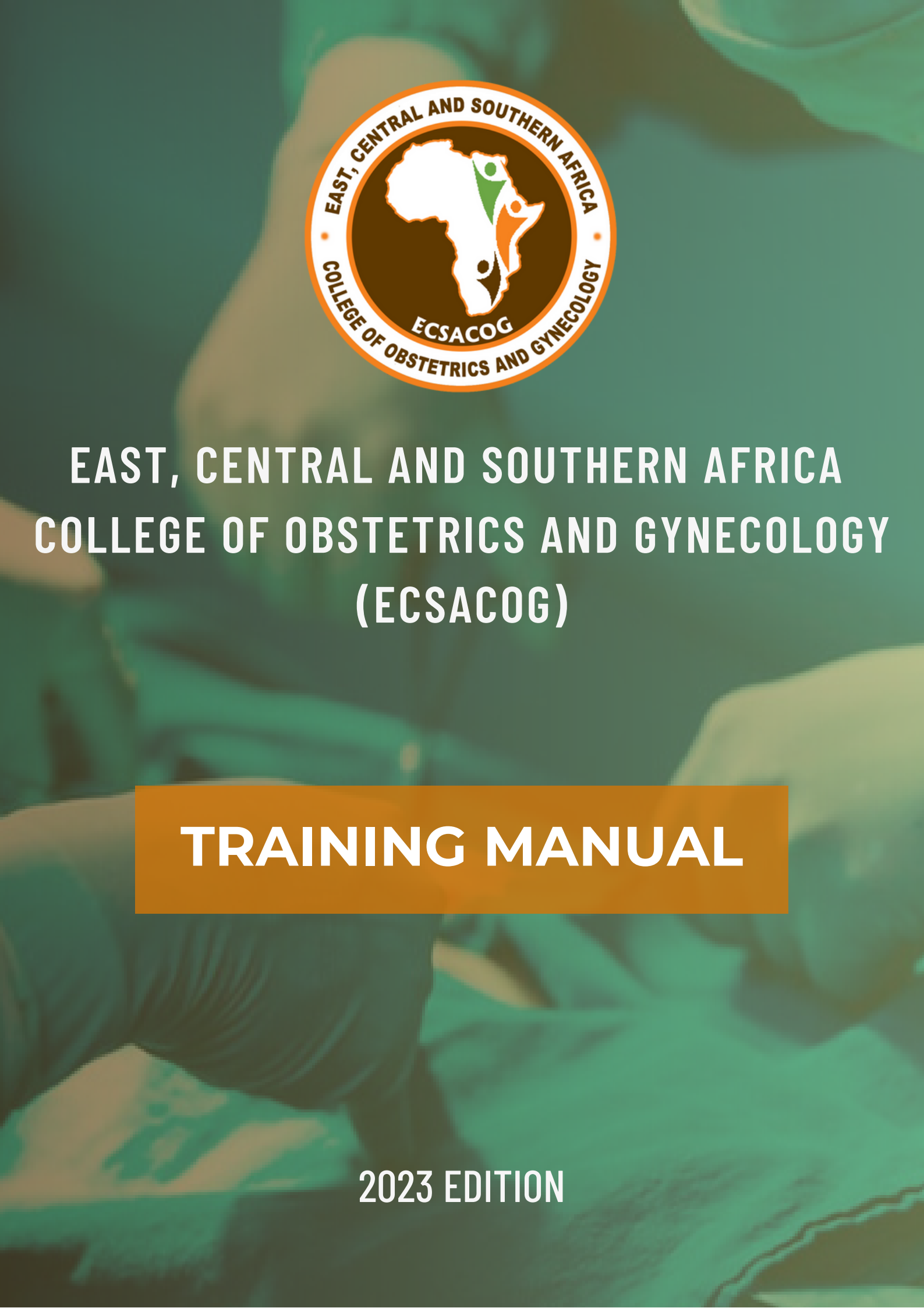


EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF OBSTETRICS AND GYNECOLOGY (ECSACOG)

TRAINING MANUAL

2023 EDITION

Preamble

The purpose of this training manual is to provide basic information about ECSACOG training and examinations in one single place. This manual is suitable for ECSACOG trainees and prospective trainees, as well as ECSACOG Programme Directors and Trainers and anyone who may wish to know more about the ECSACOG training programme. This manual is not exhaustive. Other documentation gives more detail on various aspects of colleges activities. Please consult the ECSACOG Constitution, Curriculum and logbook for more information. The latest version of each of these documents are available on the ECSACOG website www.ecsacog.or, which in itself is an important source of ECSACOG information.

Table of Contents

Foreword from the President

Thank you for the valuable contribution you make as an ECSACOG Programme Director and Trainer at one of our accredited hospitals. This Training Manual has been produced by the Education, Scientific and Research Committee (ESRC) to give an overview of the ECSACOG Training and Examination framework and to help you familiarise yourself with your role and responsibilities. I believe that you will find it beneficial.

ECSACOG is committed to supporting you and I encourage you to engage with the College and to participate in the training courses, both online and in-person which are available. I would like to thank you again for your contribution to ECSACOG and I look forward to working with you in training the next generation of obstetricians and gynecologist in Africa.

Sincerely,

Prof Annettee Olivia Nakimuli,
MBChB, MedObs&Gyn, MBA, FOG(ECSA), PhD

Foreword from the Chairperson of the Education, Scientific and Research Committe

It is my honour and privilege as Chair of Education, Scientific and Research Committee of ECSACOG to present this training manual to guide our training program that is a result of a great contribution of my team and other members that tirelessly developed it.

We all took this as a privilege to have a role in shaping the future of our maternal health in the region by providing quality training of obstetricians and gynecologist for our region to address the current changes.

It is my hope that this will make a difference in addressing the health challenges in future.

Sincerely,

Prof Stephen Rulisa,
MD, FCOG (ECSA), PhD

Acknowledgements

We would also like to acknowledge the efforts of the Education, Scientific and Research Committee and the secretariat in the content development and review process of this manual.

ESRC Members

Prof Stephen Rulisa ..... Committee Chair

Prof Dereje Negussie ..... Member

Dr Musonda Makasa ..... Member

Dr Garang Djakur Lueth ..... Member

Dr Fadhlun Alwy ..... Member

Dr Kennedy Onyango ..... Member

Dr Garang Djakur Lueth ..... Member

Dr. Mekdes Daba ..... Member

Secretariat

Ms. Judith Andrew ..... Senior Programme Officer

Introduction to ECSACOG

The East Central and Southern Africa College of Obstetrics and gynecology of (ECSACOG) is a collegiate training institution with a mandate to train specialist obstetricians and gynecologists within the East, Central and Southern Africa region. It incorporates the East, Central and Southern Africa Societies of obstetricians and gynecologist. It is an affiliate College of the East, Central and Southern Africa College of Health Sciences.

ECSACOG was established on 27th September 2017 in Kigali, Rwanda following the resolution of the ECSA Health Community Conference of Health Ministers to localize the training of health specialists in the region. ECSACOG aims at building regional capacity for obstetrics and gynecology workforce, improving the quality of care and increasing the number of well-trained health professionals to serve the population in need of specialized maternal, new born, reproductive and sexual health care including comprehensive abortion care (CAC) and contraception services.

ECSACOG currently operates in ten (10) countries in the Sub-Saharan Africa region including Kenya, Uganda, Malawi, Rwanda, Tanzania, Mozambique, Zambia, South Sudan, Zimbabwe and Ethiopia. At present ECSACOG has over 500 fellows and members. The College so far has ten (26) accredited training sites and has enrolled 58 trainees for the membership programme and has trained over 100 trainers. The ECSACOG headquarters is located at the ECSA Health Community, Olorien Road Njriro, Arusha, Tanzania.

Vision

To be a reference body for Reproductive Maternal and New born Health in the region of East, Central and Southern Africa and beyond

Mission

To be a lead organization for clinical excellence in reproductive health in the region of East, Central and Southern Africa and beyond, and a platform for shared experiences and skills transfer.

The objectives of ESACOG are:

1. To foster intellectual inquiry and critical thinking preparing graduates who will serve as effective, ethical and engaged fellows, through advancement of creative research, innovation, and creativity in solutions to regional RMNCAH problems
2. To extend knowledge through innovative educational programmes in which students and emerging scholars are mentored to realize their highest potential and assume roles of leadership, responsibility, and service to society
3. To apply knowledge through local and global engagement that will improve quality of life and enhance the good health of the people of the region
4. To promote, organize and conduct postgraduate education and training in Obstetrics and gynecology and related specialties and allied disciplines and to promote the highest level of skills, attitudes and proficiency in their practice
5. To promote and encourage research in Obstetrics and gynecology and allied arts and sciences

ECSACOG Training Programme

ECSACOG offers a four-year training programme in Obstetrics and gynecology which is undertaken in accredited training hospitals. Each accredited hospital has an ECSACOG Programme Director (PD), who oversees the delivery of the ECSACOG membership training programme in that hospital, and the progress of trainees based in that hospital.

Admission to the ECSACOG training programme is open to all qualified, registered Medical Doctors who fulfil the requisite professional requirements. At the end of year four, the trainees will be required to sit for written and clinical examinations and those who pass these assessments will be awarded Membership of the College "MCOG- ECSA".

Structure and Duration

This is a full time training program of a minimum of four (4) calendar years from enrolment to graduation. divided in 4 parts:

Year I

Examination consisting of written papers assessing basic scientific knowledge of the human body related to obstetrics and gynecology. These will be conducted at the end of Year 1 of the programme. It will consist of:

One on MCQs, and short answer questions and Clinical examination and oral exam —By internal examiners.

Year II and Year III

Examination will be assessed through CATS twice a year in February and July. And Clinical examination to be conducted in August.

Year IV

There will be CATS twice a year in February and July and a final qualification Written and clinical examination (MCQ and shot answers question) in August. The clinical exam will be conducted both by internal and external examiners.

Mode of Delivery

This training programme is delivered using different approaches like Lectures, Group Discussions, Group Exercises, Assignments, Journal clubs, Evidence- based clinical seminars, Practicum and e-learning modules. Skills acquisition will take place by observation, assisting and performing

APPLYING FOR TRAINING

ADMISSION CRITERIA

Applicants to the Programme will be required to :

I. Be a holder of at least a degree in medicine such as Bachelor of Medicine and Bachelor of Surgery (M.B,Ch.B.) or similar degree e.g. Doctor of Medicine (MD), from a recognized university by the respective national professional regulatory body

II. Have further training/qualifications especially in reproductive health, epidemiology, community or public health, will be an advantage but not mandatory.

III. Have practiced clinical medicine for at least one-year post-internship with exposure to reproductive health practice in a recognized clinical or relevant research setting.

IV. Be registrable as a medical practitioner in both the native country and in the country of intended training.

V. Possess certificate of good professional conduct from the regulatory authority of the country of origin or current country of practice

Application Process

Applicants who are interested to join the training programme will submit their applications online through the College website by providing:

I. Copies of the relevant academic certificates

II. Copies of current practice license

III. A letter of good standing from the national professional regulatory authority

IV. Brief Curriculum Vitae

V. Two recommendation letters from two verifiable practitioners of specialist status

VI. A non-refundable application fee of 100 US Dollars

Selection process

- Selection of applicants is done by Country Representatives in consultation with the Secretariat to ensure that selected applicants meet the criteria for admission as stipulated in the curriculum
- Shortlisted applicants will be invited for a selection interview.
- Successful applicants will be notified accordingly in writing
- Unsuccessful applicants will equally be notified in writing.

Admission to the Training Programme

Successful applicants will be asked to pay their tuition fee for first year and upon payment, they will be given a registration number which will be used throughout their training programme, login details for e-learning platforms and other learning materials.

Trainees Orientation

The enrolled trainees will be oriented by Programme Directors of each respective training sites in presence of the trainers.

Examination format and conduct

Year I

Examination consisting of written papers assessing basic scientific knowledge of the human body related to obstetrics and gynecology. These will be conducted at the end of Year 1 of the programme. It will consist of:

One on MCQs, and short answer questions and Clinical examination and oral exam —By internal and external examiners from within the region.

Year II and Year III

Examination will be assessed through CATS twice a year in February and July. And Clinical examination to be conducted in August.

Year IV

There will be CATS twice a year in February and July and a final qualification Written and clinical examination (MCQ and shot answers question) in August. The clinical exam will be conducted both by internal and external examiners.

Examination Malpractices and Disciplinary Actions

Examination and Credentials Committee (ECC) will oversee all the examination procedures and malpractices. Cases of malpractice will be punished in line with the policy and regulations. These may take the form of reprimand, disqualification, suspension or cancelation, or arrest and prosecution depending on the nature and the committee's discretion.

Mode of Appeal

The appeal application must be made within 10 day of the decision of the committee. On receipt of a written appeal, an enquiry will be conducted by an appointed member of the committee who is not involved in the internal assessment decision. The enquiry will be fair and just and will be made in line with the Codes of Practice. Considerations will be made on whether the marks given are fair and just, comparing with other students' work to help determine a correct and appropriate mark. An appeal against the decision of the committee on malpractice will be deemed invalid and not held if it is based purely on the academic judgment of the examiners; extenuating circumstances affecting performance; and the candidate's lack of awareness of examination regulations and procedures.

A written response to the appeal will be sent to the candidate within 10 working days of the college receiving the appeal. A written record of the appeal and the outcome will be kept on file with the awarding body being informed of any amendments. If a candidate is not happy with the written response, a letter requesting a personal hearing will be sent to the registrar, and a date for a hearing shall be given to the candidate and any lecturer involved in the assessment. The new panel will consist of a least two individuals who have not previously dealt with the particular case. The College will make a written record of the hearing, which should include the outcome of the appeal and the reasons for that outcome.

The Graduation Requirements

The candidate will qualify for the award of the Membeship of the College of Obstetrics and gynecology the East Central and Southern Africa (MCOG-ECSA) after going through all the course work and examinations including 1st, 2nd , 3rd and 4th and gaining a minimum pass of 60% in all categories of competency-based course work and written examinations.

ECSACOG Training and Examination framework

ECSACOG training programmes are anchored in an institutional framework comprising the following bodies who are mandated to carry out the training and examination function;

I. **Registrar:** The role of the Registrar is to oversee College matters in respect to Accreditation, Certification, Examiners, Examinations, Graduation and Scholarships.

II. **Examination and Credentials Committee (ECC);** This Committee organizes examinations and examines credentials of all candidates and deals with other academic matters such as reciprocal arrangements, recognition/accreditation of hospitals, setting up of panels, examiners, the election of Fellows and Members.

III. **Education, Scientific and Research Committee (ESRC);** this Committee meets regularly to deal with education, training and research issues. This body is also responsible for improving the course content based on the research done on the completed courses, the quality assurance for training at the national level, and training oversight.

IV. **Panel Heads:** Panel Heads are Fellows of ECSACOG who are responsible for setting the final exam for each training programme every year, in accordance with the format and regulations stipulated by the ECC.

V. **Country Representatives (CRs):** These form part of the Council and they handle and coordinate all College activities at Member State level. Each Member State has two CRs who should be ECSACOG Fellows.

VI. **Programme Directors (PDs):** ECSACOG has established Programme Directors at every ECSACOG accredited facility/hospital. These ensure a smooth training programme in each training site.

VII. **Trainers:** Trainers are responsible for delivering day to day teaching and training to registered trainees in conjunction with the Programme Directors

VIII. **Country Coordinators:** The College established Country Coordinators in all Member States to coordinate and to ensure smooth running of the activities of the College as well as coordination and administration of examinations at the national level.

VIII. **Secretariat:** Manages the day-to-day affairs of the College. The secretariat provides regional coordination and administrative support of the entire ECSACOG program aiming towards achieving the College objectives.

This Training Manual focuses particularly on the roles of the Programme Directors (PDs) and Trainers. All information is correct as of March 2023 but may be revised as need arises. PDs and Trainers should ensure that they are accessing the most current version of this document at all times.

ECSACOG Training Pathway

Communication

Regular and accurate communication is vital for the successful delivery of the ECSACOG training programme. Typically, the PD, on behalf of the accredited hospital, maintains regular contact with the Country Representative and Country Coordinator as a means of keeping up to date with ECSACOG news and information in relation to all aspects of training.

There are ECSACOG-accredited hospitals in countries that do not have a Country Representative or Country Coordinator. In these cases, the PDs should maintain regular contact with the ECSACOG Secretariat directly and proactively.

At a minimum, PDs should ensure that the ECSACOG Secretariat has accurate and current email contact details for the PD themselves, all trainers and trainees and the accredited hospitals. Any changes in contact details should be promptly notified to the ECSACOG Secretariat – see Appendix I. ECSACOG Secretariat Contacts

Key Training and Examination dates

Training

The ECSACOG training year runs from 1st September to 31stAugust. Intending trainees must enroll and pay for their training programme by the deadlines below, in order to commence training in the relevant academic year. Intending trainees should read the instructions on the ECSACOG website: https://ecsacog.org/application/and complete the enrollment application at https://ecsacog.org/apply-now/

Programme enrolment and payment	Deadline	When training commences
MCOG(ECSA)	30 June	1st September

Trainees need to pay tuition fee before starting the four-year membership training programme. In other words, they will only be admitted for the programme once the tuition fee for first year is paid. They will also be required to pay tuition fee in the subsequent years of their training programme.

The ECSACOG Secretariat will notify the trainee once their application has been fully accepted, and give them instructions to pay the training fee. Full details on fees can be found on the ECSACOG website https://ecsacog.org/payment/ Trainers and PDs are encouraged to liaise with the Country Coordinator and Country Representative to ensure all prospective trainees are enrolled by the deadline, so they can be fully registered and commence their training on 01st September.

Throughout the year, PDs should inform the Country Representative and Country Coordinator if any trainees discontinue their training at the hospital. Similarly, PDs should inform the Country Rep and Country Coordinator if a Trainer moves to another hospital, and work with ECSACOG to identify another Trainer to directly supervise the day to day teaching of trainees.

Note: Where PDs are based in an accredited hospital that is not in a Member-Country and therefore does not have a Country Representative or Country Coordinator, the PD should contact ECSACOG Secretariat directly.

Examination

ECSACOG's Membership MCOG-ECSA is an online written exam that usually takes place in mid-August.

Prospective exam candidates should register and pay the fees for the exams by the date below. A list of fees can be found at https://ecsacog.org/payment/

Exam Registration and payment	Deadline	Year I Exam	Year II & Year III Exam	Year IV Exam
MCOG(ECSA)	May 30th	August	August	August

Further information on the exams can be found on www.ecsacog.org under "Exams"

Programme Directors: Roles and Responsibilities

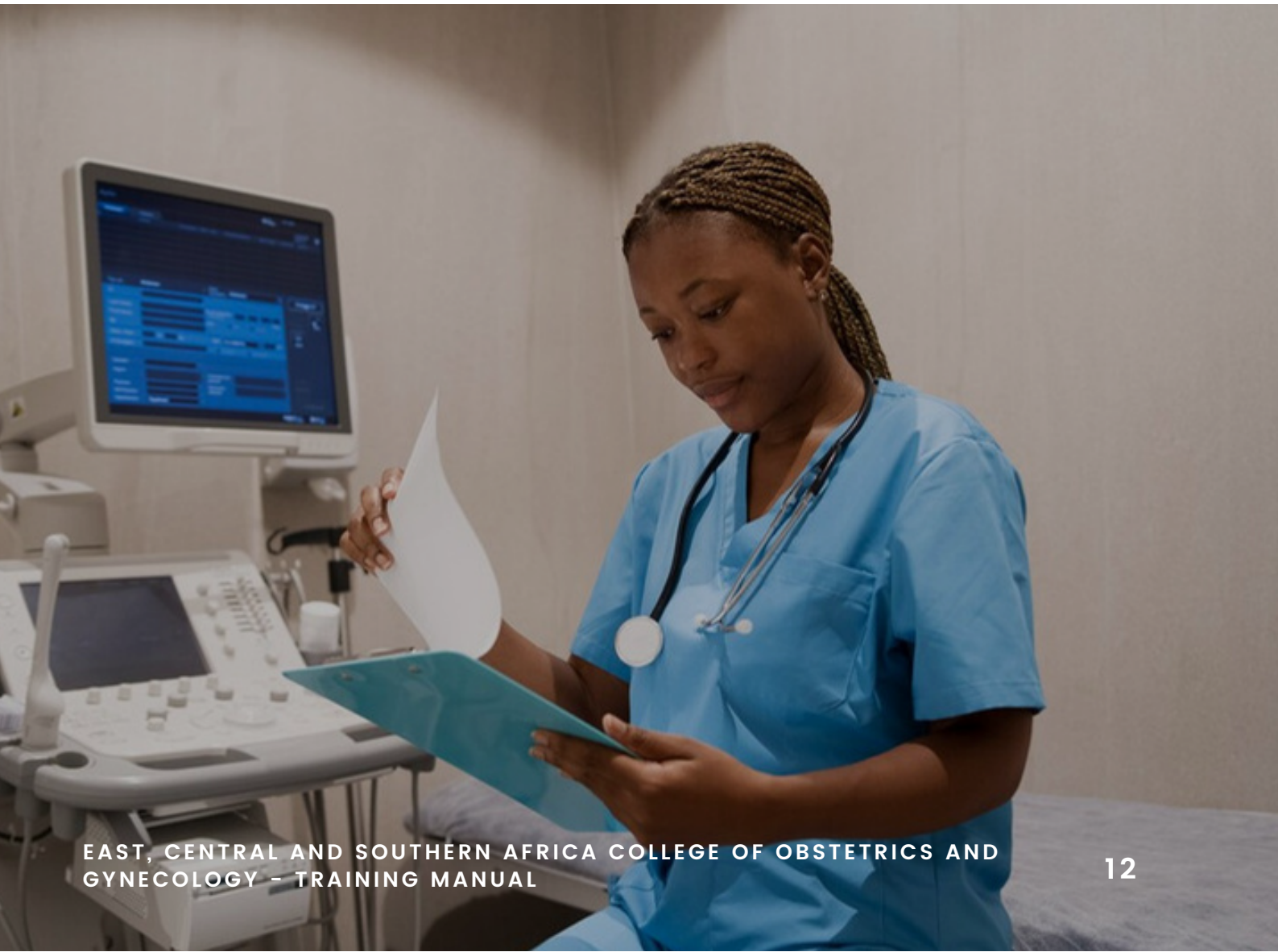
The Programme Director (PD) is an ECSACOG Fellow who is appointed by the hospital and is accountable for the delivery of the ECSACOG training programme(s) at the accredited hospital on an honorary basis. The PD is the main contact point between the accredited hospital and ECSACOG with regard to training. PDs are in effect the lead Trainer at the accredited hospital.

PDs use their experience, knowledge and skills as expert clinicians/trainers, and their familiarity with clinical situations to oversee the delivery of high-quality teaching and training to trainees. PDs keep abreast of ECSACOG's policies and regulations and syllabi for the training programme(s) which their hospital is
accredited for. The PD plays a vital role in ensuring patient safety through the appropriate supervision of trainees throughout their training.

In the ECSACOG training and examination framework, PDs are a key link between the past and the future of obstetrics and gynecology practice, to guide and steer the learning process of the next generation of obstetricians and gynecologist

The role of the PD is to:

- Have overall educational and supervisory responsibility for the trainees in an accredited hospital
- Ensure that induction to the department or hospital (where appropriate) has been carried out
- By liaising with the Country Rep and Country Coordinator*, ensure that trainees are fully enrolled and correctly registered with ECSACOG, and are fully registered to take exams by the appropriate date, typically in their first and final year of training – **see Key Training and Examination Dates.**
- By liaising with the Country Rep and Country Coordinator*, provide a complete and accurate list of all the Trainers at the accredited hospital to ECSACOG
- Ensures that trainees in the hospital are fulfilling all requirements of their training – see



Mandatory Courses

- Ensures that trainees in the hospital have access to Library and IT facilities with reliable internet.
- Ensure that trainees have appropriate day-to-day supervision appropriate to their stage of training.
- Act as a mentor to trainees and help with both professional and personal development and welfare.
- Discuss the trainees' progress with each Trainer who is involved in direct supervision of the trainee.
- Regularly inspect the trainees' Logbook, and ensure that trainees are making the necessary clinical and academic progress – see **paper based logbook**, & eLearning.
- Ensure patient safety in relation to trainees' performance by the early recognition and management of trainees in distress or difficulty.
- Ensure that evaluations of the trainee have been done regularly, and these evaluations are shared with ECSACOG
- Support Trainers in the accredited hospital in their supervision of trainees' clinical and academic performance
- Ensure that all Trainers undertake an accredited Training-of-Trainers (ToT) course and that they avail resources that ECSACOG makes available for Trainers –**see Training of Trainers.**
- Ensure that Trainers are kept informed of the current regulations that apply to ECSACOG training programmes.
- Ensure that Trainers are kept informed of exchange, scholarship and bursary opportunities which are occasionally made available to ECSACOG trainees – see **Exchanges, Scholarships, Bursaries**.
- Inform the Country Rep and Country Coordinator* of any significant issues that may affect the trainees' training at the hospital, including drop out of trainees or the departure of Trainers from the hospital.
- Inform the Country Representative and Country Coordinator* of scope for improvements to any aspect of the training programme.

**As stated earlier, PDs based in a country that is not a member-country of ECSACOG should take a proactive approach in contacting the ECSACOG Secretariat on all matters to do with training.*

Trainers: role and responsibilities

Trainers are ECSACOG Member-Specialists and ECSACOG Fellows who supervise enrolled trainees at an accredited hospital during their training. Trainers are responsible for the day-to-day teaching and training of a number of trainees in an accredited hospital on an honorary basis.

Trainers have access to the support and advice of their senior colleagues, in particular the PD, regarding any issues related to teaching and training and to keep up-to-date with their professional development as Trainers.

The role of the Trainer is to:

- Supervise the work of the trainee and be a mentor in his/her studies.
- Ensure patient safety in relation to Trainee performance.
- Ensures that the trainee attends educational activities such as Clinical/Journal/ and Mortality/Morbidity meetings on a regular basis.
- Conduct mock examinations twice a year before the written and clinical examinations. The examination shall consist of a hands-on bedside Clinical examination of patients.
- Conduct mock examinations twice a year before the written and clinical examinations. The examination shall consist of a hands-on bedside Clinical examination of patients.
- Monitor the trainee's operative exposure and clinical practice, ensuring that it is in keeping with the regulations of the training programme, and to sign-off on either the trainee's paper based or eLogbook promptly– see paper based or eLogbook.
- Monitor the trainee's operative exposure and clinical practice, ensuring that it is in keeping with the regulations of the training programme, and to sign-off on either the trainee's paper based or eLogbook promptly– see paper based or eLogbook.
- When a trainee is not getting sufficient operative exposure or clinical load, either by volume or type of case, to proactively discuss with the PD how to remedy this situation.

- Ensuring and facilitating working arrangements so that trainees attend the mandatory courses as required by their training programme – see Mandatory Courses.
- Assisting the trainee to manage the self-directed educational component of their training programme – **see eLearning.**
- Carry out evaluations of the trainee regularly, and ensure these evaluations are shared with ECSACOG – **see Forms to fill out: Trainee Evaluation**
- Ensure that the trainee completes feedback forms on each post in their training – **see post training assessment.**
- Supporting trainees to apply for exchanges, scholarships and bursaries which ECSACOG may make available and which are beneficial for the trainee – **see Exchanges, Scholarships, Bursaries.**

Common elements of all ECSACOG Training Programme

a) Paper based logbook or Elogbook

All trainees are required to maintain an accurate and current paper based or e logbook. Trainees should record all cases that they observe, perform or assist in during their training no later than one week after the case has taken place. Trainers and PDs should check and countersign or get it approved on logbook.

The ECSACOG Logbook gives Guideline Minimum Numbers for bundles of cases, 'index procedures' in each training programme. These numbers are intended as a guide to trainees, Trainers and PDs as to the volume and type of cases they should have recorded before taking their exam each year.

Trainers should ensure that trainees are completing their Logbook regularly and accurately. Trainers supervising trainees not using the ECSACOG paper based or eLogbook should ensure that these candidates are aware of the Guideline Minimum Numbers and are set to achieve these.

PDs should monitor the trainees 'paper-based Logbook to ensure trainees are getting adequate operative and clinical exposure by volume and type.

b) Exchanges, Scholarships, Bursaries

Every year, ECSACOG makes a number of exchanges, scholarships and bursaries available to ECSACOG trainees. Through these, ECSACOG strives to encourage more people to enter training; support progress through all stages of training; enhance the quality of training; and increase research skills.

The Secretariat notifies Country Coordinators and Country Representatives of these opportunities when they arise. They are also posted on the ECSACOG website www.ecsacog.org/prizes-scholarship-grants/ and shared by social media

PDs and Trainers are encouraged to proactively support trainees to apply for these opportunities if suitable.

c) Trainee Evaluations and Training Post Assessment

Trainers should complete an evaluation of their trainees after each rotation. The online form is available on https://www.ecsacog.org/resources under 'E-Logbook and Forms'>'Forms to be filled by Trainers.

These evaluations may assist in determining if a trainee is ready to take exams for their training programme. PDs should ensure that Trainers regularly complete evaluations of their trainees.

Trainers should also ensure that trainees give feedback on each training post they hold. The online form is available on https://www.ecsacog.org/resources under 'E-Logbook and Forms'>'Forms to be filled by Trainees.
These evaluations may assist ECSACOG to form an understanding of how the training programmes are running at each accredited hospital and may indicate how ESACOG can better support the hospital in delivery of the training

d) Dropouts/Withdrawal

If for any reason a trainee decides to withdraw from the programme, He/She will be reqto inform the Programme Director and fill in the clearance/ withdrawal form contained in **appendix III**

e) Online payments

ECSACOG fees can be paid online through the website at: https://ecsacog.org/payment/ This includes application fee, tuition fee, exam fees and repeat exam fees; Graduation/Specialist Register fee, Member and Fellow registration fees; and Member/Fellow Annual subscription fees. Annual subscription fees may also be paid directly to the ECSACOG Secretariat team at the Annual General Meeting.

f) Out of Programme Elective (OOPE)

Occasionally, trainees may wish to pursue a training opportunity or the opportunity to gain greater/deeper exposure in a hospital other than their designated accredited hospital.

Trainees are permitted to spend up to two months in a temporary out of programme elective (OOPE) without delaying their training programme, provided that the PD is satisfied that a clear learning objective for the duration of the OOPE has been set, and an appropriate supervisor has been identified in the OOPE hospital. The trainee must keep their paper based or eLogbook up to date and continue their academic programme while on OOPE. The OOPE hospital may or may not be an ECSACOG -accredited hospital.

The PD should notify the Country Rep of this OOPE, or in the case of a PD in a non-member country, they should contact the ECSACOG Secretariat directly. For ECSACOG's administrative purposes, the trainee remains a registered trainee at their original accredited hospital, and the PD retains overall responsibility for their training.

f) Panel Heads

Panel Head Name	Country
PROF MOSES OBIMBO	KENYA
DR LAMECK CHINULA	MALAWI
PROF EUGINE NGOGA	RWANDA
DR ARKANGELO AYIKA MONA	SOUTH SUDAN
DR FADHLUN M. ALWY AL-BETTY	TANZANIA
PROF DAN KAYE	UGANDA
DR SELIA NG'ANJO	ZAMBIA
DR MUGOVE MADZIYIRE	ZIMBABWE

g) Training of Trainers

All registered trainees should be trained by an accredited Trainer, i.e. a Trainer who has completed a Training of Trainers (ToT) course. Undertaking a ToT course is an important aspect of professional development for ECSACOG Fellows, and helps maintain the integrity of the ECSACOG.

All PDs should also complete a ToT course if they have not yet done so by the time of their appointment.

Each ECSACOG Member Country has one or more Master Trainers. Master Trainers are senior Ob/Gyn who have completed an intensive course in the Training of Trainers. Country Reps, Country Coordinators, PDs, and Master Trainers work together to organise ToT courses at the national level to meet the training needs in the country.

Where accredited hospitals are not located in a Member-Country, and there is no Master Trainer in that country, the PD should contact the ECSACOG Secretariat directly.

A number of accompanying materials for ToT courses are available on ">" Train the Trainers".

The Country Coordinator or PD from a non-member country should liaise with the ECSACOG Secretariat before the holding of the ToT course. Additional resources, materials and advice on running a ToT course may be available from the Secretariat. The Secretariat may be able to provide financial support towards the cost of running a ToT course

Appendix I. ECSACOG Secretariat Duties and Responsibilities and Contact Details

Role	Post-holder	Email	Areas of responsibility for Training and Examinations
SENIOR PROGRAMME OFFICER	MS JUDITH ANDREW	ecsacog@ecsahc.org	COORDINATION OF ALL OPERATIONS OF THE COLLEGE INCLUDING TRAINING AND AMINATIONS PROCEDURES/ACTIVITIES
FINANCE AND ADMINISTRATION OFFICER	MR. GASPER MRINA	finance.ecsacog@ecsahc.org	PAYMENT OF TRAINING, AND EXAM FEES, AND OTHER RELATED COSTS TRAINING AND EXAM LOGISTICS SUPPORT
EXAMINATION AND TRAINING ASSISTANT	MR. ADAM SIMON	training@ecsacog.org	SUPPORT TRAINEES APPLICATIONS AND REGISTRATION, ONLINE TRAINING DELIVERY, COORDINATING PROGRESSIVE ASSESSMENT AND EXAMINATIONS PROCESSES.

Appendix II. Patient Safeguarding in the Training Programme

ECSACOG is committed to safeguarding the well-being of patients. ECSACOG expects all individuals in the ECSACOG Training and Examination framework to behave with integrity and professionalism at all time, and to ensure that patients are treated with dignity and respect in the training programme.

Trainees, Trainers, and PDs are bound to comply with the professional code of conduct from their employing hospitals and their national medical licensing body in regard to patient safeguarding.

Additionally, Trainers and PDs, as Fellows of ECSACOG are bound by the Fellowship Declaration in the practice of obstetrics and gynecology. The commitments and spirit of this declaration should be vividly reflected in the culture of the training programme established at each accredited hospital.

Trainees registered in ECSACOG training programmes are obliged to:

- Pursue obstetrics and gynecology training with honesty and to place the welfare and the rights of the patient above all else.
- Deal with each patient as they would wish to be dealt with if they were in the patient's position.
- Respect the patient's autonomy and individuality.
- Affirm and support the social contract of the obstetrics and gynecology profession with their community and society
- Not take part in any arrangement or improper financial dealings that induce referral, treatment, or withholding of treatment for reasons other than the patient's welfare.
- Advance their knowledge and skills, respect their colleagues, and will seek counsel from colleagues when in doubt about their abilities
- Willingly help their colleagues when requested.
- Recognize the interdependency of all health care professionals and will treat each with respect and consideration.

Appendix III: ECSACOG's Training Clearance/ Withdrawal Form

ECSACOG's training

Clearance/Withdrawal Form

Purpose: Only with proper termination below can transcripts, letters of enrollment and honorable dismissal be issued. Readmission to the college will be considered if termination is certified by the Registrar office. The clearance or withdrawal should be started by writing a formal letter of request.

If the trainee leaves their station for more than two weeks without informing the Program Director, the trainees will be automatically withdrawn from the program. The Program Director will have to inform the secretariat and Country Representatives.

Procedures:

1. Complete part I of this form
2. Obtain the signatures in part II
3. Return this form to the registrar's office not later than two weeks after your absence from training class has been reported by your trainers or PD. This form becomes part of your permanent file and record.

Part I.

1.1. Full Name_____ Registration. No_____

1.2. Admission Year_____

1.3. Last Date training attended _____

1.4. Reason for withdrawal_____

Part II.

	Name	Signature	Date
2.1. Program Director	_____	_____	_____
2.2. Country Representative	_____	_____	_____
2.3. Registrar	_____	_____	_____

Appendix IV: ECSACOG's Logbook Requirements

Year One

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

Procedure	Observe	Assist	Perform with assistance	Perform
Chorionic villous sampling	2	Optional	N/A	N/A
Amniocentesis	2	Optional	N/A	N/A
External cephalic version	Optional	Optional	Optional	N/A
Insertion of cervical cerclage	2	2	2	2
Basic Obstetric ultrasound	5	5	N/A	N/A

B. INTRAPARTUM:

Procedure	Observe	Assist	Perform with assistance	Perform
Fetal scalp blood sampling	Optional	Optional	N/A	N/A
Induction of labour	5	5	Optional	20
Fetal monitoring (CTG)	5	5	Optional	20
Vaginal delivery – unassisted – singleton	Optional	Optional	5	30
Vaginal delivery – Twins	Optional	Optional	5	5
Shoulder dystocia manipulation & delivery	2	Optional	2	N/A
Low/Outlet ventouse	2	Optional	2	5
Vaginal birth – assisted breech delivery	2	2	2	2
Caesarean section without a listed complexity	2	5	5	10
Caesarean section (Repeat >2)	Optional	2	2	10
Caesarean section for mal-presentation/malposition	Optional	Optional	2	5
Caesarean section for multiple pregnancy	Optional	Optional	2	3
Caesarean section - APH – Placenta praevia	Optional	Optional	2	N/A
Caesarean section - APH – Abruptio Placenta	Optional	Optional	2	N/A
Caesarean hysterectomy	Optional	Optional	2	N/A
Classical caesarean section	Optional	Optional	Optional	N/A
Caesarean section in second stage of labour	Optional	Optional	2	N/A
Ruptured Uterus - Repair	2	2	N/A	N/A

Ruptured Uterus - Subtotal hysterectomy	2	2	N/A	N/A
Ruptured Uterus - Total hysterectomy	1	N/A	N/A	N/A
Neonatal resuscitation	5	5	5	10
Obstetric anaesthesia				
a)Spinal	5	5	N/A	N/A
b)General	5	5	N/A	N/A

C. Postpartum

Procedure	Observe	Assist	Perform with assistance	Perform
PPH (>1000 mls loss) – Medically management	Optional	Optional	5	10
PPH (.1000 mls loss) surgical management				
a) EUA +/- Exploration	2	Optional	2	2
b) Cervical Repairs	2	Optional	2	2
c) Manual removal of placenta	2	2	2	5
d) B-Lynch suture	2	2	N/A	N/A
e) Hysterectomy	2	2	N/A	N/A
f) Uterine artery ligation	1	1	N/A	N/A
g) 1st/2nd degree perineal tear	Optional	2	2	10
h)3rd/4th degree perineal tear	2	2	2	N/A

2. GYNAECOLOGY:

a) Cancer Screening:

Procedure	Observe	Assist	Perform with assistance	Perform
Pap Smears	1	2	5	20
VIA/VILI	1	2	5	20
Colposcopy +/- Biopsy (Cx)	2	2	2	N/A
EUA +/- Biopsy (Cx)	2	2	2	N/A
LEEP	2	2	2	N/A
Cryotherapy	2	2	2	N/A
Conization	2	2	2	N/A
Vulval biopsy	2	2	2	N/A
Fractional D+C/ Endometrial sampling	2	2	2	N/A

b) Other Diagnostic/Curative procedures

Procedure	Observe	Assist	Perform with assistance	Perform
MVA	1	2	2	20

Electric suction curretage	1	2	2	5
Medical evacuation	Optional	Optional	5	10
Hysteroscopy (+/- D&C; Endometrial Polypectomy	2	2	N/A	N/A
Cystoscopy	1	1	1	N/A
IUCD insertion (Interval)	1	1	2	10
IUCD insertion (Postpartum)	1	1	2	5
Displaced IUCD Removal/Retrieval	Optional	1	2	3
Implant insertion	1	1	2	10
Implant removal	1	1	2	10
Vasectomy	1	1	N/A	N/A
Secondary wound closure	1	1	2	2
Sexual violence	1	1	3	N/A
Chemotherapy	N/A	N/A	N/A	N/A
Counselling for family planning	2	2	2	10

c) Laparotomy:

Procedure	Observe	Assist	Perform with assistance	Perform
Ovarian Cystectomy/Benign tumours/TOM	2	2	N/A	N/A
Myomectomy	2	2	N/A	N/A
TAH (Simple/Extended)	2	1	N/A	N/A
TAH + BSO	2	1	N/A	N/A
Wertheim's Hysterectomy	2	1	N/A	N/A
Debulking	2	1	N/A	N/A
Pelvic abscess drainage	1	1	1	N/A
Burst abdomen repair	1	1	1	N/A
Salpingectomy	1	1	2	2
Adhesionlysis	2	1	N/A	N/A
Bowel resection +/- Colostomy/ileosto my/end-end anastomosis	2	1	N/A	N/A
Appendectomy	1	1	N/A	N/A
Tubal ligation (Minilap)	2	2	N/A	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	1		1	5
Vulvectomy (Simple)	1	1	N/A	N/A
Radical	1	1	N/A	N/A
Perineorrhaphy	1	1	N/A	N/A

Hymen surgery	1	1	1	N/A

e) Vaginal surgery:

Procedure	Observe	Assist	Perform with assistance	Perform
Anterior Repair	1	1	N/A	N/A
Posterior Repair	1	1	N/A	N/A
Combined Antero-posterior repair	1	1	N/A	N/A
VVF Repair	1	1	N/A	N/A
RVF Repair	1	1	N/A	N/A
Colpotomy	1	1	N/A	N/A
Vaginal hysterectomy	1	1	N/A	N/A
Sling surgery	N/A	N/A	N/A	N/A

f) Laparoscopy:

Diagnostic	2	2	N/A	N/A
Salpingectomy (for Ectopic)	2	1	N/A	N/A
Cystectomy	2	2	N/A	N/A
Adhesionlysis	2	2	N/A	N/A
Endometriosis	2	2	N/A	N/A
Oophorectomy	2	2	N/A	N/A
Hysterectomy	2	2	N/A	N/A
Myomectomy	2	2	N/A	N/A
Node dissection	1	1	N/A	N/A
Tubal ligation (Minilap)	2	2	N/A	N/A

ECSACOG LOGBOOK

Year Two

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

Procedure	Observe	Assist	Perform with assistance	Perform
Chorionic villous sampling	2	Optional	Optional	N/A
Amniocentesis	2	Optional	Optional	N/A
External cephalic version	Optional	Optional	Optional	N/A
Insertion of cervical cerclage	Optional	Optional	Optional	5
Basic Obstetric ultrasound	Optional	Optional	5	20

B. INTRAPARTUM:

Procedure	Observe	Assist	Perform with assistance	Perform
Fetal scalp blood sampling	Optional	Optional	Optional	N/A
Induction of labour	Optional	Optional	Optional	30
Fetal monitoring (CTG)	Optional	Optional	Optional	30
Vaginal delivery – unassisted – singleton	Optional	Optional	Optional	20
Vaginal delivery – Twins	Optional	Optional	Optional	10
Shoulder dystocia manipulation & delivery	Optional	Optional	Optional	2
Low/Outlet ventouse	Optional	Optional	Optional	10
Vaginal birth – assisted breech delivery	Optional	Optional	Optional	2
Caesarean section without a listed complexity	Optional	Optional	Optional	20
Caesarean section (Repeat >2)	Optional	Optional	Optional	20
Caesarean section for mal-presentation/malposition	Optional	Optional	Optional	20
Caesarean section for multiple pregnancy	Optional	Optional	Optional	5
Caesarean section - APH – Placenta praevia	Optional	Optional	Optional	2
Caesarean section - APH – Abruptio Placenta	Optional	Optional	Optional	2
Caesarean hysterectomy	Optional	Optional	Optional	2
Classical caesarean section	Optional	Optional	Optional	N/A
Caesarean section in second stage of labour	Optional	Optional	Optional	5
Ruptured Uterus - Repair	Optional	Optional	2	1
Ruptured Uterus - Subtotal hysterectomy	Optional	Optional	2	1

Ruptured Uterus - Total hysterectomy	Optional	Optional	2	N/A
Neonatal resuscitation	Optional	Optional	Optional	10
Obstetric anaesthesia				
a)Spinal	Optional	5	N/A	N/A
b)General	Optional	5	N/A	N/A

C. Postpartum

Procedure	Observe	Assist	Perform with assistance	Perform
PPH (>1000 mls loss) – Medically management	Optional	Optional	Optional	10
PPH (.1000 mls loss) surgical management				
a) EUA +/- Exploration	Optional	Optional	Optional	3
b) Cervical Repairs	Optional	Optional	Optional	3
c) Manual removal of placenta	Optional	Optional	Optional	5
d) B-Lynch suture	Optional	Optional	2	N/A
e) Hysterectomy	Optional	Optional	2	N/A
f) Uterine artery ligation	Optional	Optional	1	N/A
g) 1st/2nd degree perineal tear	Optional	Optional	Optional	10
h)3rd/4th degree perineal tear	Optional	Optional	Optional	5

2. GYNAECOLOGY:

a) Cancer Screening:

Procedure	Observe	Assist	Perform with assistance	Perform
Pap Smears	Optional	Optional	Optional	20
VIA/VILI	Optional	Optional	Optional	20
Colposcopy +/- Biopsy (Cx)	Optional	Optional	Optional	5
EUA +/- Biopsy (Cx)	Optional	Optional	Optional	5
LEEP	Optional	Optional	Optional	3
Cryotherapy	Optional	Optional	Optional	3
Conization	Optional	Optional	Optional	3
Vulval biopsy	Optional	Optional	Optional	2
Fractional D+C/Endometrial sampling	Optional	Optional	Optional	5

b) Other Diagnostic/Curative procedures

Procedure	Observe	Assist	Perform with assistance	Perform
MVA	Optional	Optional	Optional	20
Electric suction curretage	1	2	2	5
Medical evacuation	Optional	Optional	Optional	10
Hysteroscopy (+/- D&C; Endometrial Polypectomy	Optional	Optional	2	N/A

Cystoscopy	Optional	Optional	2	N/A
IUCD insertion (Interval)	Optional	Optional	Optional	10
IUCD insertion (Postpartum)	Optional	Optional	Optional	5
IUCD Removal/Retrieval	Optional	Optional	Optional	3
Implant insertion	Optional	Optional	Optional	10
Implant removal	Optional	Optional	Optional	10
Vasectomy	Optional	Optional	1	N/A
Secondary wound closure	Optional	Optional	Optional	3
Gender based violence	Optional	Optional	Optional	5
Chemotherapy	N/A	N/A	N/A	N/A
Counselling for family planning	Optional	Optional	Optional	10

c) Laparotomy:

Procedure	Observe	Assist	Perform with assistance	Perform
Ovarian Cystectomy/Benign tumours/TOM	Optional	Optional	2	N/A
Myomectomy	Optional	Optional	2	N/A
TAH (Simple/Extended)	Optional	Optional	2	N/A
TAH + BSO	Optional	Optional	2	N/A
Wertheim's Hysterectomy	Optional	2	N/A	N/A
Debulking	Optional	2	N/A	N/A
Pelvic abscess drainage	Optional	Optional	Optional	2
Burst abdomen repair	Optional	Optional	Optional	2
Salpingectomy	Optional	Optional	Optional	5
Adhesiolysis	Optional	Optional	1	N/A
Bowel resection +/- Colostomy/ileostomy/end-end anastomosis	Optional	1	N/A	N/A
Appendectomy	Optional	1	1	N/A
Tubal ligation (Minilap)	2	2	N/A	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	Optional	Optional	Optional	5
Vulvectomy (Simple)	Optional	1	N/A	N/A
Radical	Optional	1	N/A	N/A
Perineorrhaphy	Optional	Optional	1	N/A
Hymen surgery	Optional	Optional	Optional	1

e) Vaginal surgery:

Procedure	Observe	Assist	Perform with assistance	Perform
Anterior Repair	Optional	1	1	N/A
Posterior Repair	Optional	1	1	N/A
Combined Antero-posterior repair	Optional	1	1	N/A
VVF Repair	Optional	1	1	N/A
RVF Repair	Optional	1	1	N/A
Colpotomy	Optional	1	1	N/A
Vaginal hysterectomy	Optional	2	1	N/A
Sling surgery	N/A	N/A	N/A	N/A

f) Laparoscopy:

Diagnostic	Optional	2	N/A	N/A
Salpingectomy (for Ectopic)	Optional	2	N/A	N/A
Cystectomy	Optional	2	N/A	N/A
Adhesiolysis	Optional	2	N/A	N/A
Endometriosis	Optional	2	N/A	N/A
Oophorectomy	Optional	2	N/A	N/A
Hysterectomy	Optional	2	N/A	N/A
Myomectomy	Optional	2	N/A	N/A
Node dissection	Optional	2	N/A	N/A
Tubal ligation (Minilap)	Optional	2	N/A	N/A

ECSACOG LOGBOOK

Year Three

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

Procedure	Observe	Assist	Perform with assistance	Perform
Chorionic villous sampling	2	Optional	Optional	N/A
Amniocentesis	2	Optional	Optional	N/A
External cephalic version	Optional	Optional	Optional	N/A
Insertion of cervical cerclage	Optional	Optional	Optional	5
Obstetric ultrasound	Optional	Optional	Optional	20

B. INTRAPARTUM:

Procedure	Observe	Assist	Perform with assistance	Perform
Fetal scalp blood sampling	Optional	Optional	Optional	N/A
Induction of labour	Optional	Optional	Optional	20
Fetal monitoring (CTG)	Optional	Optional	Optional	20
Vaginal delivery – unassisted – singleton	Optional	Optional	Optional	10
Vaginal delivery – Twins	Optional	Optional	Optional	5
Shoulder dystocia manipulation & delivery	Optional	Optional	Optional	2
Low/Outlet ventouse	Optional	Optional	Optional	10
Vaginal birth – assisted breech delivery	Optional	Optional	Optional	2
Caesarean section without a listed complexity	Optional	Optional	Optional	15
Caesarean section (Repeat >2)	Optional	Optional	Optional	20
Caesarean section for mal-presentation/malposition	Optional	Optional	Optional	20
Caesarean section for multiple pregnancy	Optional	Optional	Optional	5

Conization	Optional	Optional	Optional	5
Vulval biopsy	Optional	Optional	Optional	3
Fractional D+C/Endometrial sampling	Optional	Optional	Optional	5

b) Other Diagnostic/Curative procedures

Procedure	Observe	Assist	Perform with assistance	Perform
MVA	Optional	Optional	Optional	15
Electric suction curretage	1	2	2	5
Medical evacuation	Optional	Optional	Optional	15
Hysteroscopy (+/- D&C; Endometrial Polypectomy	Optional	Optional	2	N/A
Cystoscopy	Optional	Optional	2	N/A
IUCD insertion (Interval)	Optional	Optional	Optional	10
IUCD insertion (Postpartum)	Optional	Optional	Optional	5
IUCD Removal/Retrieval	Optional	Optional	Optional	3
Implant insertion	Optional	Optional	Optional	10
Implant removal	Optional	Optional	Optional	10
Vasectomy	Optional	Optional	Optional	1
Secondary wound closure	Optional	Optional	Optional	3
Sexual violence	Optional	Optional	Optional	5
Chemotherapy	Optional	Optional	5	5
Counselling for family planning	Optional	Optional	Optional	10

c) Laparotomy:

Procedure	Observe	Assist	Perform with assistance	Perform
Ovarian Cystectomy/Benign tumours/TOM	Optional	Optional	Optional	2
Myomectomy	Optional	Optional	Optional	2
TAH (Simple/Extended)	Optional	Optional	Optional	2
TAH + BSO	Optional	Optional	Optional	2
Wertheim's Hysterectomy	Optional	Optional	1	N/A
Debulking	Optional	Optional	1	N/A
Pelvic abscess drainage	Optional	Optional	Optional	5
Burst abdomen repair	Optional	Optional	Optional	3
Salpingectomy	Optional	Optional	Optional	5
Adhesionlysis	Optional	Optional	1	N/A
Bowel resection +/- Colostomy/ileostomy/end-end anastomosis	Optional	Optional	2	N/A

Appendectomy	Optional	Optional	2	N/A
Tubal ligation (Minilap)	2	2	N/A	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	Optional	Optional	Optional	2
Vulvectomy (Simple)	Optional	Optional	1	N/A
Radical	Optional	1	Optional	N/A
Perineorrhaphy	Optional	Optional	Optional	1
Hymen surgery	Optional	Optional	Optional	1

e) Vaginal surgery:

Procedure	Observe	Assist	Perform with assistance	Perform
Anterior Repair	Optional	Optional	2	1
Posterior Repair	Optional	Optional	2	1
Combined Antero-posterior repair	Optional	Optional	2	1
VVF Repair	Optional	2	2	N/A
RVF Repair	Optional	2	2	N/A
Colpotomy	Optional	2	2	N/A
Vaginal hysterectomy	Optional	Optional	2	N/A
Sling surgery	N/A	N/A	N/A	N/A

f) Laparoscopy:

Diagnostic	Optional	Optional	1	N/A
Salpingectomy (for Ectopic)	Optional	Optional	1	N/A
Cystectomy	Optional	Optional	1	N/A
Adhesionlysis	Optional	2	N/A	N/A
Endometriosis	Optional	2	N/A	N/A
Oophorectomy	Optional	2	N/A	N/A
Hysterectomy	Optional	2	N/A	N/A
Myomectomy	Optional	2	N/A	N/A
Node dissection	Optional	1	N/A	N/A
Tubal ligation (Minilap)	Optional	Optional	1	N/A

Appendectomy	Optional	Optional	2	N/A
Tubal ligation (Minilap)	2	2	N/A	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	Optional	Optional	Optional	2
Vulvectomy (Simple)	Optional	Optional	1	N/A
Radical	Optional	1	Optional	N/A
Perineorrhaphy	Optional	Optional	Optional	1
Hymen surgery	Optional	Optional	Optional	1

e) Vaginal surgery:

Procedure	Observe	Assist	Perform with assistance	Perform
Anterior Repair	Optional	Optional	2	1
Posterior Repair	Optional	Optional	2	1
Combined Antero-posterior repair	Optional	Optional	2	1
VVF Repair	Optional	2	2	N/A
RVF Repair	Optional	2	2	N/A
Colpotomy	Optional	2	2	N/A
Vaginal hysterectomy	Optional	Optional	2	N/A
Sling surgery	N/A	N/A	N/A	N/A

f) Laparoscopy:

Diagnostic	Optional	Optional	1	N/A
Salpingectomy (for Ectopic)	Optional	Optional	1	N/A
Cystectomy	Optional	Optional	1	N/A
Adhesionlysis	Optional	2	N/A	N/A
Endometriosis	Optional	2	N/A	N/A
Oophorectomy	Optional	2	N/A	N/A
Hysterectomy	Optional	2	N/A	N/A
Myomectomy	Optional	2	N/A	N/A
Node dissection	Optional	1	N/A	N/A
Tubal ligation (Minilap)	Optional	Optional	1	N/A

Year Four

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

Procedure	Observe	Assist	Perform with assistance	Perform
Chorionic villous sampling	2	Optional	Optional	N/A
Amniocentesis	2	Optional	Optional	N/A
External cephalic version	Optional	Optional	Optional	N/A
Insertion of cervical cerclage	Optional	Optional	Optional	5
Obstetric ultrasound	Optional	Optional	Optional	20

B. INTRAPARTUM:

Procedure	Observe	Assist	Perform with assistance	Perform
Fetal scalp blood sampling	N/A	N/A	N/A	N/A
Induction of labour	Optional	Optional	Optional	10
Fetal monitoring (CTG)	Optional	Optional	Optional	10
Vaginal delivery – unassisted – singleton	Optional	Optional	Optional	10
Vaginal delivery – Twins	Optional	Optional	Optional	5
Shoulder dystocia manipulation & delivery	Optional	Optional	Optional	2
Low/Outlet ventouse	Optional	Optional	Optional	10
Vaginal birth – assisted breech delivery	Optional	Optional	Optional	2
Caesarean section without a listed complexity	Optional	Optional	Optional	10
Caesarean section (Repeat >2)	Optional	Optional	Optional	20
Caesarean section for mal-presentation/malposition	Optional	Optional	Optional	20
Caesarean section for multiple pregnancy	Optional	Optional	Optional	5
Caesarean section - APH – Placenta praevia	Optional	Optional	Optional	5

Caesarean section - APH – Abruptio Placenta	Optional	Optional	Optional	3
Caesarean hysterectomy	Optional	Optional	Optional	3
Classical caesarean section	Optional	Optional	Optional	2
Caesarean section in second stage of labour	Optional	Optional	Optional	10
Ruptured Uterus - Repair	Optional	Optional	Optional	2
Ruptured Uterus - Subtotal hysterectomy	Optional	Optional	Optional	2
Ruptured Uterus - Total hysterectomy	Optional	Optional	Optional	2
Neonatal resuscitation	Optional	Optional	Optional	10
Obstetric anaesthesia				
a)Spinal	Optional	Optional	5	N/A
b)General	Optional	Optional	5	N/A

C. Postpartum

Procedure	Observe	Assist	Perform with assistance	Perform
PPH (>1000 mls loss) – Medically management	Optional	Optional	Optional	10
PPH (.1000 mls loss) surgical management				
a) EUA +/- Exploration	Optional	Optional	Optional	5
b) Cervical Repairs	Optional	Optional	Optional	5
c) Manual removal of placenta	Optional	Optional	Optional	5
d) B-Lynch suture	Optional	Optional	Optional	3
e) Hysterectomy	Optional	Optional	Optional	3
f) Uterine artery ligation	Optional	Optional	Optional	1
g) 1st/2nd degree perineal tear	Optional	Optional	Optional	5
h)3rd/4th degree perineal tear	Optional	Optional	Optional	5

2. GYNAECOLOGY:

a) Cancer Screening:

Procedure	Observe	Assist	Perform with assistance	Perform
Pap Smears	Optional	Optional	Optional	15
VIA/VILI	Optional	Optional	Optional	15
Colposcopy +/- Biopsy (Cx)	Optional	Optional	Optional	10
EUA +/- Biopsy (Cx)	Optional	Optional	Optional	5
LEEP	Optional	Optional	Optional	5
Cryotherapy	Optional	Optional	Optional	5
Conization	Optional	Optional	Optional	5
Vulval biopsy	Optional	Optional	Optional	3
Fractional D+C/Endometrial sampling	Optional	Optional	Optional	5

b) Other Diagnostic/Curative procedures

Procedure	Observe	Assist	Perform with assistance	Perform
MVA	Optional	Optional	Optional	15
Electric suction curretage	1	2	2	5
Medical evacuation	Optional	Optional	Optional	15
Hysteroscopy (+/- D&C; Endometrial Polypectomy	Optional	Optional	2	1
Cystoscopy	Optional	Optional	2	1
IUCD insertion (Interval)	Optional	Optional	Optional	10
IUCD insertion (Postpartum)	Optional	Optional	Optional	5
IUCD Removal/Retrieval	Optional	Optional	Optional	3
Implant insertion	Optional	Optional	Optional	10
Implant removal	Optional	Optional	Optional	10
Vasectomy	Optional	Optional	Optional	1
Secondary wound closure	Optional	Optional	Optional	3
Gender based violence	Optional	Optional	Optional	5
Chemotherapy	Optional	Optional	Optional	5
Counselling for family planning	2	2	2	10

c) Laparotomy:

Procedure	Observe	Assist	Perform with assistance	Perform
Ovarian Cystectomy/Benign tumours/TOM	Optional	Optional	Optional	5
Myomectomy	Optional	Optional	Optional	5
TAH (Simple/Extended)	Optional	Optional	Optional	5
TAH + BSO	Optional	Optional	Optional	5
Wertheim's Hysterectomy	Optional	Optional	1	N/A
Debulking	Optional	Optional	1	2
Pelvic abscess drainage	Optional	Optional	Optional	5
Burst abdomen repair	Optional	Optional	Optional	3
Salpingectomy	Optional	Optional	Optional	5
Adhesionlysis	Optional	Optional	1	2
Bowel resection +/- Colostomy/ileostomy/end-end anastomosis	Optional	Optional	2	N/A
Appendectomy	Optional	Optional	2	N/A
Tubal ligation (Minilap)	Optional	Optional	Optional	2

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	Optional	Optional	Optional	2
Vulvectomy (Simple)	Optional	1	Optional	N/A
Radical	Optional	1	Optional	N/A
Perineorrhaphy	Optional	Optional	Optional	3
Hymen surgery	Optional	Optional	Optional	1

e) Vaginal surgery:

Procedure	Observe	Assist	Perform with assistance	Perform
Anterior Repair	Optional	Optional	2	5
Posterior Repair	Optional	Optional	2	5
Combined Antero-posterior repair	Optional	Optional	2	5
VVF Repair	Optional	Optional	3	3
RVF Repair	Optional	Optional	2	3
Colpotomy	Optional	Optional	1	3
Vaginal hysterectomy	Optional	Optional	3	3
Sling surgery	2	2	N/A	N/A

f) Laparoscopy:

Diagnostic	Optional	Optional	2	2
Salpingectomy (for Ectopic)	Optional	Optional	2	2
Cystectomy	Optional	Optional	2	2
Adhesionlysis	Optional	2	2	1
Endometriosis	Optional	2	2	N/A
Oophorectomy	Optional	2	2	1
Hysterectomy	Optional	2	2	1
Myomectomy	Optional	2	2	1
Node dissection	Optional	1	2	1
Tubal ligation (Minilap)	Optional	Optional	2	2

East, Central and Southern Africa College of Obstetrics and Gynecology

Contact

Plot No. 157 Oloirien,
Njiro Road
P.O Box 1009,
Arusha-Tanzania
+255-27-2549362/5/6
ecsacog@ecsahc.org

www.ecsacog.org
Twitter: @ecsacog
Facebook: ECSACOG
Youtube; @ecsacog4400
LinkedIn: ECSACOG
Instagram : @ecsa_cog