RANZCOG
Excellence in Women's Health

RANZCOG | CREI
Certification in Reproductive Endocrinology and Infertility

Training Program Handbook

Certification in Reproductive Endocrinology and Infertility (CREI)

ranzcog.edu.au

THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
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IMPORTANT NOTICE:
INFORMATION AND REGULATIONS IN THIS HANDBOOK

RANZCOG Regulations

Every effort has been made to ensure that the information and Regulations in this Handbook were correct at the time it was produced. The Regulations are available the RANZCOG website via the following link:

RANZCOG Regulations

RANZCOG Policies Relating to Training

For all RANZCOG policies governing the CREI Training Program refer to the following link:

RANZCOG Policies and Procedures Directory

Updates

A regularly updated version of the Handbook is available on the RANZCOG website, and readers should always consult the website version when checking Information or Regulations.

Published by

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Djeembana, 1 Bowen Crescent, Naarm (Melbourne), Victoria 3004, Australia

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College Vision, Mission and Values

Vision

Excellence and equity in women's health

Mission

To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health

Values

Advocacy

We are a leading voice for equity, social justice, fairness and evidence-based policy

Education

We embrace the opportunity to learn, share knowledge and experience through innovation, discovery and research

Excellence

We are committed to performance at the highest standard in our work, training, research and support.

Integrity

We act honestly, ethically and with accountability towards everyone and in everything we do

Kindness

We act with compassion and care towards ourselves and one another.

Respect

We expect and promote inclusivity, valuing individual rights, beliefs and choices

College Information

Staff Contact Details

CREI Training Program Coordinator

Phone: +61 3 9412 2990

Email: crei@ranzcog.edu.au

Examinations Department

Email: assessment@ranzcog.edu.au

Training and Support Unit

Email: traineeliaison@ranzcog.edu.au

Phone: +61 8 6102 2096

Website: RANZCOG Member Wellbeing and Support

College Training and Education Committees

Standing Committees of the Board have been established to formulate and review training and assessment requirements leading towards the attainment of subspecialty certification. Board Committees usually meet in March, July and November.

Certification in Reproductive Endocrinology and Infertility (CREI) Subspecialty Committee

Chair: Dr Phillip McChesney

The CREI Subspecialty Committee is responsible for overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Reproductive Endocrinology and Infertility Subspecialty Certification of the College. It reports to the RANZCOG Board via the Subspecialties Committee and Education Standards Committee (ESC). Recommendations on assessment matters are referred to the RANZCOG Board through the Subspecialties Committee and the Examinations and Assessment Committee; recommendations on training and accreditation matters are referred to the RANZCOG Board through the ESC and Subspecialties Committee. Recommendations concerning Specialist International Medical Graduates (SIMG) assessments for RANZCOG subspecialty recognition are referred by the Committee through the Subspecialties Committee, ESC and SIMG Committee to the RANZCOG Board for consideration.

The CREI Subspecialty Committee is also the Board's expert representative on matters pertaining to their subspecialty. As such the CREI Subspecialty Committee may be asked to provide advice or contribute to requests as appropriate.

All correspondence pertaining to the work of these committees should be forwarded to the Chair of the relevant committee at the address below.

RANZCOG, Djeembana
1 Bowen Crescent
MELBOURNE VIC 3004
Email: crei@ranzcog.edu.au

Subspecialties Committee

Chair: A/Prof Michael Rasmussen

The Subspecialties Committee, through its five (5) subcommittees, is responsible for overseeing the formulation and review of the training, assessment and accreditation policies leading towards the attainment of subspecialty certification of RANZCOG.

Recommendations on assessment matters are referred to the RANZCOG Board in conjunction with the Education & Assessment Committee.

Recommendations on training and accreditation matters are referred directly to the RANZCOG Board.

The Committee is responsible for the assessment of Specialist International Medical Graduates (SIMGs) for RANZCOG subspecialist recognition and reports directly to the RANZCOG Board on this matter.

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

- overseeing the process of ongoing development, coordination and maintenance of RANZCOG's subspecialty training programs, the assessment of the trainees enrolled in those programs and approval of training supervisors.
- making recommendations to the RANZCOG Board, in conjunction with RANZCOG Education & Assessment Committee, on matters relating to RANZCOG assessment process, including the Research Project, Written and Oral Examinations and the In-hospital Clinical Examinations.

- overseeing the process of selection of subspecialty trainees.
- making recommendations to the RANZCOG Board of new training posts and the re-accreditation of existing training posts.
- reporting to and liaising with the Training Accreditation Committee on matters pertaining to subspecialty training.
- making recommendations to the Continuing Professional Development Committee on matters pertaining to recertification.
- overseeing the process of assessment of International Subspecialists applying for subspecialty recognition in Australia and New Zealand.

Education & Assessment Committee (EAC)

Chair: Dr Nisha Khot

The EAC is responsible for ensuring, maintaining and enhancing the integrity, validity and reliability of the individual and collective education and assessment components and associated processes pertaining to training programs run and administered by RANZCOG.

Such assessment components include, but are not limited to:

- Certificate in Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP), RANZCOG Associate Training Program (Advanced Procedural) (APTP), FRANZCOG and Subspecialty Written Examinations
- APTP, FRANZCOG and Subspecialty Oral Examinations
- In-hospital Clinical Assessments (IHCAs) and In-hospital Clinical Examinations (IHCEs)
- research component of the FRANZCOG Curriculum and Subspecialty programs
- trainee competence in defined O&G surgical procedures.

Education Standards Committee (ESC)

Chair: A/Prof Michael Rasmussen

The ESC oversees the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. The Committee is responsible for RANZCOG's training programs, including regular monitoring and evaluation and is delegated by the Board to make decisions relating to its area of responsibility.

The responsibilities of ESC include the following:

- oversight of all education, training, assessment and accreditation of RANZCOG programs to ensure contemporary and high quality delivery;
- consideration of ongoing developments in specialist medical education and training, ongoing monitoring of assessment processes and developments in training modalities, including simulation and other initiatives and consideration of possible application to College education and training programs;
- formulation of recommendations and development of discussion papers regarding strategic initiatives in line with RANZCOG's strategic objectives;
- development, implementation, monitoring, and evaluation of the currency, reliability and validity of all components of the RANZCOG Training and Assessment Processes;
- reviewing and responding to contemporary practices and AMC and MCNZ Standards for Specialist Medical Training in consultation with key stakeholders as appropriate;
- establishing Recognition of Prior Learning (RPL) panel from its members to assess, review and recommend assessment criteria for applicants who are prospectively approved to commence the FRANZCOG Training Program and see to obtain recognition of relevant training, which predates the commencement of their FRANZCOG training; and

- establishing prevocational pathway panels as required to review requirements for prevocational trainees (as set by AMC/MCNZ), oversee quality assurance and continuous improvement of the RANZCOG PVP (including update of educational content), and ensure completion of the PVP is aligned to FRANZCOG selection requirements.

Bullying, Harassment and Discrimination in the Workplace Policy

This policy relates to the behaviour of members, Fellows, and trainees of RANZCOG in roles pertaining to RANZCOG training, including supervision, oversight, reporting and assessment.

The purpose of this policy is to protect RANZCOG trainees, members and Fellows against bullying, harassment and discrimination in the workplace. The workplace includes training sites in public and private hospitals, private practice settings and RANZCOG environs.

RANZCOG is committed to ensuring fair and equitable workplace practices and does not tolerate bullying, harassment or unlawful discrimination in any workplace. Discrimination, bullying and harassment are prohibited by law and workplace participants who engage in such conduct may be held personally liable for their actions. This includes threatening behaviour, intimidation, exclusion or physical violence.

The full Bullying, *Harassment and Discrimination in the Workplace Policy*, is available on the RANZCOG website via the following link:

RANZCOG Policies and Procedures Directory

Trainee Support

Training Support Unit (TSU)

RANZCOG is committed to supporting trainees and therefore has established the TSU. This is a safe, professional and impartial service for trainees to contact should guidance and support, be required.

The Trainee Liaison has a background in mental health, counselling and public health services. The TSU encourages trainees, consultants and training supervisors to reach out at times of difficulty. The TSU can also assist with the following:

- processes for management of complaints
- development of resources
- referral to appropriate internal and external support resources and services
- identification of a range of potential intervention strategies

Trainees are encouraged to contact Carly Moorfield, Senior Coordinator, Trainee Liaison in times of personal or professional stress, anxiety or poor health.

Senior Coordinator, Trainee Liaison
Email: traineeliaison@ranzcog.edu.au
Phone: +61 8 6102 2096
Website: RANZCOG Member Wellbeing and Support

Converge International

To further support Trainees the TSU has established a partnership with Converge International. (Vitae is the NZ equivalent).

Converge International is a confidential support service that is open to our Trainees, 24/7 365 days a year. This service can be utilised for any personal or work-related matter.

- support is confidential and private
- EAP Counselling, Family Assist and Crisis Telephone Counselling Sessions (these are funded by RANZCOG)
- support that can be tailored to meet our Trainees needs (face-to-face, telephone or online)
- services are available across Australia and New Zealand (Vitae – NZ equivalent)

For more information please contact: Converge International on:

Phone: 1300 687 327 (Australia)
Phone: +64 0800 666 367 (New Zealand)
Phone: +61 386 205 300 (International)
Website: Converge International

RANZCOG Exceptional Circumstances and Special Consideration

This policy outlines the criteria and processes by which those individuals subject to RANZCOG regulations and/or policies pertaining to a range of requirements, including those associated with training and assessment, may apply for variation to the normal requirements on the grounds of exceptional circumstances that may justify special consideration.

As such, the application of this policy includes the following groups:

- Applicants for a position on a RANZCOG training program
- Trainees undertaking the Basic training or advanced training components of the FRANZCOG training program
- Trainees undertaking a RANZCOG Subspecialty Training Program
- Trainees undertaking the Certificate of Women's Health, PTP or the APTP
- Specialist International Medical Graduates (SIMG) being assessed for comparability to a RANZCOG trained specialist in obstetrics and gynaecology or suitability for an area of need position, or undertaking training / assessment / supervision requirements as part of a pathway to obtain RANZCOG Fellowship
- SIMG being assessed for comparability to a RANZCOG trained Subspecialist or undertaking training / assessment requirements as part of a pathway to obtain certification by RANZCOG as a Subspecialist
- Fellows and other College members required to undertake a continuing professional development (CPD) program

The Exceptional Circumstances and Special Consideration policy is available on the RANZCOG website via the following link:

Exceptional Circumstances and Special Consideration Policy

This policy should be read in conjunction with the RANZCOG's reconsideration, review and appeals procedures, and the processes described therein. This is available on the RANZCOG website via the following link:

Reconsideration, Review and Appeal of Decisions Policy

Training Administration

Components of the CREI Training Program

The CREI training program consists of three (3) clinical years, all of which must be prospectively approved. It includes the following elements:

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 RANZCOG 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 three (3) hours per week for one semester.

Minimal Surgical Procedures

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

- Assistance at five (5) microsurgical cases performed by a CREI training centre approved microsurgeon
- Assistance at one (1) anastomosis / performance alternate anastomosis to count as one (1) case when supervised by a CREI accredited training centre approved microsurgeon
- Performance of five (5) microsurgical cases overall
- Involvement in a CREI Subspecialty Committee approved laboratory / animal research project supervised by a CREI training centre approved microsurgeon (counts for a maximum of five (5) cases overall)
- Documented microsurgical cases supervised by a CREI training centre approved microsurgeon during FRANZCOG training to count to a maximum of five (5) cases

Procedural Skills Assessment

Trainees are expected to be competent to independently perform specified procedures as the primary operator by the end of the three (3)-year training program. These procedures are in the areas of:

- Diagnostic
- Adnexal surgery
- Uterine surgery
- Endometriosis surgery
- Art
- Male reproductive surgery
- Imaging

Multisource Feedback (MSF)

An MSF survey will be coordinated by College staff on all first-year trainees in Semester 2 of Year 1. It is used as part of the comprehensive feedback given to trainees.

A Year-By-Year Guide for Trainees

<table>
<tr><th></th><th>Year 1</th><th>Year 2</th><th>Year 3</th><th>Post Year 3</th></tr>
<tr><td>Prospective Approval</td><td colspan="3">Statement of Understanding (SoU),
Registration (Form A) &
Prospective Approval (Form B)
Submit annually (each calendar year) eight weeks prior to commencement of each training year</td><td>Statement of Understanding (SoU)
Registration (Form A)
Submit annually prior to 31 January</td></tr>
<tr><td rowspan="6">Clinical Training Program Requirements and Assessments</td><td colspan="3">Minimum Surgical Procedures
Observe, assist and personally perform a minimum number of microsurgical procedures</td><td rowspan="6">Post Year 3 Progress Report (Replaces TAR)
Submit 6 monthly report until completion of training components</td></tr>
<tr><td colspan="3">Statistics Course
Completion of a prospectively approved assessable statistics course offered by a tertiary institution, with instruction of at least three (3) hours per week</td></tr>
<tr><td colspan="3">Submit Formative Appraisal Report (FAR) within four (4) weeks of the end of each relevant three (3)-month period (mid-semester)</td></tr>
<tr><td colspan="3">Submit Training Assessment Record (TAR) including summative assessment report Submit within six (6) weeks of the end of each relevant six (6) -month period the following:
Summative Assessment Report (completed by Training Supervisor)
Clinical Training Summary (CTS) - two Clinical Training Summaries (one for the period covering the current training period and one cumulative from the commencement of training).
Assessment of Procedural Skills (APS) Summary Sheet
Scholarly Elective Research or Non-Research Stream Progress Report
Online Trainee Feedback Survey</td></tr>
<tr><td colspan="3">Assessment of Procedural Skills (APS)
Complete Nine (9) compulsory APS by end of Year 3 of Clinical Training</td></tr>
<tr><td>Multi-Source Feedback (MSF) Year 1 Semester 2
Coordinated by College Staff</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Scholarly Elective Research Stream & Non-Research Stream</td><td>Scholarly Elective Prospective Approval Proposal and Timeline (to be included with TAR 1.1)</td><td colspan="2">Trainee Submission Timeframes - Research Stream Option
For Trainees who commenced subspecialty training prior to 1 December 2018 the research project must be submitted for assessment within two (2) years of completion of clinical training and satisfactorily assessed within three (3) years of completion of clinical training.
For trainees who commenced subspecialty training from 1 December 2018 the re project must be submitted for assessment within one (1) year of completion of training and satisfactorily assessed within three (3) years of completion of clinical tr</td></tr>
<tr><td>Scholarly Elective Prospective Approval Proposal and Timeline - Final Approval (to be signed off by end of Year 1)
Research Stream – include ethics committee approval (if required)
Non-Research Stream
Final Approval of Course</td><td colspan="2">Trainee Submission Timeframes - Non-Research Stream Option
For trainees who commenced Subspecialty training from 1 December 2018 the Non-Research Stream must be satisfactorily completed within three (3) years of completing the clinical component of CREI training (138 weeks).
All Non-Research Stream trainees must submit evidence of completion of the prospectively approved course and will be approved by the CREI Subspecialty Committee/Chair.</td></tr>
<tr><td>Exams</td><td></td><td colspan="2">Written and Oral Examinations
(first attempt after forty-six (46) weeks FTE satisfactory training)</td></tr>
</table>

Requirements of the CREI Subspecialty Training Program

Clinical Training Program Requirements

- Each year of clinical training must be prospectively approved
- Year 1 of clinical training must be spent in a prospectively approved RANZCOG accredited CREI subspecialty training unit in Australia or New Zealand and may be completed as either part-time (minimum 0.5FTE) or full-time training
- Subsequent years may be completed either full-time or part-time, with a maximum of two (2) years extended leave
- Must be undertaken in a minimum of two (2) accredited CREI training units during the three (3)-year training program unless otherwise prospectively approved by the CREI Subspecialty Committee. The minimum time in one (1) unit will be the equivalent of six (6) months' full-time training
- Clinical training must be completed in five (5) years (excluding extended leave)
- Desirable that part of the program is in a prospectively approved unit outside Australia or New Zealand
- Trainees may spend up to one third of the three (3) years of clinical CREI training time in on-going research
- Trainees must perform and assist with a minimum of surgical procedures
- Completion of Scholarly Elective
- Trainees must spend a minimum and maximum of 20% of clinical training time in ongoing research
- Completion of nine (9) Compulsory Assessment of Procedural Skills (APS) by the end of Year 3 of clinical training
- Trainees must complete a prospectively approved examinable university-based statistics course
- Multi-Source Feedback (MSF) in semester 2 of Year 1 of clinical training
- Trainees are required to complete and submit the following documents as part of their CREI Subspecialty training:
    - Prospective Approval (PA); annually
    - Formative Appraisal Report (FAR); mid-semester
    - Training Assessment Record (TAR); six (6)-monthly
    - Post Year 3 Clinical Training Progress Report; six (6)-monthly

Eligibility to Commence Training in the CREI Subspecialty Training Program

Following the Subspecialty Selection process, and after being deemed eligible for CREI training, to become a CREI trainee and commence CREI training, doctors must:

- have the FRANZCOG; or have the following:
    - For those trainees who commenced the FRANZCOG training program during the period 1 December 2003 to 30 November 2013 they must have successfully completed all requirements of Basic training in the FRANZCOG training program as well as the FRANZCOG Written and Oral examinations, and advanced surgical skills assessment.
    - For those who commenced the FRANZCOG training program from 1 December 2013 they must have successfully completed all requirements of Basic training in the FRANZCOG training program, which includes the FRANZCOG Written and Oral examinations, as well as satisfactorily completed the research component of the FRANZCOG training program.
- Current Medical Registration with the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ) as per Regulation C1.2.2.3
- An appointment to an accredited CREI training position
- Submission and approval of the Prospective Approval (PA) application

Prospective Approval (PA)

Following confirmation of being selected eligible to join the Reproductive Endocrinology and Infertility (CREI) Training Program trainees must submit a prospective approval of training at least eight (8) weeks prior to the commencement of training. Only training that has been prospectively approved will be credited by RANZCOG.

To be prospectively approved, applicants applying to commence the CREI Training Program should complete the following:

- Statement of Understanding (SoU)
- Registration (Reg) Form A
- Prospective Approval (PA) Form B

These forms can be found on the RANZCOG website via the following link:

CREI Training Documents and Resources

In some circumstances, a trainee who was selected eligible to join the CREI training program may be eligible to begin their training in August of the year they were interviewed provided the applicant is:

- Is already working in an accredited training unit with an accredited position available for them to commence in August; and
- Has completed eligibility requirements for commencement for CREI training as per the RANZCOG Regulations, or is a FRANZCOG

In such a case, a SoU, Reg and PA must still be submitted eight (8) weeks prior to commencement of training. If commencing in August, this Prospective Approval will apply for six (6) months (one (1) semester only).

All CREI Trainees are required to apply for prospective approval of training for each calendar year of clinical training. Application for prospective approval must be submitted at least eight (8) weeks prior to commencement of the relevant training period.

Some trainees find that circumstances and opportunities change from their prospectively approved position during the CREI Training Program. The trainee and the Training Supervisor should communicate this to the CREI Subspecialty Committee Chair as soon as possible.

Applying for Part Time Training

For trainees in the CREI Subspecialty Training Program, Years 1-3 may be undertaken as part time training.

All part time training must be at least half of the full-time training requirement (0.5 FTE) for the relevant training period. The duration of the training program will be extended for that trainee. All part time training must include a range of experience appropriate to the trainee's year level, and must include appropriate supervision.

Applying for Leave from CREI Subspecialty Training

Annual Leave and Professional Development Leave (PDL)

The maximum number of weeks able to be credited in any period covered by a six (6)-monthly summative assessment is twenty-six (26) weeks FTE with a maximum of forty-six (46) weeks FTE of training able to be credited for training undertaken in a 'subspecialty training year'.

A 'subspecialty training year' consists of two (2) consecutive six (6) month training blocks based around (but not confined to) a calendar year and is determined by the CREI Subspecialty Committee. This applies irrespective of any government or hospital leave entitlements which may operate in a state or region.

In addition to the six (6) weeks leave per year allowed, trainees are permitted up to two (2) weeks (ten (10) days) of study/conference leave per year, which is recognised as part of active clinical services professional development.

With each six (6)-monthly summative assessment, the trainee and their supervisor must sign off on the number of weeks of leave taken during the six (6)-month training period. The nature of the leave must also be indicated.

Extended Leave

Trainees may interrupt their training to take extended leave from the training program for a maximum of 104 weeks cumulative, but only 52 weeks' leave can be approved at any one time and includes parental leave taken while on the training program.

All extended leave must be prospectively approved by the Chair of the CREI Subspeciality Committee and as from **1 August 2019** the 'clock will stop' when a trainee applies for extended leave and will not be included in the aggregate of all time requirements in the CREI Training Program.

The application for extended leave approval must be made with the knowledge and agreement of the training supervisor.

Accredited Training Units

Prospective candidates should note that trainees commencing Subspecialty training in all Subspecialties must undertake subspecialty training in a minimum of two (2) training units during the three (3)-year clinical training program. For CREI trainees, training must be in two (2) accredited CREI training units unless otherwise prospectively approved by the CREI Subspecialty Committee. The minimum time in one unit will be the equivalent of six (6) months' full-time training.

The intent of the requirement is to ensure that trainees are exposed to educational and training diversity with a variety of procedures and methods that are obtained with different training supervisors preferably in different geographical locations. If the CREI Subspecialty Committee considers than the intended second training unit is not substantially different from the first training unit, the application may be declined, and the trainee will require to find another unit either in Australia and New Zealand or overseas.

Further information on Subspecialty Accredited Training Units can be found on the RANZCOG website via the following link:

Subspecialty Accredited Training Units

Training in an Overseas Training Unit

All overseas training must be prospectively approved and assessed by the CREI 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, trainees overseas are required to submit all training documentation within the specified timelines to the CREI Training Program Coordinator. The guidelines and regulations that govern registration, fees and training documentation also apply to trainees overseas.

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.

Training Documentation

Online Logbook

Trainees are required to keep a logbook of their daily training for each year of clinical training. The online logbook can be found via the My.RANZCOG training platform at the following link: my.ranzcog.edu.au .

The contents of the logbook must be reviewed online by the training supervisor. The trainee logbook must record:

- Clinical experience
- Attendance at meetings
- 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 six (6)-monthly summary of training experiences which trainees are obliged to submit online
- The six (6)-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 clinical training
- They are used by RANZCOG to monitor the experience provided for the trainee by the training units
- It makes up a component of the formal proof of training, which trainees are obliged to provide to RANZCOG when requested
- The Chair of the CREI Subspecialty Committee, or training supervisor, or Program Director may view the logbook for verification or clarification of details in the training period

Completing the Online Logbook

- The online logbook is used by each trainee as a personal record of all required procedural and other training experiences in every year of subspecialty clinical training. Use of the online logbook is mandatory for all trainees
- The online logbook is accessible via any web browser as both a desktop interface, and a mobile friendly interface
- A **paper** logbook **should not** be used; nor should any electronic version of the logbook which individual trainees may have created for their own convenience
- Features of the new logbook include predictive search for procedures, default hospital settings, and automatic classification and tallying of entries
- Online logbook entries made during a semester are not accessible for supervisors to review. Logbook entries must be provided to training supervisors as part of the six (6)-monthly summative assessment process
- The online logbook is an essential proof of training and trainees should always keep their logbooks up to date
- To be submitted within Six (6) months of the end of each relevant training period

Formative Appraisal Report (FAR)

The three (3)-monthly Formative Appraisal Report (FAR) is a compulsory assessment of a trainee's knowledge, skills and attributes. Trainees MUST complete a self-assessment of their strengths and challenges before meeting with their Training Supervisor to discuss their performance during the relevant training period.

The FAR must be completed and submitted within four (4) weeks at the end of each relevant three (3)-month period.

Training Assessment Record (TAR) *(including six (6)-monthly consultant summative assessment report)*

The six (6) monthly training assessment record (TAR) including the summative assessment report is designed to provide the CREI Subspecialty Committee Chair, Training Supervisor and RANZCOG with a presentation of all training and assessment achievements. It also enables trainees to record progress made in other components of the CREI training program.

The TAR must be completed and submitted within six (6) weeks of the end of each relevant six (6)-month period.

Every Six (6) Months, Trainees Must:

- Ensure the online logbook is up to date
- If the training period altered significantly from the prospectively approved timetable (during the six (6) months), trainees must provide details of the changes indicating the altered training experiences
- Attach an application for approval of Scholarly Elective: (Research Stream or Non-Research Stream) Proposal and Timeline OR Complete the trainee section of the Scholarly Elective; Research Stream (Research Project) or Non-Research Stream Progress Report and have the training supervisor complete the training supervisor section of the report
- Complete the components of the CREI training program record, with the specific name, venue and date of the completed biostatistics course, and have it signed by the training supervisor
- Complete the trainee participation in other professional development activities
- All RANZCOG CREI trainees are required to provide a confidential evaluation of their training unit via an Online Trainee Feedback Survey. The aim is to identify strengths and weaknesses within training units that, where appropriate, improvements in a training unit may be encouraged. The CREI Subspecialty Committee Chair (or nominee) will contact the trainee to discuss any identified weaknesses and the best approach to improve the situation.
- Trainees must complete and sign their TAR with their Training Supervisor

Every Six (6) Months, Training Supervisors Must:

- Distribute consultant assessment forms to each consultant with whom the trainee has worked before the six (6)-monthly summative assessment meeting with the trainee
- This report is used for the following purposes:
  - It provides the Training Supervisor with feedback on the trainee's performance from the consultants with whom the trainee has worked
  - It provides RANZCOG with feedback on the trainee's progress
  - Where a trainee receives 'below expectation in two (2) or more competencies by two (2) or more consultants, the Training Supervisor must tick the box 'referred for review to the CREI Subspecialty Committee' on these summative assessment reports and a learning development plan must be submitted with the report
  - Training Supervisors must complete, review and sign the TAR with their Trainee

Submitting Training Documentation and Deadlines

Key submission dates are available on the RANZCOG Website via the following link:

Key submission dates

Trainees who do not receive satisfactory six (6)-monthly summative assessment reports must submit a Learning Development Plan (LDP) and may be referred and discussed by the CREI Subspecialty Committee. A recommendation may 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.

If a trainee fails to submit the formative appraisal report within four (4) weeks of the end of the relevant training period, or the training assessment record within six (6) weeks of the end of the

relevant training period, the relevant training period will be assessed as 'Not Satisfactory' and will not be credited.

At this time the trainee will receive a letter from the CREI Subspecialty Committee Chair advising this fact and further advising that if there is a second occasion when the formative appraisal report or the training assessment record are not submitted within the stipulated timeframe, they will be recommended for removal from the program. No further warnings will be provided.

Post-Year 3 Training Progress Report

At the completion of clinical training trainees are advised to nominate a mentor/supervisor who shall provide input into a progress report toward the completion of any outstanding assessment requirements. These reports must be submitted at six (6) months post clinical training and thereafter every following six (6) months, until all requirements are completed, and trainees are eligible to apply for certification.

Please note you must not identify yourself as a Specialist in Reproductive Endocrinology and Infertility until all training requirements are satisfactorily completed, including the Written and Oral examinations as well as the prospectively approved research project and you have been certified by the RANZCOG Board.

Scholarly Elective: Research Stream (Research Project)

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. The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper. A Cochrane Review, which must be prospectively approved by the CREI Subspecialty Committee, with the trainee as first author, also meets the CREI research requirement.

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 Prospective Approval of Scholarly Elective Proposal and Timeline, including timelines, must be submitted with the first six (6)-month training documentation within the approved timeframe for submission of training documentation. A detailed final proposal of the Scholarly Elective: Research Stream with institutional ethics approval, if necessary, must be submitted to the CREI Subspecialty committee for approval by the end of the first forty-six (46) weeks FTE of training, within the approved timeframe for submission of training documents. Progress reports must be submitted with training documentation with six (6)-monthly Training Assessment Records.

Post Year 3 Clinical Training – Progress Reports must be submitted at six (6) months post clinical training and thereafter every following nine (9) months, until all requirements are completed, and trainees are eligible to apply for certification.

Trainees must nominate a Research Supervisor. The supervisor could be the trainees previous Training Supervisor or other research mentor.

For trainees who commenced subspecialty training **prior** to 1 December 2018 they must submit their research paper for assessment within Two (2) years of completion of clinical training and the research paper must be assessed satisfactory within Three (3) years of completion of clinical training or the candidate will be recommended for removal from the training program.

For trainees who commenced subspecialty training **from** to 1 December 2018 they must submit their research paper for assessment within One (1) year of completion of clinical training and the research paper must be assessed satisfactory within Three (3) years of completion of clinical training or the candidate will be recommended for removal from the training program.

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

Scholarly Elective Research Stream Assessment Outcomes

If the study is assessed as 'not satisfactory but suitable for resubmission' by both assessors, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6) calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with minor revisions, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6) calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with major revisions, the CREI Subspecialty Committee Research Advisor, will appoint a third assessor who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be the final assessment for the research study.

Scholarly Elective Research Stream Resubmission

In the event that the assessors submit differing assessments for a resubmitted study a third assessor will be appointed by the CREI Subspecialty Committee who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be taken as the final assessment for the research study.

If the study is assessed as unsatisfactory for a second time, the CREI Subspecialty Committee will review the result, and the relevant Chair will provide a report on the Study and its assessments for the full Subspecialties Committee. A recommendation will be forwarded to the Chair of the Education & Assessment Committee about an appropriate course of action. The final decision on the most appropriate course of action will be made by the Chair of the Education & Assessment Committee in consultation with Subspecialty Committee Chair.

Important Points

1. Proposals, progress reports and the research paper must be submitted to the TAR.
2. Case reports and review articles are not acceptable for the thesis.
3. All submissions for assessment must include the candidate statement for research papers detailing the trainee's role in the project. This is available from the RANZCOG website.

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 Scholarly Elective (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 complete the Exemption from Scholarly Elective (Research Project) Application, available from RANZCOG website. This application must be submitted to the Chair of the CREI Subspecialty Committee with the Year 1 prospective approval on commencement of subspecialty training.

Details of ongoing research must be documented in the Scholarly Elective (Research Project) progress sections and submitted with each TAR.

Scholarly Elective: Non-Research Stream

The CREI Subspecialty Committee have introduced a new Scholarly Elective stream for trainees who wish to undertake further vocational training instead of a research project.

Commencing 1 February 2023, the Scholarly Elective: Non-Research Stream option will be available to the CREI Training Program. Options for CREI trainees include either:

- Research Stream (previous name "Research Project") or
- Non-Research Stream

To be considered for prospective approval the minimum requirements for the Non-Research Stream option must meet the following requirements:

- The course must progressively build on any previous RANZCOG training and have future vocational relevance
- The course cannot be a repetition of a part of the current CREI curriculum. Information on the CREI Curriculum is outlined later in this handbook.
- The course must provide complementary skill or educational development to the CREI Training Program noting that the course is to:
    - Prepare practitioners for their future careers; and/or
    - Broaden their education and educational opportunities.
- Limited to one course of study (not a combination of several courses)
- The course meets the minimum criteria of an Australia Framework Qualification (AQF) Diploma Level 5 (or above) or New Zealand Framework Qualification (NZQF) Diploma Level 5 (or above)
- The course submitted must be recognized at a Tertiary Institute or Professional College within Australia or New Zealand.

All CREI trainees who want to submit a Non-Research Stream PA are required to provide a statement to discuss in detail how the course chosen will progressively build on the CREI training and benefit their future career.

Approval for the Non-Research Stream is subject to the CREI Subspecialty Committee.

Core Course Features

Structured assessment tool that may be part of the course.	Exams	
	Workplace assessment	
	Ongoing progress reports	
	Submission of thesis and/ or assignments	
	Other	
Subjects There is no limit on topics – subject to CREI approval noting that the topic must build progressively on previous studies/ training and must have future vocational relevance	Anthropology	Endocrinology
	Business/Medical Administration	Robotic surgery (structured course with audit)
	Clinical chemistry	Male reproductive health/urology/andrology
	Commerce / health economics	Embryology
	Education	Pharmacology
	Epidemiology	Philosophy
	Ethics	Politics
	Genetics (Advanced knowledge)	Psychological Medicine
	Grief or Bereavement Counselling	Global /Public Health
	Information technology / systems engineering	Sociology
	Law/legal medicine	Transgender medicine

Non-Research Stream Proposal and Timeline

To apply for the Non-Research Stream CREI trainees must submit and complete the Scholarly Elective Proposal and Timeline Application, with the first Training Assessment Record (TAR), which is submitted at the end of the first six (6) months of training. If resubmission is required, final submission for approval of the Non-Research Stream course must be sent with the second six (6)-monthly TAR.

All Prospective Approval of Scholarly Elective Proposal and Timeline and /or Special Consideration Applications must be approved by the CREI Committee or nominated Research Stream / Non-Research Stream Committee Advisor.

Non-Research Stream Submission and Timeframes

CREI trainees who elect the Non-Research Stream must complete the prospectively approved course within three (3) years of completing the clinical component of training.

Trainees are required to submit progress reports at six-month intervals until successful completion of the course.

All assessment-related components of the Non-Research Stream will be independent of RANZCOG and will rest solely with the institution with whom the training is conducted.

Evidence of completion must be submitted and approved by the CREI Subspecialty Committee. In all cases, the assessment of satisfactory completion rests with the CREI Subspecialty Committee.

Trainees who are not enrolled in a course with a tertiary institution which will result in the awarding of a Diploma or higher degree will need to have an approved Mentor who holds a CREI, preferably is a past or current member of the Committee and is prepared to be available wherever possible for the duration of the course/project.

Trainees may take time off to complete the course; however, the Accreditation timetable may be impacted

Recognition of Prior Learning (RPL) from Scholarly Elective Non-Research Stream

Where a course equivalent to that required in the Non-Research Stream has been completed prior to Subspeciality Training it may be approved as meeting the requirement for satisfactory completion of the Non-Research Stream of the Scholarly Elective.

To be considered for Recognition, the course must meet the following criteria:

- The course **must progressively build** on any previous RANZCOG training and have future vocational relevance
- Limited to one course of study (not a combination of several courses)
- The course submitted must be recognised at a Tertiary Institute or Professional College with in Australia or New Zealand.

Approval of all RPL in the Non-Research Stream for previous courses completed is subject to CREI Subspecialty Committee approval.

Workplace-Based Assessment (WBA)

Assessment of Procedural Skills (APS)

The application of procedural skills is a fundamental component of CREI.

Assessment of trainee competence in key procedures is undertaken by way of assessment of procedural skills (APS).

This compulsory assessment process applies to all trainees in the RANZCOG CREI training program and represents an important component of progression to certification in the subspecialty.

Procedures to be Assessed

Trainees are expected to be competent to independently perform surgical and diagnostic procedures as the primary operator in seven (7) key areas by the end of the three (3)-year training program:

- Diagnostic
- Adnexal surgery
- Uterine surgery
- Endometriosis surgery
- Art
- Male reproductive surgery
- Imaging

Assessment Process

Any time an assessment of a trainee for any of the procedures is conducted there are two possible outcomes:

1. That the trainee is assessed as “Competent to perform the procedure independently”
2. That the trainee is assessed as “Not competent to perform the procedure independently”

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

Repeated failed assessments will be noted as part of the trainee's formative and summative assessment processes through their three (3)-monthly and six (6)-monthly training reports. This circumstance will require a learning development plan to be put in place by the training supervisor and may involve the trainee being directed to undertake specific surgical training in order to progress further in the training program.

Who Can Perform the Assessment?

The assessment of each procedure is to be performed by a certified RANZCOG CREI subspecialist. At the discretion of the trainee and their training supervisor, the assessment may be performed by the trainees' usual consultant, training supervisor, head of unit or an external assessor. If the involvement of the assessing subspecialist is anything more than that of a routine non-specialist assistant, re-assessment at another time will be required.

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

When are Assessment Forms Submitted?

Individual formative assessment forms for each of the procedures assessed are retained by trainees and made available upon request by the Chair of the CREI subspecialty committee, the trainee's training supervisor, or the Subspecialties department.

The summative assessment form/s are submitted with each training assessment record until completion of clinical training.

Multi-Source Feedback (MSF)

A formative multi-source feedback assessment must be completed for all Year 1 CREI trainees in the second half of the first training year. The MSF is administered by RANZCOG in consultation with the training supervisor. De-identified data from the MSF is provided to the training supervisor to assist with supervision and is to be used formatively only.

Year 1 CREI trainees are also required to complete an MSF self-assessment.

Recognition of Prior Learning (RPL)

Where an applicant has completed training in a subspecialty field, it may be counted towards their required training period, reducing their training time as required by the program. For further information, refer to the RANZCOG website via the following link:

Recognition of Prior Learning Policy and Procedure - RANZCOG

Examinations - Written and Oral

The examination dates, information, format and applications are available on the RANZCOG website. The information below is subject to change. Please refer to the following link:
Subspecialty Examinations

Eligibility

Subspecialties trainees may make their first attempt at a subspecialty Written examination after at least forty-six (46) weeks FTE of prospectively approved and satisfactory training in a Subspecialty training program.

The first attempt at a subspecialty Oral examination may be after completion of at least forty-six (46) weeks FTE of prospectively approved and satisfactory training.

Applications

Check RANZCOG website for application dates for both the Written and Oral examinations. Please contact assessment services for application and fee details. This information is available on the website.

Withdrawal

For all enquiries regarding withdrawal from the examinations contact Assessment Services.

For information on withdrawing from examinations please refer to the *RANZCOG Regulation C4.3.* RANZCOG Regulations - RANZCOG

Failure to give written of withdrawal from examinations or failure to present for an examination will constitute a failure in the examination and forfeiture of the whole examination fee.

Number of Attempts

Subspecialties trainees must attempt for the first time a Written examination within two (2) years of completion of clinical training.

- For trainees commencing subspecialty training **prior** to 1 December 2016 a maximum of Four (4) consecutive attempts allowed for each examination
- For trainees commencing subspecialty training **from** 1 December 2016 a maximum of Three (3) consecutive attempts allowed for each examination
- For trainees who commenced training **prior** to 1 December 2020 they must pass both the Written and Oral examinations within Six (6) years of completing clinical training
- For trainees who commenced training **from** 1 December 2020 they must pass both the Written and Oral examinations within Four (4) years of completing clinical training

Format

Written Examination

The three (3) hours and 15-minute examination may comprise of ten (10) short answer questions (SAQs).

Oral Examination

The Oral examination takes approximately Three (3) hours duration, plus a short break (this may vary from year to year depending on the number of candidates enrolled) and may comprise of nine (9) clinical stations, each of fifteen minutes interaction and five (5) minutes reading time for each station. The examination will be held on a date determined by the CREI subspecialty committee within six (6) months of the Written examination.

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

Stations may consist of one or more examiners 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 may explore candidates' ability to deal with expected or unexpected complications or confounding events, and with simulated late-stage referrals.

Histological sections, videos, laboratory work sheets and microscopic photographs can be shown. Where a station consists of a critique of a journal article, candidates will be given time to read the article for 20 minutes immediately prior to the examination, with five (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 practiced
5. Clinical trial methodology and statistics needed to critically analyse scientific data and published papers.

Release of Examination Results

The results of examinations are made available via secure login on the RANZCOG online assessment portal on a date specified by RANZCOG. Detailed information regarding accessing examination results is emailed to trainees prior to the release date.

Certification as a CREI Subspecialist

Eligibility

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

- Joined the CREI Subspecialty Training Program in Australia and New Zealand after obtaining an approved Australian or New Zealand subspecialty training position
- Have satisfactorily completed all components of the CREI training program requirements, including:
    - 138 weeks FTE of prospectively approved and credited clinical training
    - The Scholarly Elective: Research Stream or Non-Research Stream (Research Project)
    - Written examination
    - Oral examination
- Have submitted all documents required by these regulations and/or the CREI Subspecialty Committee
- Have paid all required fees including training, examination, subscription and certification fees

- **Prior to 1 December 2020** achieve all the above within six (6) years of satisfactorily completing approved CREI clinical training
- **From 1 December 2020** achieve all the above within four (4) years of satisfactorily completing approved CREI clinical training.
- Have been admitted by the Board as a Fellow of the RANZCOG
- Satisfactorily completed the requirements of the CREI training program, including completion of all associated administrative requirements

Application Process

Trainees must submit an online Certification Application and Payment form available from the RANZCOG website via the following link:

Subspecialty Certification Application Form

A trainee must not identify themselves as a Specialist in Reproductive Endocrinology and Infertility until all training requirements are satisfactorily completed, including the Written and Oral examinations as well as the prospectively approved research project and you have been certified by the RANZCOG Board.

Curriculum

Aims

Subspecialist Practice

Reproductive Endocrinology and Infertility (CREI) 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 and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG).

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.

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.

Aims of the Subspecialties

RANZCOG introduced certification in the five (5) 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

Aims of the Subspecialty in CREI

RANZCOG 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

Objectives of the CREI Training Program

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

- Knowledge of the basic sciences relevant to Reproductive Endocrinology and Infertility
- 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 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
- An understanding of the concepts of investigative science and the development of skills in research methods
- An understanding of the organisation of health services in the areas of Reproductive Endocrinology and Infertility
- Understanding of the methods of quality assurance and audit

1 Knowledge and Understanding

Knowledge and understanding: the building blocks required for the development of expertise in gynaecological oncology

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:

- **Scientific Knowledge** that forms the building blocks underpinning clinical practice
- **Clinical or Applied Knowledge** that links the science and the practice of reproductive endocrinology and infertility
- **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

Relevant knowledge may be accessed in a variety of ways, through textbooks, 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.

1.1 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.

Learning Objectives:

Demonstrate knowledge and understanding of

1.1.1 Implantation

- Understand and describe:
  - Preimplantation development of the embryo in vitro and in vivo
  - Endocrine mechanisms contributing to successful and unsuccessful implantation
  - Immunological aspects - t cell subsets

1.1.2 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

1.1.3 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

1.2 Reproductive Endocrinology and 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

Learning Objectives:

Demonstrate knowledge and understanding of

1.2.1 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 opiode systems in the control of hypothalamic/pituitary function
  - Neurovascular arrangements between the hypothalamus and the pituitary
  - Biochemical basis, including structure/function, of hyothalamic/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 hypothalamic and pituitary function and hypogonadotrophic and hypergonadotrophic states in the female
- Causes and 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

1.2.2 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
  - Teratogenecity, 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

1.2.3 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 function and accessory gland function
  - Induction and maintenance of normal spermatogenesis, including endocrine, genetic and local environmental effects
  - Ovarian activity during gestation

1.2.4 Breast

- Understand and describe:
  - Benign disorders of the breast
  - The breast as an end organ for reproductive hormone response
  - Physiology and augmentation of lactation in normal pregnancy and in commissioning mothers of gestational carriage relationships

1.2.5 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 foetus
  - Pharmacology and effects of thyroid/adrenal drug/hormone therapy on the reproductive system and pregnancy, including the foetus
  - 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

1.2.6 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 foetus 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
  - 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

1.3 Psychology

General Aim

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

Learning Objectives:

- Understand and describe:
  - 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
  - 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

1.4 Genetics

General Aim

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

Learning Objectives:

Demonstrate knowledge and understanding of

1.4.1 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 counselling
  - Relevance of genetics to male and female infertility and early pregnancy loss
  - Mechanisms and abnormalities of mitosis and meiosis and their influence on reproductive outcomes
  - Understand the principles underpinning
  - The standard laboratory procedures associated with chromosomal preparation, identification, and current nomenclature

1.4.2 Molecular Biology

- Understand the principles underpinning:
  - Recombinant technology and its potential impact in medicine through the availability of purified proteins and improved diagnostic techniques
  - Techniques of gene manipulation, including the use of restriction endonucleases and specific hybridization probes to isolate genes, the use of cloning vectors in gene propogation, the techniques of DNA sequencing (including massively parallel 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
  - Understand the principles of epigenetics, and its relevance to ART

1.5 Therapeutics

General Aim

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

Learning Objectives

- Understand and describe:
  - Pharmacodynamics, metabolic effects, and complications of Oral and injectable contraceptive preparations
  - Mechanism of action and complications of intrauterine contraceptive devices
  - 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 immunotherapy for contraception
  - Status of contraceptive research and its limitations

1.6 Pathology – Macro/Hystopathology including Immunohistopathology

General Aim

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

Learning 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

1.7 Immunology - including Pregnancy

General Aim

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

Learning 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

1.8 Laboratory Procedures - including Pre-implantation Genetic Testing (PGT)

General Aim

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

Learning 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 Testing (PGT)
  - Techniques of sperm analysis and the procedures associated with the isolation of motile spermatozoa

- Cryobiology associated with gamete and embryo preservation
- Molecular biology techniques, including oligonucleotide probes, in situ hybridization, Southern, Western and Northern blotting, restriction fragment length polymorphism, polymerase chain reaction, array CGH and next generation sequencing

1.9 Research

General Aim

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

Learning Objectives:

Demonstrate knowledge and understanding of

1.9.1 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 logistical 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

1.9.2 Publications

- Be familiar with and know:
  - Current RANZCOG and RCOG guidelines in reproductive endocrinology and infertility
  - International glossary on infertility and fertility care
  - The relevant Cochrane reviews
  - Significant published studies and trials in reproductive endocrinology and infertility

1.10 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

Learning Objectives:

Demonstrate knowledge and understanding of

1.10.1 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

1.10.2 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
  - The management of transgender patients including fertility preservation
  - Bone loss
  - Genetic abnormalities

1.10.3 Androgen Disorders - Female and Male

- Understand and describe, and treatment where appropriate:
  - 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

1.10.4 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 Intrauterine insemination (husband)
  - Indications for intrauterine therapy, selection of sperm donors, methods of therapy, results, medical, legal, social and ethical aspects of donor insemination
  - Indications of oocyte and embryo donation, selection of donors, results, medical, legal, social and ethical aspects of oocyte and embryo donation
  - Recipient preparation for sperm, oocyte and embryo donation
  - Medical and legal aspects of adoption, associated areas of counselling, local regulations, outcome of procedures, and have a knowledge of adoption agencies
  - Medical and legal aspects of cross border reproductive care
  - Indications and appropriate counselling methods for surrogacy
- IVF and related procedures (initiated medically assisted reproduction), including:
  - Indications and contraindications
  - Determination of the menstrual cycle to plan synchronization
  - The choice of hyperstimulation regimes and understand and describe the drugs used
  - Follicular stimulation and monitoring by ultrasound, and hormonal 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
  - Factors influencing and the 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 procedures, including the constraints on research
- Normal and abnormal 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 seminal defects

1.10.5 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

1.11 Clinical Management

General Aim

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

Learning Objectives

- Understand the principles underpinning the following techniques:
  - Operative biopsy of the lower reproductive tract
  - Cytology, endoscopy, laparoscopy, hysteroscopy
  - Reversal of sterilization
  - Percutaneous epididymal aspiration / extraction
  - Testicular sperm aspiration / extraction /microsurgical testicular sperm retrieval
- Infertility surgery, including surgical management of:
  - Septate uterus and other Mullerian duct abnormalities
  - Myomata
  - Uterine synechiae
  - Cervical incompetence
  - Tubal and/or adhesive pelvic disease
  - Polycystic ovary syndrome
  - Ovarian cyst
  - Endometriosis
- Radiographic imaging associated with reproduction, including:
  - Hysterosalpingography
  - Pituitary imaging Arteriography
  - Arterial catheterization
  - Urography
  - Isotope imaging
  - Nuclear magnetic resonance
  - PET scanning
- Dynamic endocrine testing and visual field examination
- Surgical techniques for the management of ambiguous genitalia
- Indications and techniques for gonadectomy in the female
- Fertility preservation in the male and female

1.12 Professionalism and Management

General Aim

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

Learning 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

1.13 Teaching

General Aim

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

Learning 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

1.14 Ethics and Culture

General Aim

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

Learning 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
  - Gestational carriage
  - Surrogacy
  - Fertility control
  - Termination of pregnancy
  - Fetal reduction

- Pre-implantation testing
- Gene therapy
- Research on human embryos
- Donation of fetal and ovarian tissue
- Relevant state and national legislation
- Roles and duties of ethics committees (human research, national and clinical)
- 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 people 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

2 Clinical and 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.

2.1 Reproductive Endocrinology and Infertility

General Aim

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

Learning Objectives:

Demonstrate knowledge and understanding of

2.1.1 Disorders of the Menstrual Cycle

- Investigate and Manage:
  - Hyperprolactinaemia
  - Disordered menstruation, anovulation
  - Endometrial hyperplasia
  - Adenomyosis
  - Amenorrhoeic states
  - Menstrual disturbance associated with disordered thyroid / adrenal states

2.1.2 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

2.1.3 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

2.1.4 Infertility - Male and Female Infertility

- Diagnose, Investigate and Manage:
  - Non-ovulation
  - Endometriosis
- Seminal defects
  - Uterine and cervical factors in infertility

2.1.5 Recurrent Miscarriage

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

2.2 Procedural and Surgical Skills

General Aim

Candidates should be able to perform surgical and ultrasound procedures relevant to reproductive endocrinology and infertility and have an understanding of obstetrical, medical and surgical complications of conditions and any surgical intervention.

Learning Objectives:

Demonstrate knowledge and understanding of

2.2.1 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
  - Ovarian surgery for polycystic ovarian syndrome
  - Ovarian cystectomy
  - Staging of endometriosis and surgical management
  - Percutaneous epididymal sperm aspiration
  - Testicular sperm aspiration / extraction
  - Dynamic endocrine testing and visual field examination
  - Surgery of development disorders, including neovaginal, and, vulval construction, surgery of imperforate hymen and, vaginal septae, and surgical management of Mullerian anomalies
  - Surgical techniques for the management of ambiguous genitalia
  - Indications and techniques for gonadectomy in the female

2.2.2 Radiographic imaging

- Be able to interpret findings and perform when appropriate, radiographic imaging associated with reproduction, including:
  - Hysterosalpingography
  - Pituitary imaging
  - Arteriography
  - Arterial and venous catheterization
  - Digital subtraction angiography
  - Urography
  - Isotope imaging and ultrasound
  - Nuclear magnetic resonance imaging and thermography
  - Dual energy Xray, absorptiometry bone scanning

2.2.3 Ultrasound

- Be able to interpret findings, and where appropriate perform:
  - Hysterosalpingo contrastsonography
  - Saline sonohysterography

- 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 follicular development 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

Clinical Training Summary

Subspecialty trainees may include up to 25 percent of directly supervised procedures ('Supervised Others') into their total number of 'personally performed' procedures, providing they supervised a FRANZCOG trainee.

2.2.4 SURGICAL AND DIAGNOSTIC PROCEDURES SPECIFIC SURGICAL PROCEDURES

	Assist	Perform Supervised	Perform Independently
Female Reproductive Surgery			
Diagnostic Surgery			
Laparoscopy +/- dye studies			
Hysteroscopy under GA			
Office hysteroscopy (no GA)			
Adnexal Surgery			
Laparoscopic salpingostomy for ectopic			
Laparoscopic salpingectomy			
Laparoscopic salpingo-oopherectomy			
Laparoscopic surgery for adnexal torsion			
Laparoscopic salpingolysis			x*(APS)*
Laparoscopic neosalpingolysis			
Laparoscopic ovarian cystectomy for endometrioma**			
Laparoscopic ovarian cystectomy for cyst **			
Laparoscopic tubal reanastomosis	x		
Open tubal reanastomosis		x	
Laparoscopic ovarian drilling			x *(APS)*
Uterine Surgery			
Hysteroscopic polypectomy			x
Hysteroscopic adhesiolysis			x *(APS)*
Hysteroscopic division of uterine septum			x *(APS)*
Hysteroscopic myomectomy			x *(APS)*
Laparoscopic myomectomy		x	
Open myomectomy			x *(APS)*
Endometriosis surgery - laparoscopic resection of endometriosis			
Peritoneal only *(Laparoscopic resection of peritoneal endometriosis)*			x *(APS)*
Ureterolysis		x	
Ureteric catherterisation		x	
Rectal shaving		x	
Rectovaginal excision		x	
Rectal excision with reanastomisis		x	
Resection endometrioma *(Laparoscopic removal of endometrioma > 5cm)*			x *(APS)*
Proceed to open surgery			x
Vaginal Surgery			
Resection of vaginal septum		x	
Neovaginoplasty (specify)	x		
Male Reproductive Surgery			
PESA *(Needle retrieval of sperm)*			x *(APS)*
TESA *(Needle retrieval of sperm)*			x *(APS)*
Open testicular biopsy			x
Reversal of vasectomy	x		
Electroejaculation	x		
Microsurgical sperm recovery	x		
ART			
Transvaginal oocyte collection			x
Transabdominal oocyte collection	x		
Transcervical embryo transfer			x
Laparoscopic zygote tubal transfer	x		

x *required*

2.3 Management and Professional Responsibilities

General Aim

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

Learning Objectives:

Demonstrate knowledge and understanding of

2.3.1 Management

- Apply:
  - The basic principles of Human Resources Management
  - The steps associated with recruiting staff
  - Principles of good staff supervision
- Advocate on behalf of all staff
- Counsel staff and mange conflict resolution in the workplace

2.3.2 Administration

- Facilitate successful meetings
- Establish systems to store records effectively
- Establish systems to ensure that appropriate actions are taken in a clinical setting

2.3.3 Clinical Service Delivery

- Take steps to minimise areas of potential complaint in the delivery of clinical services
- Establish and support appropriate communication clearly, verbally and in writing, with the all people (consumers, team members) particularly following an error
- Discuss costs, where appropriate, before treatment
- Provide consistent information
- Apologise where you have inconvenienced a woman in your care or made an error
- Personally, discuss complaints with patients in one's care
- Be able to convey bad news and sub-optimal outcomes compassionately, appropriately and in person

2.3.4 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

2.3.5 Risk Management

- Understand and apply the principles and importance of risk management
- Understand the importance of continuing professional development in 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

2.3.6 Relationships with Professional Bodies

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

2.3.7 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

2.3.8 Time Management

- Understand the principles and importance of time management

2.3.9 Project Management

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

2.3.10 Economics

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

2.4 Research Skills

General Aim

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

Learning Objectives

- 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 a 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

Recommended Resources

Journals

Fertility and Sterility

Reproduction (Journal of the SRF)

Human Reproduction

Human Reproduction Update

Journal of Endocrinology

Reproductive BioMedicine (RBM)

British Medical Journal

ESHRE Monograohs

The Lancet

Medical Journal of Australia

New England Journal of Medicine

MHR Basic Science of Reproductive Medicine

Human Molecular Genetics

Websites

Fertility Society of Australia (FSA)	www.fertilitysociety.com.au
European Society of Human Reproduction and Endocrinology (ESHRE)	www.eshre.eu
American Congress of Obstetricians and Gynaecologists (ACOG)	www.acog.org
American Society for Reproductive Medicine (ASRM)	www.asrm.org
Royal College of Obstetricians and Gynaecologists (RCOG)	www.rcog.org.uk
Society for Reproductive Endocrinology and Infertility (SREI)	www.socrei.org
Society for Reproduction and Fertility (SRF)	www.srf-reproduction.org

Appendices

Acronyms

AAVIS	Australian Association of Vaginal and Incontinence Surgeons
AGES	Australian Gynaecological Endoscopy Society
AMC	Australian Medical Council
ANZJOG	Australian and New Zealand Journal of Obstetrics and Gynaecology
ASUM	Australian Society for Ultrasound of Medicine
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)
IHCA	In-Hospital Clinical Assessment
IHCE	In-Hospital Clinical Examination
IMG	International Medical Graduate
MCQ	Multiple Choice Questions
MRCOG	Member of the Royal College of Obstetricians and Gynaecologists (UK)
NASOG	National Association of Specialists in Obstetrics and Gynaecology
NHMRC	National Health and Medicine Research Council
O&G	Obstetrics and Gynaecology
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)
SIMG	Specialist International Medical Graduate
TAC	Training Accreditation Committee
TAR	Training Assessment Record

Abbreviations Used/Accepted in CREI Subspecialty Examinations and Training Documentation

Female Reproductive Medicine

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

Female Reproductive Surgery

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-Oopherectomy

Andrology and Male Reproductive Surgery

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 Epidiymal Sperm Aspiration
TESE	Testicular Sperm or Spermatid Extraction
TB	Testicular Biopsy

Assisted Conception

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

Imaging

LAP	Diagnostic Laparoscopy (+/- minor intervention)
HYST	Diagnostic Hysteroscopy
FAL	Falloposcopy
SAL	Salpingoscopy
HSG	Hysterosalpingogram
US	Diagnostic Ultrasound
UFT	Ultrasound Follicle Tracking
CT	CT Scan (Interpretation with Radiologist)
MRI	MRI Scan (Interpretation with Radiologist)

Laboratory Skills

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

Glossary of Terms

ACCREDITATION
The formal process by which a hospital obtains recognition from the RANZCOG as a training unit/site for RANZCOG training programs

ACCREDITED HOSPITAL
A hospital which has been accredited by the RANZCOG as a training unit/site for RANZCOG training programs

ADVANCED PROGRAM
A prospectively approved and planned two (2)-year training program in an area of interest to trainees, usually as part of their post-basic training

ASSESSMENT OF PROCEDURAL SKILLS (APS)
Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions

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

AUSTRALIAN SOCIETY FOR ULTRASOUND OF MEDICINE (ASUM)
A multidisciplinary society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care

BOARD
The governing body of the RANZCOG with an elected term of two (2), three (3)-year terms

CERTIFICATION
The formal process by which a trainee who has met all relevant subspecialty selection, training and assessment criteria is recognised as a Subspecialist, after also attaining Fellowship of the RANZCOG

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 (3) years' duration in the treatment of reproductive endocrine disorders and infertility undertaken after attaining fellowship of RANZCOG

CERTIFICATION IN UROGYNAECOLOGY (CU)
Certification in the field of urogynaecology, after attaining Fellowship of 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 (6) months and checked/signed by the Chair of the CREI Subspecialty Committee.

COLLEGE
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
The RANZCOG program for continuing professional development in which all Fellows of RANZCOG must participate to qualify for renewal of their fellowship or subspecialty certification every three (3) years

CONSULTANT
A specialist in obstetrics/gynaecology and Fellow of RANZCOG or certified subspecialist with whom a trainee trains in an accredited RANZCOG training unit

CONSULTANT ASSESSMENT FORM
A form completed every six (6) 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 (6)-monthly summative assessment report

COUNCIL
The governing body of the RANZCOG with an elected period of two (2) years

CREDITED TRAINING
A period of prospectively approved training of or not less than ten (10) weeks (FTE), for which a trainee has satisfactorily completed all assessment requirements and paid the necessary annual training fee

DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)
Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions

EDUCATION & ASSESSMENT COMMITTEE (EAC)
A standing committee of council responsible for developing and maintaining the requirements for examinations and assessments leading towards the FRANZCOG and subspecialty qualifications

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

EXAMINER
A specialist in obstetrics/gynaecology formally approved by the RANZCOG to assess Written and Oral examinations and ICUEs for PTP, APTP, FRANZCOG 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 276 weeks FTE of FRANZCOG training

IN-HOSPITAL CLINICAL ASSESSMENT (IHCA) for FRANZCOG
Three (3) hospital-based modules - (1) consultation skills, (2) diagnostic ultrasound, and (3) colposcopy and the treatment of cervical disease

IN-HOSPITAL CLINICAL ASSESSMENT (IHCA) for COGU
A requirement of the COGU training programs in diagnostic ultrasound

IN-HOSPITAL CLINICAL EXAMINATION (IHCE) for CMFM
A requirement of the CMFM Training programs in diagnostic ultrasound

LOGBOOK
An online record of clinical experiences via College website which trainees must maintain for every year of their FRANZCOG/ subspecialty training.

MULTI-SOURCE FEEDBACK (MSF)
Assessment of an individual's professional behaviours undertaken by a diverse array of colleagues.

PRACTICE IMPROVEMENT
A process in which Fellows of RANZCOG 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 RANZCOG'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.

RANZCOG Associate (Procedural and/or Advanced Procedural)
Associate Member of RANZCOG who has completed the qualification of the RANZCOG Associate Training Program (Procedural) or RANZCOG Associate Training Program (Advanced Procedural).

REGISTER OF TRAINEES
The formal record of all those undertaking the Associate Training Program (Procedural), Associate Training Program (Advanced Procedural), FRANZCOG, Subspecialty Training Programs.

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

RESEARCH-BASED DISCUSSION (RBD)
Assessment of an individual's analysis of contemporary research related to their discipline.

RESEARCH PROJECT
Original research work of sufficient quality and which meets the requirements of the relevant training program, which Subspecialty trainees are required to submit as part of their assessment completing the Research Stream.

Royal Australian And New Zealand College Of Obstetricians And Gynaecologists Associate Training Program (Procedural) (PTP)
A qualification for general practitioners who wish to obtain further post-graduate training in Obstetrics and family planning.
NOTE: A further qualification, the RANZCOG Associate Training Program (Advanced Procedural) (APTP), is also available in recognition of the attainment of skills in advanced Obstetrics and Gynaecology beyond the PTP.

SCHOLARLY ELECTIVE: RESEARCH STREAM OR NON-RESEARCH
Experience in research in clinical obstetrics and gynaecology or further vocational training (CMFM only), which trainees must undertake during the Subspecialty training programs.

SIX (6)-MONTHLY TRAINEE FEEDBACK QUESTIONNAIRE
A confidential questionnaire on all aspects of training, which trainees are asked to complete at the end of each six (6)-month training period and send into Subspecialties department.

SIX (6)-MONTHLY SUMMATIVE ASSESSMENT REPORT
A composite report on the performance of each trainee in the RANZCOG training programs compiled every six (6) months by their training supervisor based on the individual assessments of the consultants with whom the trainee works.

SPECIALIST INTERNATIONAL MEDICAL GRADUATE (SIMG)
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.

SUBSPECIALTIES COMMITTEES
Six (6) 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 SELECTION
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) or Maternal Fetal Medicine (CMFM)

SUBSPECIALTY TRAINING PROGRAM
A 138 weeks (FTE) full time training program leading to certification in one of the following areas: Gynaecological Oncology; Maternal Fetal Medicine; Obstetrical and Gynaecological Ultrasound; Reproductive Endocrinology and Infertility; and Urogynaecology.

SUBSPECIALTY TRAINING SUPERVISOR
A consultant and Subspecialist, who is a member of staff in an accredited unit, responsible for the co-ordination and ongoing supervision of RANZCOG trainees in that unit, including the formal assessment of one or more trainees every six (6) months.

THREE (3)-MONTHLY FORMATIVE APPRAISAL REPORT
A compulsory self-assessment in competencies in the categories of clinical, academic and professional abilities undertaken before meeting with the training supervisor

TRAINEE
A medical practitioner, who meets the eligibility criteria described in the RANZCOG regulations and whose training has been prospectively approved), undertaking FRANZCOG or Subspecialty training programs.

TRAINING ACCREDITATION COMMITTEE (TAC)
A standing committee of Council responsible for the development and maintenance of the training requirements for the FRANZCOG Training Program, 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 (TAR)
A collection of documents, compiled every six (6) months, recording and presenting for assessment, all the completed training experiences of each subspecialty trainee.

TRAINING POST
One or more sites that have been accredited as a group by the RANZCOG as suitable for training towards Subspecialty Certification.

TRAINING UNIT
A training position in an accredited hospital un, which has been accredited by the RANZCOG as suitable for training towards FRANZCOG**.**

TRAINING YEAR
A ‘subspecialty training year’ consists of two (2) consecutives ‘six (6)-month training blocks’ based around (but not confined to) a calendar year and is determined by the CREI Subspecialty Committee.

WORKPLACE-BASED ASSESSMENTS (WBA)

Assessment of skills and behaviours in-situ and across multiple occasions.

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1 2024	Nov 2023	All
v2	January 2024	Revised to reflect change in nomenclature.

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