



SUBSPECIALTY
IN OBSTETRICS AND GYNAECOLOGY
FETO-MATERNAL AND PERINATAL MEDICINE



CONTENTS

1. Subspecialty in Obstetrics and Gynaecology: definition
2. Definition of Ob/Gyn Subspecialist Training Centre
3. General requirements for an Ob/Gyn Subspecialty Training Centre
4. Specific requirements for a Subspecialty Training Centre of Feto-Maternal and Perinatal Medicine
5. Subspecialist programme for training in Feto-Maternal and Perinatal Medicine (EBCOG/EAPM)
6. Logbook for subspecialist training in Feto-Maternal and Perinatal Medicine (EBCOG/EAPM)
7. Questionnaire regarding visits to a Subspecialist training centre in Feto-Maternal and Perinatal Medicine:
 - a. for Head of the Centre
 - b. for fellows
8. Schedule for visit of a Centre of Feto-Maternal and Perinatal Medicine applying for European accreditation related to subspecialist training
9. Visiting:
 - a. visiting process
 - b. visiting report
10. List of potential visitors in Europe prepared by EAPM/EBCOG

1) Subspecialty in Obstetrics and Gynaecology: Definition

Subspecialty is a highly qualified branch of obstetrics and gynaecology which implies:

- A specific area requiring expertise, practice and knowledge beyond that managed by a general Obstetrician Gynaecologist.
- It is an area in which a multidisciplinary team is involved and not limited to the expertise of a single person and/or a technology. The subspecialist obstetrician/gynaecologist should be qualified to lead the team.
- A subspecialty requires: specific personnel (spending the majority of the time in this practice), equipment and technology.
- Subspecialisation has a specific and well established training curriculum, log-book, accredited centres.
- Subspecialisation is characterised by specific International Journals, International Societies and relevant scientific developments in the field.

2) Definition of Ob/Gyn Subspecialist Training Centre

A subspecialty centre is a centre covering the entire field of the subspecialty (no modular approach) with dedicated personnel in a multidisciplinary setting. The centre should be part of the Department of Obstetrics and Gynaecology in a hospital setting.

The Centre should provide:

- A) Definition of a subspecialist in the specific subspecialty
- B) Aims of subspecialisation
- C) Definition of a subspecialty centre
- D) Definition of minimum requirements for recognition of a subspecialist centre according to the following items:
 - 1) personnel
 - 2) defined disciplines
 - 3) number of subspecialists in proportion to clinical workload
 - 4) diagnostic and treatment facilities
 - 5) referrals
 - 6) spectrum (categories of patients). NB. It should cover the entire field of the subspecialty and should therefore meet the criteria for training as defined in the EBCOG/EAPM logbook for subspecialty.
 - 7) collaboration with other specialties
 - 8) define which disciplines are mandatory in house
 - 9) define for each of these disciplines their contribution to your subspecialty
 - 10) quality measures:
 - 11) protocols
 - 12) audits
 - 13) ethics review
 - 14) annual statistics/reports
 - 15) training facilities:
 - 16) consult the EBCOG/EAPM subspecialty programme
 - 17) consult the EBCOG/EAPM logbook
 - 18) determine the number of fellows needed
 - 19) research programme
 - 20) input: the presence of funding of research projects in your subspecialty at national/regional/international level
 - 21) output: regular publications in national peer-reviewed journals in your subspecialty

3) General requirements per Ob/Gyn Subspecialty Training Centre

To be eligible for a subspecialty, a training centre must:

- A. provide a service for the referral and transfer of patients who would benefit from subspecialty facilities, expertise and experience;
- B. establish a close collaboration with related disciplines to provide the high degree of teamwork and concentration of resources for the intensive investigation and management of such patients;
- C. establish a close collaboration with other obstetricians and gynaecologists and related specialists within and outside the centre, including major regional roles in continuing postgraduate education and training, research advice and coordination, and audit;
- D. have an adequate workload providing a full range of experience in the subspecialty; alternatively two or more centres may combine to provide a programme with all the required experience;
- E. have a programme director who will coordinate the training programme, accept the main responsibility for its supervision and be actively involved in it; if more than one centre provides the programme, there must be a supervisor at each centre, with one having overall responsibility as a director. Directors and supervisors will be consultants with special experience in the relevant subspecialty field, and with the eventual development of subspecialisation the directors and supervisors will themselves be trained subspecialists. If the programme director changes, the programme and training centres will be revisited;
- F. have adequate medical staffing to enable the fellow to be engaged in his/her subspecialty field on a full-time basis (or in the case of a part-time fellow, during his/her normal working hours); participation in emergency and on-call work besides normal working hours is not excluded, subjected to approval by the subspecialty Committee;
- G. have adequate library, laboratory and other resources to support subspecialty work, training and research;
- H. provide the resources for a research programme related to the subspecialty.

4) Specific requirements for a Subspecialty Training Centre of Feto-Maternal and Perinatal Medicine

- A) annual statistics;
- B) internal quality control and audit;
- C) organised teaching sessions

In particular, the centre should:

- a) provide an integrated service for the referral and transfer of high risk obstetric patients, in close collaboration with other obstetricians and disciplines within and with the centre;
- b) have an adequate clinical workload with a full range of high risk maternal and fetal problems - usually the centre would be expected to have at least 1,500 births per year including a significant proportion of referred/transferred high perinatal risk patients;
- c) be a referral centre for the specialised prenatal diagnosis of fetal abnormalities, of which there should be at least 40 diagnosed cases/year.
- d) ultrasound facilities and expertise for detecting the majority of structural malformations in the fetus;
- e) a close working relationship with a medical genetics centre and clinical genetics consultant(s) and supporting staff, providing a specialised obstetric and prepregnancy service with appropriate laboratory support;

- f) provide a full range of fetal monitoring/assessment techniques, including fetal biometry, biophysical profile, Doppler and cardiotocography;
- g) have a neonatal intensive care unit with consultant paediatricians and supporting staff whose major duties are in neonatal care; and an association with a neonatal surgical unit;
- h) have an association with a neonatal surgical unit;
- i) have a twenty-four hour obstetric anaesthetic service with consultant anaesthetists and supporting staff having major commitments to obstetric anaesthesia, analgesia and related work;
- j) collaborate closely with consultant physicians and their supporting staff having special interests in the management of medical disorders in pregnancy;
- k) have close collaboration with an adult intensive care unit having a full range of diagnostic facilities and support, which must be readily available to the obstetric unit;
- l) have an adequate perinatal pathology service with at least one consultant pathologist having a major commitment in this field;
- m) have adequate support from, and close collaboration with, a biophysics service;
- n) have a research programme in the subspecialty field, with access for the fellow to support his own training programme; this should include facilities and support for the teaching of research methodology including statistics and epidemiology.

5) Subspecialist programme for training in Feto-Maternal and Perinatal Medicine (EBCOG/EAPM)

CONTENT OF THE SUBSPECIALIST TRAINING PROGRAMME

1- Definition

The feto-maternal and perinatal medicine subspecialist is a specialist in Obstetrics and Gynaecology who has had theoretical and practical training in :

- a) Detailed risk assessment before, during and after pregnancy
- b) Antenatal diagnosis of the wide range of feto-maternal disorders, some of which may require invasive procedures
- c) Management of very high risk pregnancies during the antenatal, intrapartum and postpartum period

The practice of Feto-Maternal and perinatal medicine exclude training and practice in another subspecialty

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

2- Aim of the training

To improve the outcome of women and fetuses who are at high risk, in collaboration with others care providers.

3-Objectives of the training

To train a subspecialist to be capable of:

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

4-Organisation of training

- the number of training positions should be strictly regulated by the relevant national body in order to provide sufficient expertise.
- centres should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals.
- training programme should be in a multidisciplinary centre of obstetrics and gynaecology and should be organized by a subspecialist or an accredited subspecialist*.
 - *Initially there will be a transitional period when accreditation for training will be given by the national appointing authority to a Specialist in Obstetrics and Gynaecology with proven scientific and clinical expertise in Feto-Maternal and Perinatal Medicine. Subsequently only individuals with training in subspecialty should hold such position.
- Training as a subspecialist in Feto-Maternal does not imply that the subspecialist can not practise in the general field of Obstetrics and Gynaecology.

5-Means of training

5.1 Entry requirements:

- a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years an approved training programme.
- the availability of a recognised training positions.

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

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

5.4 Fellows should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties, performing ultrasound examinations, intra uterine procedures and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

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

5.6 Duration of training

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

- endocrinology of pregnancy;
- embryology and teratology;
- fetal physiopathology;
- placental physiology;
- biochemistry, pharmacology and pathology relating to the pregnant woman and the fetus;
- genetics;
- immunology;
- medical and surgical complications of pregnancy;
- infectious diseases in pregnancy;
- fetal medicine including ultrasound examination and invasive procedures;
- complicated obstetrics; and other imaging procedures

- operative procedures and intrapartum management;
- pre / post-pregnancy and bereavement counselling;
- adult medicine, anaesthesia, resuscitation and intensive care;
- neonatal medicine and surgery;
- clinical and laboratory genetics;
- laboratory based subjects including: - microbiology, pathology, haematology, clinical chemistry; blood transfusion;
- administration and management;
- teaching;
- legal and ethical issues;
- epidemiology, statistics, research and audit.

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

5-8 A fellow may spend some training time in another (1 or 2) centre (s) recognised by EAPM, after approved by the national committee.

6-Assessment of training

6.1 Approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

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

- a) annual statistics
- b) internal quality control and audit
- c) organised teaching sessions
- d) particularly the centre should:
- e) provide an integrated service for the referral and transfer of high risk obstetric patients, in close collaboration with other obstetricians and disciplines within and with the centre;
- f) have an adequate clinical workload with a full range of high risk maternal and fetal problems - usually the centre would be expected to have at least 1,500 births per year including a significant proportion of referred/transferred high perinatal risk patients;
- g) preferably have a special care unit for pregnant at risk such as severe preeclampsia, eclampsia, uncontrolled diabetes/keto-acidosis e.g. ;
- h) be a referral centre for the specialised prenatal diagnosis of fetal abnormalities, of which there should be at least 40 diagnosed cases/year; have an adequate experienced and skilled fellow for invasive procedures;
- i) ultrasound facilities and expertise for detecting the majority of structural malformations in the fetus;
- j) a close working relationship with a medical genetics centre and clinical genetics consultant(s) and supporting staff, providing a specialised obstetric and pre-pregnancy service with appropriate laboratory support;
- k) provide a full range of fetal monitoring/assessment techniques, including fetal biometry, biophysical profile, Doppler and cardiotocography;
- l) have a neonatal intensive care unit with consultant paediatricians and supporting staff whose major duties are in neonatal care; and an association with a neonatal surgical unit;
- m) have an association with a neonatal surgical unit;

- n) have a twenty-four hour obstetric anaesthetic service with consultant anaesthetists and supporting staff having major commitments to obstetric anaesthesia, analgesia and related work;
- o) collaborate closely with consultant physicians and their supporting staff having special interests in the management of medical disorders in pregnancy; have close collaboration with an adult intensive care unit having a full range of diagnostic facilities and support, which must be readily available to the obstetric unit;
- p) have an adequate perinatal pathology service with at least one consultant pathologist having a major commitment in this field;
- q) have adequate support from, and close collaboration with, a biophysics service;
- r) have a research programme in the subspecialty field, with access for the fellow to support his own training programme; this should include facilities and support for the teaching of research methodology including statistics and epidemiology.
- s) Fulfilment of defined criteria for minimum activity for each fellow per year:
 - 200 supervised high risk pregnancies and deliveries
 - 200 advanced ultrasound examinations
 - 200 fetal invasive procedures (amniocentesis, chorion villus sampling, fetal blood sampling).
 -

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

- participation in Feto-Maternal and perinatal medicine courses particularly those recognised by EBCOG advised by the European Association of Perinatal Medicine .
- completion of a Log Book of clinical experience in feto-maternal medicine
- peer review publications in a nationally recognised journal

6.4 A representative from the EBCOG Postgraduate Training and Assessment Working Party may be an observer on the national or federal assessment committee

6.5 EBCOG in conjunction with European Association of Perinatal Medicine (EAPM) is willing to organise an evaluation visit to a subspecialist unit if requested.

Training in Feto-Maternal and Perinatal Medicine

LOG BOOK

Approved by
The European Board and College of Obstetrics and Gynaecology (EBCOG) and The
European Association of Perinatal Medicine (EAPM)

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

<p>Surname (in capitals), first name of fellow :</p> <p>.....</p> <p>.....</p> <p>Dates of beginning and end of year of training :</p> <p>...../...../..... (day/mo/yr) -/...../..... (day/mo/yr).</p> <p>Name and address of department :</p> <p>Year :</p> <p>.....</p> <p>Year :</p> <p>.....</p> <p>Optional year :</p> <p>.....</p>

TARGETS FOR THE FIRST YEAR OF TRAINING

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

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

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

KNOWLEDGE :

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TECHNICAL SKILLS :

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TASKS :

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DATE:

NAME OF THE TUTOR:

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

TARGETS FOR THE SECOND YEAR OF TRAINING

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

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

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

KNOWLEDGE :

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TECHNICAL SKILLS :

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TASKS :

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DATE:

NAME OF THE TUTOR:

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

TARGETS FOR ADDITIONAL YEAR OF TRAINING

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

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

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

KNOWLEDGE :

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TECHNICAL SKILLS :

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TASKS :

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DATE:

NAME OF THE TUTOR:

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

ON CALL DUTIES

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

Year	1	2	3
Frequency			

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL :

Year 1 :
.....
.....

Year 2 :
.....
.....

Year 3 :
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.....

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG – EAPM recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Fellows can choose whether or not to tick the shaded boxes as they progress .

Certain targets do not require the fellow to be level 5 (Independent). These are identified by a black box.

The open targets require your tutor or trainer to check your competence and sign you off . When you feel ready for this it is your responsibility to organise with your trainer , for these targets to be observed . When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module .

SCORING SYSTEM :

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

The general aim is to get at least mark 4.

Diagnosis and management of medical and surgical complications of pregnancy

Target	Expected competence level Fellow ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Hypertension							
Kidney diseases							
Heart diseases							
Liver diseases							
Fluid balance and transfusion							
Diabetes							
Other endocrine disorders							
Gastrointestinal diseases							
Differential diagnosis of abdominal pain							
Lungs diseases							
Auto-immune, haematological diseases							
CNS diseases							
Cancers							
Psychiatric disorders							
Infectious , parasitic diseases							

Signature to confirm completion of the module :

Name of the trainer :

Date :

Hospital :

Intrapartum Management of High Risk Pregnancies

Target	Expected competence level Fellow ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Induction of labour							
Utilisation of oxytocin							
Utilisation of tocolytics							
Fluid balance and transfusion							
Fetal heart rate monitoring							
Prolonged labour							
Coagulopathy							
Fetal resuscitation							
Maternal resuscitation							
Neonatal resuscitation							
Labour ward management and policy							

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

Target	Expected competence level					Trainer sign when competence level achieved	
	Fellow ticks when achieved					Sign	Date
Perform ultrasound scan to assess:	1	2	3	4	5		
Biometry to assess gestational age and fetal growth							
Anomaly scanning (morphology)							
Biophysical profile							
Doppler ultrasound blood velocity scanning of all the major vessels of the fetus and placenta							
Alternative imaging technique like MRI							

Signature to confirm completion of the module :

Name of the trainer :

Date :

Hospital

Ultrasound guided invasive procedures

Target	Expected competence level					Trainer sign when competence level achieved	
	Fellow ticks when achieved					Sign	Date
	1	2	3	4	5		
Amniocentesis							
CVS							
Fetal blood sampling							
Fetal blood transfusion							
Feto-amniotic shunting							
Other invasive procedures (specify)							

Signature to confirm completion of the module :

Name of the trainer :

Date :

Hospital

SURGICAL PROCEDURES

Target	Expected competence level Fellow ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Caesarean hysterectomy							
Caesarean before 32 weeks							
Technique for control of haemorrhage							
Management of postpartum and postoperative complications							
Embryo reduction							
Ultrasound guided ovarian cyst aspiration during pregnancy							

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

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Caesarian section < 32 weeks				
Caesarian hysterectomy				
Cervical cerclage				
External cephalic version				
Operative vaginal delivery				
Technique for control of haemorrhage				
Management of postpartum and postoperative complications				
Medical and surgical first and second trimester abortion				
Embryo reduction				
Ultrasound guided ovarian cyst aspiration during pregnancy				
Amniocentesis				
CVS				
Fetal blood sampling				
Fetal blood transfusion				
Feto-amniotic shunting				
Other fetal invasive procedures (specify)				

Date :

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

Name and signature of fellow:

.....

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

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Caesarian section < 32 weeks				
Caesarian hysterectomy				
Cervical cerclage				
External cephalic version				
Operative vaginal delivery				
Technique for control of haemorrhage				
Management of postpartum and postoperative complications				
Medical and surgical first and second trimester abortion				
Embryo reduction				
Ultrasound guided ovarian cyst aspiration during pregnancy				
Amniocentesis				
CVS				
Fetal blood sampling				
Fetal blood transfusion				
Feto-amniotic shunting				
Other fetal invasive procedures (specify)				

Date :

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

Name and signature of fellow:

.....

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

ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system : A = Excellent

B = Sufficient

C = Weak

D = Unacceptable

E = Not applicable

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

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

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

Signature of Fellow:

Signature of Trainer :

CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND
COURSES ATTENDED BY THE FELLOW
(entire duration of training; to be up-dated yearly)¹

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

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

¹ Certificate of attendance as to be provided

CUMULATIVE LIST OF PAPERS PRESENTED AT **SCIENTIFIC MEETINGS**

(entire duration of training; to be up-dated yearly)
(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)²

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

The number is not limited

1.

2.

3.

4.

5.

² Abstracts as to be provided

**CUMULATIVE LIST OF PEER REVIEWED PUBLISHED
PAPERS IN INTERNATIONAL JOURNALS**

**(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)³**

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

³ **Published manuscript should be provided**

**CUMULATIVE LIST OF PEER REVIEWED PUBLISHED
PAPERS IN NATIONAL JOURNALS**

**(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)⁴**

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

⁴ Published manuscript should be provided

SURGICAL REPORTS

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

7) Questionnaire regarding visits to a Subspecialist training-centre in Materno-Fetal and Perinatal Medicine:

a. for Head of the centre

1. General Information

a)Country/Region.....

b. Hospital Address.....

(Please encircle the appropriate option) Regional County Community

c. DepartmentUniversity Department. YES NO

d. Centre.....

e. Population of the area served by the hospital

f. Total births per annum

g. Average number of births over the last three years.....

h. Number of referrals per year.....

i. Number of obstetric ultrasound scans per year.....

j. Number of invasive fetal procedures (transfusions, etc.)
.....

k. Number of prenatal diagnostic procedures per year (amniocentesis, chorion villus sampling, cordocentesis).....

l. Number of newborns: < 1500 g per year NO (%).....
< 1000 g per year NO (%).....

m. Number of multiple pregnancies.....

n. Number of PIH, HELLP, IUGR, preeclamptic patients per year.....

o. Number of insulin-dependent diabetes mellitus

- p. Number of cesarean sections (and %).....
- q. Number of cesarean hysterectomies.....

Remarks (please comment)

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2. The National Training programme

- a) Is there a national training programme? YES NO
- (if Yes, please let us have a copy of it)
- The EBCOG –EAPM Subspecialist Training Programme is enclosed*

Remarks (please comment)

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3. Medical Staff (Doctors)

	<u>NUMBER</u>
a) Subspecialists
b) Fellows
c) Specialists
d) Doctors in the department not specialising in obstetrics and gynaecology or in training (if any)	-----

4. Working conditions of training:

YES **NO**

a) In your opinion has your centre got all the necessary requirements for training (see point 2 for explanation)?

-structure, e.g., laboratories, etc.

-process, e.g., lectures, seminars, audit meeting, tutorials, etc

b) What additional requirements do you feel that would be helpful?

.....

c) Are the missing components of the training available outside your main hospital (if applicable?)

d) How often do fellows participate in on-call duties? (e.g. 24 hours every third day or once a week, etc.)

.....

5. Tutors for doctors in training

Tutors are senior staff member supervising training of an individual fellow or group of fellows or have regional training responsibility

YES **NO**

a) Is there a designated doctor responsible for coordinating the training?

If yes, please indicate his/her position

b) Is there a tutor in the centre with main responsibility for the training?

- c) Do fellows have personal tutors during training?
- d) Is there a syllabus for fellows?(if yes, please enclose)
- e) Is there a written instruction for tutors in the department?
(if yes, please enclose)
- f) Is there a training programme for tutors in the department?
(if yes, please enclose)
- g) Is time scheduled for tutoring?
- h) Does your hospital have a log book for fellows?
(if yes, please enclose)

6. Is training available in the following:

- | a) Basic training in: | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| - genetics | | |
| -maternal physiology
and endocrinology | | |
| - embryology and teratology | | |
| - fetal and placental physiology and pathology | | |
| | | |
| - biochemistry and pharmacology
(relating to the pregnant woman and the fetus) | | |
| -immunology | | |
| -adult medicine, anesthesia, resuscitation and
intensive care | | |

- neonatal medicine and surgery
- laboratory based subjects including: microbiology
haematology
- administration and management
- legal and ethical issues
- epidemiology, statistics, research and audit

b) Instruction in:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| - medical and surgical complications of pregnancy | | |
| - infectious diseases in pregnancy | | |
| - fetal medicine including ultrasound examination and invasive procedures | | |
| -operative procedures and intrapartum management | | |
| -pre/post pregnancy and bereavement counselling | | |
| - biochemistry and pharmacology relating to the pregnant woman and the fetus | | |
| - embryonic, fetal and placental physiology and pathology | | |
| - neonatal care and resuscitation in the delivery room | | |
| - neonatal intensive care | | |

..... ..

6.1. Are all these trainings available in the centre or are you connected to other excellence centres where the a specific training could be practiced? If yes, please specify which and how

.....

.....

.....

9. Training in Administration and Management

	YES	NO
a) Does the fellow receive any training in administration or management? (e.g. duties relating to organisation of Centre, duty rotas, laws related to materno-fetal and perinatal medicine etc.)
b) If yes, is this on a regular basis?
State frequency		
.....		
.....		

10. Library etc.

	<u>YES</u>	<u>NO</u>
Do the fellows have access to:		
a) Scientific library at the hospital with a professional librarian?
b) Library in the centre?
c) International medical journals in the centre? per year?
d) Connection to data base?
e) Personal computer?
f) Conference room in the centre or shared conference room with other departments?
g) Room with a desk for the fellow?

11. Audit

Please state activities related to clinical audit in your centre

.....

7 b) Questionnaire regarding subspecialty training in Materno-fetal and Perinatal Medicine

(FOR FELLOWS)

1. General Information

a)Country/Region.....

b) Hospital.....

(Please encircle the appropriate option) Regional County Community

It is part of a General Hospital.....(Yes/No)

c) DepartmentUniversity Department

d) Centre.....

2.Working conditions of training:

	<u>YES</u>	<u>NO</u>
a) In your opinion has your centre got all the necessary requirements for training (see logbook EAPM/EBCOG)?
-structure, e.g. library,laboratories, etc.
-process, e.g., lectures, seminars, audit meeting, tutorials, etc

b) What additional requirements do you feel that would be helpful?

.....
.....
.....
.....

c) Are the missing components of the training available outside your main hospital (if applicable?)

d) How often do fellows participate in on-call duties? (e.g. 24 hours every third day or once a week, etc.)

.....

3. Tutors for doctors in training

Tutors are senior staff member supervising training of an individual fellow or group of fellows or has regional training responsibility

	<u>YES</u>	<u>NO</u>
a. Is there a designated doctor responsible for Coordinating training?
If yes, please indicate his/her position	
b. Is there a tutor in the centre with main responsibility for the training?
c. Do fellows have personal tutors during training?
d. Is there a syllabus for fellows?(if yes, please enclose)
Knowledge
Skills
e. Is there a written instruction for tutors in the department? (if yes, please enclose)
f. Is there a training programme for tutors in the department? (if yes, please enclose)
g. Is time scheduled for tutoring?
h) Does your hospital have a log book for fellows? (if yes, please enclose)

4. Is training available in the following:

a) Basic training in:	<u>YES</u>	<u>NO</u>
- genetics
-maternal physiology and endocrinology
- embryology and teratology
- fetal and placental physiology and pathology
- biochemistry and pharmacology (relating to the pregnant woman and the fetus)
-immunology
-adult medicine, anesthesia, resuscitation and intensive care
- neonatal medicine and surgery
- laboratory based subjects including: microbiology haematology
- administration and management
- legal and ethical issues
- epidemiology, statistics, research and audit
 b) Instruction in:		
	<u>YES</u>	<u>NO</u>
- medical and surgical complications of pregnancy
- infectious diseases in pregnancy
- fetal medicine including ultrasound examinations and invasive procedures
-operative procedures and intrapartum		

management	.....	.....
-pre/post pregnancy and bereavement counselling	.....	.....
- biochemistry, pharmacology and pathology relating to the pregnant woman and the fetus	.....	.....
- embryonic, fetal and placental pathology	.....	.....
- neonatal care and resuscitation in the delivery room	.....	.....
- neonatal intensive care		

4.1. Are all these trainings carried out in one centre or is the fellow referred to connected excellence centres (i.e. ultrasound, etc.)

.....

5. Courses etc. for fellows:

	<u>YES</u>	<u>NO</u>
a. Are fellows able to participate regularly in seminars and conferences in the centre?
b. Are fellows able to attend seminars, conferences etc. in other centres?
c. How much paid study leave does a fellow have per year?	Days/year
d. How much working time is allotted for the fellows theoretical studies every week?	Days/year

6. Research

Are you involved in:

	<u>YES</u>	<u>NO</u>
1. Research Training –methodology
2. Research		

- i. Basic scientific
- ii. Clinical

Specify the subject

.....

7 Training in Administration and Management

YES NO

a. Did you receive any training in administration or management? (e.g. duties relating to organisation of Centre, duty rotas, laws related to materno-fetal and perinatal Medicine etc.)

..... ..

b) If yes, is this on a regular basis?

..... ..

State frequency

.....

8 Library etc.

YES NO

Do the fellows have access to:

a) Scientific library at the hospital with a professional librarian?

..... ..

b) Library in the centre?

..... ..

c) International medical journals in the centre?
 per year?

..... ..

d) Connection to data base?

..... ..

e) Personal computer?

..... ..

f) Conference room in the centre or shared conference room with other departments?

..... ..

g) Room with a desk for the fellow?

..... ..

8) Schedule for visit of a Centre of Materno-Fetal and Perinatal Medicine applying for European accreditation related to subspecialist training

SCHEDULE FOR A VISIT

1 Meeting with the Head of the Centre, senior staff, Postgraduate Dean, or Hospital Director. Presentation of departmental structuring, facilities, training programme and future plans.

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2 Guided tour of the Centre

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3 Interview with fellows

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4 Lunch with senior staff and fellows

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5 Interview with neonatologists, pathologists, anesthesiologists, geneticists, if appropriate

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6 Interview with the Head of the Centre and senior staff including designated clinical tutors

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7 Preparation of preliminary conclusions and recommendations

.....

8 Presentation to Head of the Centre and Senior Staff

.....

Seven hours is the minum any visit of the centre should take, if conducted properly.

9) Visiting :

9a) Visiting Process

- Applications for Visits should be made by the Centre concerned to the Subspecialty Subcommittee (SSSC) of EBCOG and a copy should be sent to the EAPM's Educational Committee;
- Two visitors should be selected and each subspecialist society will provide two names of visitors;
- Each subspecialty will produce an application form, a format for a day programme and a format for a visit report using the EBCOG/EAPM Hospital Recognition Committee documents as templates;
- The Visit should take place;
- The Visit Report should be submitted to the SSSC;
- The SSSC will look at the report and send it to the Executive Board/Educational Committee of EAPM, which will hand over its views to the SSSC;
- The recommendation for accreditation for a five-year period will be made by the SSSC to the EBCOG Executive and, if appropriate, accreditation will be awarded for a five-year period jointly by EBCOG/EAPM

4. Tutors

Is tutorship adequate?

YES

NO

Specify:.....
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5. What are the strong points of the Centre?

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6. What are the weak points of the Centre?

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7. Conclusions

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8. Recommendations

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10) List of potential visitors in Europe prepared by EAPM/EBCOG

<p>Zarko Alfirevic, MRCOG, obstet. Dept. of Ob/Gyn University of Liverpool Liverpool L69 3BX UK</p>	<p>Tel. +44 – 151 – 702 4113 Fax: +44 - 151- 702 4024 zarko@liv.ac.uk</p>
<p>Aris Antsaklis 1st Dept of Ob/Gyn "Alexandra Hospital" University of Athens 1st Dept. of Ob/Gyn 11 Lampsakou str. 11528 Athens GREECE</p>	<p>Tel: +30 10 770 8749 Fax: +30 10 771 9271 arisants@otenet.gr</p>
<p>Grzegorz H. Breborowicz Dept. of Perinatology University School of Medical Sciences ul. Polna, 33 60 535 Poznan POLAND</p>	<p>Tel. +48-61-8419283 Fax +48-61-8419204 gbrebor@sk3.usoms.poznan.pl</p>
<p>Gian Carlo Di Renzo Centre of Perinatal and Reproductive Medicine Dept. of Gyn/Obst. and Ped. Sciences University of Perugia P.O.Box 1433 Policlinico Monteluce 06122 Perugia ITALY</p>	<p>Tel. +39 - 075 - 5720563 or 5720574 Fax: +39 - 075 - 5729271 direnzo@unipg.it</p>
<p>William Dunlop Dept. of Obstetrics and Gynecology University Hospital Newcastle UK</p>	<p>william.dunlop@ncl.ac.uk William.Dunlop@newcastle.ac.uk</p>
<p>Luis Cabero Roura, Dept. of Obstetrics and Gynecology Hospital Vall de Hebron Avda. Vall de Hebron 119-129 08035 Barcelona SPAIN</p>	<p>Tel. +34-93-4893085 Fax: +34-93- 4893083 Home:C/Somatens 44, bajo, 08950 Esplugues de LL Tel. +34 93 473 4850 Fax: +34 93 473 5025 lcaberor@meditex.es</p>

<p>Wolfgang Holzgreve University Women's Hospital Basel Schanzenstrasse 46 CH-4031 Basel Switzerland</p>	<p>Tel.: +41-61-325-90 12/14 Fax: + 41- 61 325 9031 wholzgreve@uhbs.ch</p>
<p>Jens Langhoff-Roos Dept. of Obstetrics Juliane Marie Centre Rigshospitalet Blegdamsvej 9 DK - 2100 Copenhagen DENMARK</p>	<p>Tel. +45 - 35 - 45 41 11 Fax: +45 - 35 - 45 44 71 E-Mail: rh00328@rh.dk jlr@rh.dk</p>
<p>Anton V. Michailov Div. of Ultrasound Diagnosis Inst. of Ob/Gyn Academy of Medical Sciences Mendeleevskaya line 3 St Peterburg - RUSSIA</p>	<p>Tel. + 7 - 812 - 218 98 14 Tel. home. + 7 - 812 - 246 07 62 Fax: (+7) 812 - 218 2361 E-mail: AM2697@spb.edu</p>
<p>Nebojsa Radunovic Dept. of Obstetrics and Gynecology University Hospital Belgrad</p>	<p>nradunovic@sezampro.yu radunovn@eunet.yu radunn01@med.nyu.edu</p>
<p>Steve Robson Dept. of Obstetrics and Gynecology University Hospital Nottingham UK</p>	
<p>Peter Rolfe Dept. of Obstetrics and Gynecology University Hospital Oslo Norway</p>	

<p>Cihat Sen P.O. Box 33 Cerraphasa Istanbul 34301 Turkey</p>	<p>Tel. + 90-212-5891141 Fax: +90-212-6334685 csen@obusg.org.tr</p>
<p>Peter Soothill Fetal Medicine Research Unit Dept. of Obstetrics and Gynaecology St. Michael's Hospital Bristol UK</p>	<p>Tel. +44-117-9285277 Fax: +44-117-9285683</p>
<p>Magnus Westgren Dept. of Obstetrics and Gynecology University Hospital Karolinska Stockholm Sweden</p>	
<p>Juriy Wladimiroff Dept. of Ob/Gyn Erasmus Univ. Rotterdam Academisch Ziekenhuis Dijkzigt Postbus 1738 Dr. Molwaterplein 50 3000 DR Rotterdam The Netherlands</p>	<p>Tel. +31 - 10 - 463 3632 Fax: +31 - 10 - 463 5826 s.breur@erasmusmc.nl j.wladimiroff@erasmusmc.nl</p>
<p>Yves Ville Université Paris V Centre Hospitalier Intercommunal Poissy St. Germain en Laye Hopital de Poissy 10 Rue du Champ Gaillard BP 3082 78303 Poissy Cedex France</p>	<p>Tel. +33 139275251 Fax: +33 139274412 yville@wanadoo.fr</p>