



ECSACOG

Training Manual

2025 Edition



Preamble

The purpose of this examination guidelines manual is to provide basic information about ECSACOG examinations. This manual is suitable for ECSACOG trainees, ECSACOG Programme Directors and Trainers and anyone who may wish to know more about the ECSACOG examination guidelines. This manual is not exhaustive. Other documentation gives more detail on various aspects of colleges guidelines. 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.org, which in itself is an important source of ECSACOG information.



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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 familiarize 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 gynaecologist in Africa. Sincerely,

A handwritten signature in black ink, appearing to read 'Annette Nakimuli'.

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

Foreword from the Education, Scientific and Research Committee



It is my honour and privilege as Chair of the 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 gynaecologist 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,

A handwritten signature in blue ink, appearing to read 'Stephen Rulisa', written over a faint background graphic of a map of Africa.

Prof Stephen Rulisa
MD, FCOG (ECSA), PhD
Chair Education, Scientific and Research Committee
ECSACOG .

Acknowledgements

We would also like to acknowledge the efforts of the Examination and Credentials Committee in the Examinations development, review process and delivery of the ECSACOG Examinations Guidelines.

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Introduction to ECSACOG

The East Central and Southern Africa College of Obstetrics and Gynaecology 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 (ECSA – CHS).

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 gynaecology workforce, improving the quality of care and increasing the number of welltrained 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 Eleven (11) countries in the Sub-Saharan Africa region including Kenya, Uganda, Malawi, Rwanda, Tanzania, Mozambique, Zambia, South Sudan, Zimbabwe, Lesotho and Ethiopia. At present ECSACOG has over 500 fellows and members. The College so far has 32 accredited training sites. The ECSACOG headquarters is located at the ECSA Health Community, Olorieni Road Njiri, 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:

- i 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.
- ii 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.
- iii 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.
- iv To promote, organize and conduct postgraduate education and training in Obstetrics and Gynaecology and related specialties and allied disciplines and to promote the highest level of skills, attitudes and proficiency in their practice
- v To promote and encourage research in Obstetrics and Gynaecology and allied arts and sciences

ECSACOG Training Programme

ECSACOG offers a four-year training programme in Obstetrics and gynaecology 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. The assessment of the Trainees will be progressive from year one to year four and those who shall have passed the college examinations at all levels shall 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. Each year is examinable, and a trainee must pass the examinations at each year before proceeding to the next year of study.

Year 1

Involves acquisition of requisite basic knowledge of the scientific foundations in obstetrics and gynaecology and also junior clinical rotation.

Year 2

Involves acquisition of requisite basic knowledge in clinical sciences in obstetrics and gynaecology, intermediate clinical rotation and research work

Year 3

Involves the elective internal and external rotations in urogynecology, gynecological oncology, imaging in reproductive health, medical conditions in obstetrics, programme management in RH minimal access surgery and research work.

Year 4

Involves the advanced clinical sciences in obstetrics and gynaecology and senior clinical rotation as well as defense of the dissertation.

Mode of Delivery

This training programme is modelled on a competence based approach that involves use of lectures, group discussions, group exercises, assignments, journal clubs, evidence- based clinical seminars, practicum, simulations and e-learning modules. Skills acquisition is key through procedure observation, assisting, performing with assistance, and performing independently.

Applying For Training

Admission Criteria

Applicants to the Programme will be required to

- 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 and chartered university by the respective national professional regulatory body
- Have further training/qualifications especially in reproductive health, epidemiology, community or public health, will be an added advantage but not mandatory.
- 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.

Application Process

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

- Copies of the relevant academic certificates
- Copies of current practice license
- A letter of good standing from the national professional regulatory authority
- Brief curriculum vitae
- Two recommendation letters from two verifiable practitioners of specialist status
- 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 fees for the first year and upon payment, they will be given a registration number which will be used throughout their training programme, as well as login details for the e-learning platforms and other learning materials.

Trainees Orientation

The enrolled trainees will be taken through orientation by the appointed college officers and Programme Directors of each respective training sites in presence of the trainers.

Mode of Teaching and Content Delivery

The college teaching and content delivery is structured to be on a regional, country and facility based model. The various models of delivery shall include

- Self-directed Learning concept that is anchored on trainees driven approach
- Lectures – physical and online teachings that will be facilitated by both the trainees and trainers
- Group discussions
- Group exercises
- Assignments
- Journal clubs
- Evidence-based clinical seminars
- Practicum – procedure logbook

College Weekly Teaching and Clinical Rotation Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am - 9am	Morning Meeting	Morning Meeting Case Discussion	Morning Meeting	Morning Meeting Case Discussion	Morning Meeting	Duty shift (12 / 24 hours)	Duty shift (12 / 24 hours)
AM	Business round/ Clinics/ /Major OR	Major round/ Clinics/	Business round/ Clinics/ /Major OR	Major round/ Clinics/	Lecture Reading Research undertaking		
Lunch							
PM	Ward activity/ consultation Common online Presentations	Ward activity/ consultation	Ward activity/ consultation Common online Presentations	Ward activity/ consultation	Seminars/ Journal club		
Night	Duty/Night shift	Duty/Night shift	Duty/Night shift	Duty/Night shift	Duty/Night shift		

Curriculum Content

Year One: Scientific Foundations of Obstetrics and Gynaecology

Involves acquisition of requisite basic knowledge of the scientific foundations in obstetrics and gynaecology and also junior clinical rotation

- Applied anatomy in reproductive health
- Reproductive biochemistry, physiology, immunology and laboratory medicine
- Reproductive pathology, haematology and blood transfusion
- Reproductive pharmaco-therapeutics and radiotherapy
- Emergency and critical care in reproductive health
- Human sexuality and social cultural issues in reproductive health
- Reproductive epidemiology, statistics, research methods and evidence based practice
- Leadership in health systems management with emphasis in sexual and reproductive health care
- Communication, ethics, and medico-legal issues in sexual and reproductive health care
- Imaging in reproductive health
- Clinical skills, surgical skills, nursing procedures, and infection prevention in reproductive health
- Population dynamics, family planning, contraception, and well woman care
- Junior residency



Year Two: Basic Clinical Sciences In Obstetrics And Gynecology

Involves acquisition of requisite basic knowledge in clinical sciences in obstetrics and gynaecology, intermediate clinical rotation and research work

- Pre-conception, prenatal, intrapartum, postpartum and newborn care
- Disorders during pregnancy
- Paediatric and adolescent reproductive health
- Benign gynaecological conditions
- Pre-malignant and malignant conditions in gynaecology
- Infertility
- Gynecological endoscopy
- Intermediate residency

Year Three: Rotations in Obesterics and Gynaecology

Involves clinical attachment rotations in the obstetrics and gynaecology department and other external clinical rotations. The Elective rotations shall have a minimum of 4 weeks and maximum of 6 weeks. The Clinical rotations shall include

- Urogynecological surgery
- Radio- oncology and Palliative care in Gynaecology
- Health Programme management in RH
- Radiology/ Imaging in Reproductive Health
- General surgery and its Relationship to Obstetrics and Gynaecology Surgeries
- Immediate care of a Newborn - Neonatology
- Anaesthesia and Obstetric critical care
- Basics to minimal access surgery
- Medical Conditions in Obstetrics
- Dissertation Work and Writing



Year Four: Advanced Clinical Sciences in Obstetrics and Gynecology

Involves the advanced clinical sciences in obstetrics and gynaecology and senior clinical rotation as well as defense of the dissertation.

- Advanced foetal maternal medicine
- Advanced emergency gynaecology
- Advanced surgical gynaecology
- Advanced gynaecological oncology
- Advanced Infertility and Gynecological endoscopy
- Advanced Family planning and contraception
- Pediatric and Adolescent gynecology
- Postmenopausal medicine
- Senior residence



Assessment

The areas to be assessed shall include, but not limited to the following:

- Basic science knowledge and its relevance to clinical practice
- Clinical knowledge base
- Clinical skills
- Patient evaluation, history-taking skills, physical examination skills and interpretation of findings.
- Relevant investigative procedures and interpretation of results thereto
- Interpersonal communications
- Surgical skill
- Decision making and their implementation and follow up
- Patient counseling and education
- Teaching, learning, research and community service
- Advocacy, leadership and clinical governance
- Radiology/ Imaging in Reproductive Health
- General surgery and its Relationship to Obstetrics and Gynaecology Surgeries
- Immediate care of a Newborn - Neonatology

Examination Format and Conduct

- There shall be Examinations at each academic year.
- Examination dates will be communicated to all candidates at the beginning of each academic year
- Examination venue for each training country shall be one common hospital site for end of year 1 examination which shall be communicated to students 2 months before date of examination.
- There shall be one common ECSACOG Centre for final Examination at Year 4 which will be communicated to trainees a year before the date of examination and which shall be on rotational basis among ECSACOG countries.
- There shall be 4 examinations at the end Year 1 and 4 – multiple choice question examination conducted online on E- platform, clinical examination, oral viva examination and E- logbook assessment.
- Year 2 and 3 shall have 2 examination - multiple choice question examination conducted online on E- platform and E- logbook
- Each year shall have 2 continuous assessment test {CAT} consisting of 60 multiple choice questions conducted online on E- platform and the duration will be 90 minutes
- End year written examination shall consist of 120 multiple choice question examination conducted online on E- platform and the duration will be 3 hours
- Trainees must notify the invigilator, immediately, if any errors are found in the examination papers or if they face any difficulties before or during the examination period.
- Written continuous examination shall be conducted on a Wednesday at 10.00hrs EAT and 09.00hrs CAT.
- First CAT shall be conducted on the last Wednesday of the month of January and the second CAT on the last Wednesday of the month of May of each year
- Each Examination Centre shall have a panel of examiners depending on number of students. Each panel shall have on minimum a pair of examiners – Internal (In Country) and External (ECSA Countries) examiner.
- During the final year 4 examination, there shall be included external examiners from other regional and international colleges of obstetrics and gynecology
- Written final yearly examination shall be conducted on the second week of month of august of each year.
- End of year examinations shall be released within 2 weeks of finishing of examination.



Examination Malpractices and Disciplinary Actions

Examination and Credentials Committee (ECC) will oversee all the examination conduct, 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 depending on the nature and the committee's discretion.

Handling of Candidates Examination and Grade Complaints within the College

Appeals against examinations and grades must be made in writing through official letters to the ECSACOG Council within thirty (30) days after completion of the examination.

The President of the College will appoint an impartial committee to investigate the appeal and require a detailed report to be filed by the Chairman of the Examinations Committee.

The impartial appeals Committee will take all considerations and its own findings into account and recommend a decision which will remain final and officially binding.

The Graduation Requirements

The candidate will qualify for the award of the Membership of the College of Obstetrics and gynecology the East Central and Southern Africa (MCOGECSA) 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;

- **Registrar:** The role of the Registrar is to oversee College matters in respect to Accreditation, Certification, Examiners, Examinations, Graduation and Scholarships.
- **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.
- **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.
- **Panel Heads:** Panel Heads are Fellows of ECSACOG who are responsible for reviewing the final exam for each training programme every year, in accordance with the format and regulations stipulated by the ECC.
- **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.
- **Programme Directors (PDs):** ECSACOG has established Programme Directors at every ECSACOG accredited facility/hospital. These ensure a smooth training programme in each training site.
- **Trainers:** Trainers are responsible for delivering day to day teaching and training to registered trainees in conjunction with the Programme Directors at the respective training sites.
- **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 country level.



- **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 January 2025 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 31st August. 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/ecsacogpay/>. 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.



Examinations

- ECSACOG's Membership MCOG-ECSA examinations are conducted yearly through continuous assessment and end of year examination.
- There are 4 examinations at the end Year 1 and 4 – multiple choice question examination conducted online on E- platform, clinical examination, oral viva examination and E logbook assessment.
- At Year 2 and 3 there are 2 examination - multiple choice question examination conducted online on E- platform and E logbook assessment
- There are 2 continuous assessment test {CAT} each year - multiple choice question examination conducted online on E- platform. First CAT is conducted on the last Wednesday of the month of January and the second CAT on the last Wednesday of the month of May of each year
- Written and clinical final yearly examination is conducted in the second week of the month of August of each year

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/ecsacogpay/>

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 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 gynaecology practice, to guide and steer the learning process of the next generation of obstetricians and gynaecologist





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 Representative 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 Representative 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. 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 logbook, & E - learning.
- 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 the 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 Representative 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.
- By liaising with the Country Representative and Country Coordinator, provide a complete and accurate list of all the trainers at the accredited hospital to ECSACOG
- Inform the Country Representative and Country Coordinator of scope for improvements to any aspect of the training programme.





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.
- 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

Procedure E- logbook

- The College has an E- logbook for purposes of assessing the trainees competence in Obstetrics and Gynaecology procedures
- All trainees are required to maintain an accurate and updated E- logbook. Trainees should record/ post / Log in all cases that they observe, assist, and perform during their training no later than one week after the case has taken place. Trainers and PDs should Log into the Trainees E -Logbook Portfolio and appraise / approve the posted procedures.
- The ECSACOG Logbook gives the guidelines on the 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 should ensure that these candidates are aware of the minimum numbers and are set to achieve these.
- PDs should monitor the trainees Logbook to ensure trainees are getting adequate operative and clinical exposure by volume and type.

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.

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

Dropouts/Withdrawal

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

Online payments

- ECSACOG fees can be paid online through the website at: <https://ecsacog.org/ecsacogpay/>
- 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.



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 Representative of this OOPE. 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.

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 members 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 organize ToT courses at the national level to meet the training needs in the country.
- A number of accompanying materials for ToT courses are available on - >“Train the Trainers”.
- 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

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 Examinations 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	adam@ecsahc.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 times, and to ensure that patients are treated with dignity and respect.
- Trainees, Trainers, and PDs are bound to comply with the professional code of conduct for 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 gynaecology. 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 gynaecology 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 gynaecology 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.

References



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	_____	_____	_____

ECSACOG LOGBOOK

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	1	2	2	2
Basic Obstetric / Gynecological ultrasound	3	5	5	N/A

B. INTRAPARTUM PROCEDURES:

Procedure	Observe	Assist	Perform with assistance	Perform
Fetal scalp blood sampling	Optional	Optional	N/A	N/A
Induction of labour	2	2	5	20
Fetal monitoring (CTG)	2	3	5	20
Vaginal delivery – unassisted – singleton	Optional	2	5	30
Vaginal delivery – Twins	Optional	2	5	
Shoulder dystocia manipulation & delivery	2	2	2	N/A
Low/Outlet ventouse	2	2	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	2	2	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	2	2	2
b) Cervical Repairs	2	2	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) 1 st /2 nd degree perineal tear	Optional	Optional	2	10
h)3 rd /4 th degree perineal tear	2	2	2	N/A

2. GYNAECOLOGY:

a) Cancer Screening:

Procedure	Observe	Assist	Perform with assistance	Perform
Pap Smears	Optional	Optional	5	20
VIA/VILI	Optional	Optional	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	Optional	2	2	20
Electric Suction Curratage	1	2	2	5
Medical evacuation	Optional	Optional	5	10
Hysteroscopy (+/- D&C; Endometrial Polypectomy	2	2	N/A	N/A
Cystoscopy	1	1	N/A	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
Tubal ligation (Minilap)	2	2	N/A	N/A
Secondary wound closure	1	1	2	2
Sexual based violence	1	1	3	N/A
Chemotherapy	2	2	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	1	1	N/A	N/A
Debulking	1	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
Adhesiolysis	1	1	N/A	N/A
Bowel resection +/- Colostomy/ileosto my/end-end anastomosis	N/A	N/A	N/A	N/A
Appendectomy	N/A	N/A	N/A	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	1	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	2	N/A	N/A
Cystectomy	2	2	N/A	N/A
Adhesiolysis	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	2	2	N/A	N/A

CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 1

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 / Gynecological 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	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	1
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) 1 st /2 nd degree perineal tear	Optional	Optional	Optional	10
h)3 rd /4 th degree perineal tear	Optional	Optional	Optional	5

2. GYNAECOLOGY:

b) 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 Curratage	Optional	Optional	Optional	5
Medical evacuation	Optional	Optional	Optional	10
Hysteroscopy (+/- D&C; Endometrial Polypectomy	Optional	Optional	2	N/A
Cystoscopy	Optional	Optional	2	N/A

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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
Tubal ligation (Minilap)	2	2	N/A	N/A
Secondary wound closure	Optional	Optional	Optional	3
Gender based violence	Optional	Optional	Optional	5
Chemotherapy	Optional	5	5	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	Optional	N/A	N/A
Appendectomy	Optional	Optional	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	2

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	Optional	2	N/A	N/A

CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 2

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	N/A	N/A	N/A	5
Basic Obstetric / Abdominal 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
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

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Ruptured Uterus - Total hysterectomy	Optional	Optional	1	N/A
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	2
f) Uterine artery ligation	Optional	Optional	Optional	1
g) 1 st /2 nd degree perineal tear	Optional	Optional	Optional	5
h)3 rd /4 th degree perineal tear	Optional	Optional	Optional	5

2. GYNAECOLOGY:

b) 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 Curratage	Optional	Optional	Optional	5

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Medical evacuation	Optional	Optional	Optional	15
Hysteroscopy (+/- D&C; Endometrial Polypectomy)	Optional	Optional	2	2
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
Tubal ligation (Minilap)	optional	Optional	Optional	
Secondary wound closure	Optional	Optional	Optional	3
Sexual based violence	Optional	Optional	Optional	5
Chemotherapy	Optional	Optional	5	5

c) Laparotomy:

Procedure	Observe	Assist	Perform with assistance	Perform
Ovarian Cystectomy/Benign tumours/TOM	Optional	Optional	Optional	3
Myomectomy	Optional	Optional	Optional	3
TAH (Simple/Extended)	Optional	Optional	Optional	3
TAH + BSO	Optional	Optional	Optional	3
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
Adhesiolysis	Optional	Optional	1	2
Bowel resection +/- Colostomy/ileostomy/end-end anastomosis	Optional	Optional	2	N/A
Appendectomy	Optional	Optional	2	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	1
Radical	Optional	1	Optional	N/A
Perineorrhaphy	Optional	Optional	Optional	2
Hymen surgery	Optional	Optional	Optional	2

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
Adhesiolysis	Optional	2	N/A	N/A
Endometriosis	Optional	2	N/A	N/A
Oophorectomy	Optional	2	1	N/A
Hysterectomy	Optional	2	1	N/A
Myomectomy	Optional	2	1	N/A
Node dissection	Optional	1	N/A	N/A
Tubal ligation	Optional	Optional	1	N/A

CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 3

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YEAR FOUR

b. 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	N/A	N/A	N/A	5
Basic Obstetric ultrasound	N/A	N/A	N/A	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	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) 1 st /2 nd degree perineal tear	Optional	Optional	Optional	5
h) 3 rd /4 th degree perineal tear	Optional	Optional	Optional	5

2. GYNAECOLOGY:

b) 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 Curratage	Optional	Optional	Optional	5
Medical evacuation	Optional	Optional	Optional	15

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Hysteroscopy (+/- D&C; Endometrial Polypectomy)	Optional	Optional	2	2
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
Tubal ligation (Minilap)	Optional	Optional	Optional	5
Secondary wound closure	Optional	Optional	Optional	3
Gender based violence	Optional	Optional	Optional	5
Chemotherapy	Optional	Optional	Optional	5

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	2	N/A
Debulking	Optional	Optional	2	2
Pelvic abscess drainage	Optional	Optional	Optional	5
Burst abdomen repair	Optional	Optional	Optional	3
Salpingectomy	Optional	Optional	Optional	5
Adhesiolysis	Optional	Optional	Optional	3
Bowel resection +/- Colostomy/ileostomy/end-end anastomosis	Optional	Optional	2	N/A
Appendectomy	Optional	Optional	2	N/A

d) Vulva/Perineum:

Procedure	Observe	Assist	Perform with assistance	Perform
Bartholin's Abscess/Cyst	Optional	Optional	Optional	5
Vulvectomy (Simple)	Optional	Optional	Optional	Optional
Radical	Optional	2	2	N/A
Perineorrhaphy	Optional	Optional	Optional	5
Hymen surgery	Optional	Optional	Optional	3

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E) Vaginal Surgery

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

f) Laparoscopy:

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

CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 4



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