on the nomination of the committee
- two members of the subspecialty elected by the subspecialists
- two subspecialists nominated by the Subspecialty Committee and recommended to Council without election
- a subspecialist certified for less than five (5) years to represent trainee interests
- a specialist appointed by Council
- the Chair of the Subspecialties Committee (ex officio)
- the Deputy Chair, nominated and elected by the committee

CREI Subspecialty Committee members may be appointed for a maximum of three (3) two-year terms.

At the end of the final term of appointment as a Committee member, a Committee member must wait at least two (2) years before being eligible to be a Committee member again.

**5. Chair**

The Chair is a subspecialist appointed by the Council of the RANZCOG on advice from the CREI Subspecialty Committee. Subspecialty Committee Chairs may be appointed for a maximum of two two-year terms.

# PART C: APPENDICES

## 2.0 CREI SUBSPECIALTY COMMITTEE

This may require an extension of the three two-year terms allowed as a Committee member. Subspecialty Committees confirm the appointment of the Chair at the end of each two-year term.

The functions and responsibilities of the Chair shall include:

- Chairing one face-to-face meeting of the Committee and two teleconference meetings of the Committee per year.
- Signing off on unsatisfactory six-monthly subspecialty trainee reports
- Having delegated authority to deal with Committee matters of a routine and administrative nature. Matters dealt with by the Chair will be tabled at each Committee meeting.

The Chair may reasonably expect to work in close collaboration with the Subspecialties Co-ordinator and staff of the relevant departments at College House to ensure the implementation and facilitation of policy matters, decisions and administration as they pertain to the work, responsibilities and functions of the CREI Subspecialty Committee.

Where the Chair is unable to act, owing to conflict of interest or otherwise, the Deputy Chair shall assume the role of Acting Chair, with the full powers of the Chair, until such time as the Chair is able to return to the position or a new Chair is appointed.

### 6. Quorum

Meetings of the CREI Subspecialty Committee will require a minimum attendance of half of the members plus one. In the absence of the Chair, meetings will be chaired by the Deputy Chair.

### 7. Agenda items

All CREI Subspecialty Committee agenda items must be forwarded to the Subspecialties Co-ordinator by close of business 20 working days prior to the next scheduled meeting.

The Chair has the right to refuse to list a late item on the formal agenda, but members may raise an item under 'Other business' if necessary and as time permits.

The Committee agenda and meeting papers will be distributed at least 10 working days prior to the next scheduled face to face meeting. Where the meeting is to be held by teleconference, the agenda and attached meeting papers will be distributed no later than **24 hours** prior to the teleconference.

### 8. Minutes and Meeting Papers

Minutes of meetings of the CREI Subspecialty Committee, including attachments and action lists, will be available for approval by the Chair ten (10) working days following meetings. Following approval by the Chair these documents will be circulated to committee members within seven (7) days.

By agreement of the committee, out of session decisions will be deemed acceptable. Where agreed, all out of session decisions shall be recorded in the minutes of the next scheduled committee meeting.

### 9. Frequency of Meetings

The CREI Subspecialty Committee shall meet three times a year prior to each Council meeting, once at a face to face meeting and twice by teleconference, or as required.

### 10. Review of Terms of Reference

As stipulated in Clause 15.1 of the College Constitution, the continuing need for the CREI Subspecialty Committee shall be reviewed by the College Council at least every two years. This will necessarily include a review of the Terms of Reference.

### 11. Approval Process and Date for Next Review

Approved by: RANZCOG Council

Date approved: 22 November 2008

Date of next review: November 2010

