



ECSACOG

Examination Guidelines 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 Examination Guideline Manual has been produced by the Examination and Credentials Committee (ECC) to give an overview of the ECSACOG

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 'Annettee'.

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

Foreword from the Chair Examination and Credentials Committee

This document is intended to serve as a guide to the examinations offered by the East Central and Southern Africa College of Obstetricians and Gynaecologists (ECSACOG). This is mainly Membership of the college (MCOG-ECSA) level exams.

This Manual is produced by the Examination and Credential Committee (ECC) with the primary intention of providing an overview of the ECSACOG examinations and to help examination candidates familiarize themselves with the norms, processes, and role and responsibilities associated with the successful conduct of the examination. We hope this brief document will guide Program Directors, Country Representatives and Trainers in the preparation and organization of the examinations during the entire examinations timelines.

ECSACOG fully recognizes that your successful performance on these examinations plays an important role in your career as an Obstetrician Gynaecologist and hopes the following information assists you in your preparation. Hence, we kindly request all our candidates to read these guidelines carefully before sitting for the ECSACOG Examinations.

The College welcomes all suggestions and recommendations that could improve the conduct of our examination processes.

**Dr Francis Chiwora,
Chair, Exams & Credentials 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.

ECC MEMBERS

- Dr. Francis Chiwora Chairperson, ECC
- Dr. Musimbi Soita ECC Secretary
- Dr. Susan Atuhairwe
- Dr Michael Mugaba
- Dr George Ruzigana
- Prof. Dereje Negussie Registrar ECSACOG

SECRETARIAT

- Ms. Judith Andrew Senior Programme Officer
- Mr. Adam Simon Training and Examination Officer



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.



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.

Grading of Examination

For Purposes of Computing Total Score and Grading at Year 1, the following shall apply;

Continuous assessment that shall constitute 55 % of the total marks

2 Multiple Choice Question {MCQ} papers – 20 marks

Log Book Case - 30 marks

Clinical Case Presentations - 5 marks

Final Year Examination that shall constitute 45% of the total marks

Multiple Choice Question{MCQ} – 20 marks

Clinical Examination - 20 marks

Oral Viva examination – 5 marks.

For Purposes of Computing Total Score and Grading at Year 1 and 3, the following shall apply;

Continuous assessment that shall constitute 60 % of the total marks

2 Multiple Choice Question {MCQ} papers – 30 marks

Log Book Case - 30 marks

Final Year Examination that shall constitute 40% of the total marks

Multiple Choice Question{MCQ} – 40 marks

For Purposes of Computing Total Score and Grading at Year 4, the following shall apply;

Continuous assessment that shall constitute 55 % of the total marks

2 Multiple Choice Question {MCQ} papers – 20 marks

Log Book Case - 30 marks

Dissertation - 5 marks

Final Year Examination that shall constitute 45% of the total marks

Multiple Choice Question{MCQ} – 20 marks

Clinical Examination - 20 marks

Oral Viva examination – 5 marks.

The Pass mark to the next year of study is 60%

Setting of Written Examination

- The written examinations shall be generated by the ECC members from the ECSACOG data bank, fellows of the college and other resource sites.
- The draft examination shall be forwarded to the ECSACOG panel of examiners members who shall review the questions, modify, delete or add new questions and then return it to the ECC for the final examination compilation.
- The timelines for compiling examination papers shall be as follows; MCQ paper shall be ready one month to examination dates whereas the final examination should be ready 45 days to the examination date
- The ECSACOG panel of examiners shall vary from time to time as shall be stipulated.

ECSACOG Examination Timetable

The following shall be the ECSACOG Examination Calendar Schedule

- 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
- Final yearly examination shall be conducted on the second week of month of August of each year



ECSACOG Examinations Eligibility Requirements

- All candidates must have paid the full ECSACOG Program tuition fee and full ECSACOG examination fee.
- Keep an up-to-date E - logbook.
- Should have complete all modules published on the ECSACOG platforms
- Trainees should have been cleared by the Program Director and Country Representative as eligible and ready to sit the examinations

Application Process

- The deadline for application to sit for the yearly examination shall be 1st June of that Examination year.
- Candidates must complete the **application online and pay** the prescribed examination fee online. Upon confirmation of the registration by the CR, PD and the ECSACOG secretariat, the candidates will be informed about the precise times, dates and places for the exams.
- By applying to the examination, a candidate agrees to be bound by the **rules and regulations** of the College.
- Trainees should have been cleared by the Program Director and Country Representative as eligible and ready to sit the examinations
- If a candidate withdraws from an exam more than 6 weeks before the exam is due, then the fee can be transferred to the next exam date. Fees will not normally be returned if the candidate withdraws permanently, unless due to special circumstances as determined by the college.
- Candidates are allowed only three (3) attempts at the examination to pass. Any candidates who fail to pass at the third (3rd) attempt will be disqualified from the training program.
- The College shall not have supplementary examinations. The student who does not attain the set pass mark of 60% will have to repeat the whole year



Examination Communication Guide

Secretariat through chair to candidates

Candidates will be informed on what their requirements are. These include:

- Approval from Country Representatives & Program Director. Up-to-date E- logbook.

Candidates will be informed about the details of the examination.

- Exact date and time of the examination.
- The approved In-Country venue.
- Online examination portal used.
- Any additional requirements such as Laptop, Internet, Security, etc.

Candidates will be informed what they will receive before the examination and after the examination.

- Mock Examination to familiarize with the examination system.
- Log-in Credentials before the examination.
- Final results after the examination.

Candidates will be provided with opportunities to ask as many questions as possible.

The secretariat will create a Students WhatsApp group for ease of communication.





Secretariat through ECC Chair to Countries.

ECSACOG Country Representatives (CR) and Local Organizing Committees (LOC) will be informed on the following through email communication as well as through the virtual preparatory meetings.

CRs & LOCs will be informed on the exact date of the Written Examinations.

CRs & LOCs will be informed on what their requirements are. That is:

- Venue suitable to host the examinations.
- Connectivity (Wi-Fi) requirements and backup recommendations.
- Technological gadget recommendations.
- Information Technology (IT) Personnel

CRs & LOCs will be informed on the mode by which the examinations will be held. All ECSACOG written Examinations will be fully online.

CRs & LOCs will be informed on support measures set-up by the Secretariat along with guidance documents.

CRs & LOCs will be provided with all the required documents for the examination period.

CRs & LOCs will be informed what candidates receive before the examination and after the examination. That is:

- Login Credentials before the examination.

Final results after the examination

Examination Venue Transfer Requests

- Request will be brought to Secretariat through official letters by the candidate and the Program Director or ECSACOG Country Representative.
- Upon approval by the Country Representatives of both sites (original site and expected site), with the respective panel head and the Examinations chair, the candidate will be granted or denied the transfer through an official letter from the College.

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.

Written Examination Instructions

- The College written examination will be conducted electronically through a secure online platform
- Where there is complete failure of Internet during examination time, alternative mode of examination that shall include paper examination may be used
- The College will engage and secure a credible online examination platform that shall be secure and easy to use.
- The Candidates will be taken through the steps of access, use and navigation of the examination system well before the conduct of examination by the college IT Officer.
- Candidate will be provided with the following important details days before the examination:
 - Link to the examination portal
 - Student ID
 - Access Code



- Important information to Candidates once logged in:
 - Recommended Browsers: Mozilla Firefox/Google Chrome
 - Student ID: is a 3-digit number provided by the ECSACOG Secretariat.
 - Student Access Code: is a seven (7) character, case sensitive code to be entered as is (example: 1XowQnP)
 - Do not open multiple windows on your browser after you start the exam.
 - Do not attempt to refresh or close the exam window once you start the exam.
 - In case of any problem please notify the invigilator immediately.

Instructions To Invigilators

- Each examination centre shall have a principal examination invigilator who shall be responsible for the overall conduct of the examination
- Invigilators should confirm all students are present.
- The College will engage and secure a credible online examination platform that shall be secure and easy to use.
- Ensure the sitting arrangements complies with the health regulation guidelines in the country or one approved by the College.
- All the candidates must sign the separate attendance sheet for each exam paper (**i.e., CAT 1, CAT 2 AND FINAL EXAM**).
- As soon as the candidates enter the exam venue, the main invigilator must make sure student identities are checked, photo IDs cross checked and make sure the right exam candidate is admitted to the exam venue.
- An Invigilator should take a few photos of the venue with candidates while taking the exams and send it to the ECSACOG senior examination officer on either email or other communication modes provided
- Invigilators should give timely warnings when 45 minutes, 20 minutes, 10 minutes, and 5 minutes remain.
- Stop the examination at precisely at end of required examination time, and do not allow any writing of any kind.



- Invigilators should be aware at full times that candidates may attempt to cheat by exchanging chats through various social medias or by browsing for answers during the examinations.
- Invigilators are kindly be advised to move around the venue to make sure that the college examination process is kept to the highest standards.
- There are three examinations papers: CAT I (60 questions) , CAT II (60 questions) and Final paper (120 questions).
- Reportable events should be communicated to the ECC chair. All evidence of the events needs to be copied and transmitted.

At the examination venue

- Ensure that all candidates have placed all unused electronic devices i.e cellphones, tablets /documents in the invigilators' care for the duration of the examination.
- Let candidates' power-on their laptops and connect it to the internet.
Only one browser (Mozilla/Chrome) that hosts the exam should be allowed to run on the trainee's computer.

(Candidates should not be allowed to run any other program)

In case of network (internet) Failure, please allow the candidates to use their mobile phones/Modem as hotspots to get connected to the internet.

- Invigilators should note that Examination will be displayed on the portal on the exact time in all the ECSACOG examination centers.
- **If candidates have logged in the exam portal ahead of time, they will need to refresh the page when it is time to start the exam so that the examination can be displayed.**
- Make sure all the candidates have submitted their examination online.
- Recommended to have invigilators stand at the back to monitor and move around.
- In the event of total internet failure, the principal examination invigilator shall arrange with examination committee for alternative examination model that shall include paper examination



Addressing queries to exams questions during the examinations

- Candidates who notice errors on the examination sheet should immediately inform the examination invigilators.
- The examination invigilators will contact the examination officer at the college secretariat and deliver in full detail the query.
- The examination officer (secretariat) will consult the ECC and communicate back to the examination venues within the duration of the examination.

(All complaints/errors must be recorded, discussed and will be considered on marking of given examination.)

NOTE; The principal examiner will write an examination report that shall include the overall conduct of examination at the centre, challenges and recommendations on future examination improvement

Conduct Of Clinical Examination

- Each year students will be examined on their knowledge and skills in Clinical examination.
- In year 1, 2 and 3 the examination will be at the country specific examination centres while at year 4 the examination will be conducted at the common regional ECSACOG centre
- The Examiners for this examination shall be comprised of the External Examiner from ECSACOG countries and Selected In country Fellows of the College
- At Year one (1) Students will conduct their clinical examination using real patients while at Year four (4) the examination will be a mixed type that shall include real patients, expert patients and simulation scenarios
- The marking guide for the examiners is included in the reference section will act as a standard guide during the examination
- The examination conduct orientation for examiners will be done yearly a week before examination online.



Clinical Case Presentation

- Each student shall make a presentation of a minimum of 5 clinical cases to the hospital faculty for a formal assessment
- The hospital faculty shall assess the student and fill in the marks scored in the ECSACOG clinical case presentation form and submit to the Country Representative by 15th July of every examination year
- The clinical case presentation form is attached at the reference section.

Oral Examination

The students will be examined objectively in various selected policy areas in reproductive health and test their ability to do public speaking and general policy knowledge in health.

Logbook Assessment

- Each student shall access the ECSACOG LOGBOOK that is available at the ECSACOG Website
- The Logbook shall be eLogbook
- The students shall log in all the procedures observed, assisted and performed which shall be endorsed by the Supervisors and Program Directors
- The LOGBOOK shall be presented for assessment by 15th July of every examination year.



References / Examination Documents



EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF OBSTETRICS AND GYNECOLOGY

MARKING SCHEME FOR CLINICAL EXAMINATIONS

Name: _____

Reg. No. _____

SECTION	ASPECT EXAMINED	SECTION SCORE	REMARKS
A	Student Characteristics (Out of 20 marks)		
	1. Confidence (5)		
	2. Demeanor (5)		
	3. Ability to relate with the patient (5)		
	4. Ability to effectively communicate (5)		
B	History Taking (out of 60 marks)		
	1. Chief complaints/reason for admission or visit (10)		
	2. History of Present complaints and review of systems (10)		
	3. Past Medical history and Past Surgical history (5)		

	4. Past Obstetric history/history of present pregnancy (10)		
	5. Past Gynecological history and menstrual history (10)		
	6. Socio history and family history (5)		

	7. Summary and differential diagnosis (10)		
C	General Examination (Out of 20 marks)		
	1. Positioning and Systemic approach (5)		
	3. Picking positive findings (10)		
	4. Picking negative findings (5)		
D	Examination of the systems (out of 60 marks)		
	<i>I. Abdominal examination (25)</i>		
	1. Adequacy of exposure (5)		
	2. Systematic approach and Gentility (inspection, palpation, Percussion, auscultation(10)		
	3. Ability to look for and recognize abnormalities (10)		
	<i>II. Pelvic examination–Concept or actual examination (25 marks)</i>		
	Skills acquired. The format may differ depending on the condition		
	1. Inspection (5)		
	2. Speculum examination (10)		
	3. Palpation (e.g Bimanual examination, bladder palpation, adnexa) (10)		
	<i>III. Other systems (out of 10 marks)</i>		
E	Diagnosis (20) marks)		
	Ability to make a Primary diagnosis and Differentials based on clinical evaluation		

F	Investigations and Management (30 marks)		
	1. Ability to plan line of Investigations (20)		
	2. Ability to objectively institute basic / specific treatment (10)		
G	The subject matter (20 marks)		
	Ability to discuss the subject matter in relation to anatomy , pathophysiology, interlinkages with other conditions, understand and application of evidence based best practices		
	Total score		
	Maximum Score	230	
	Percentage		

EXAMINERS

NAME & SIGNATURE

TEAM LEADER:

1.

OTHER EXAMINERS:

1. –

2. –

3. –



EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF OBSTETRICS AND GYNECOLOGY

CLINICAL CASE PRESENTATION MARK SHEET

NAMES:

REG NO:

HOSPITAL:

PROGRAM DIRECTOR:

NO	CASE PRESENTED	DATE	SUPERVISOR	SCORE %

APPROVED BY

PROGRAM DIRECTOR:

COUNTRY REPRESENTATIVE:



EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF OBSTETRICS AND GYNECOLOGY

ECSACOG EXAMINATION REGISTRATION FORM

NAMES:

REG NO:

HOSPITAL:

YEAR OF STUDY:

TUITION FESS PAID YES / NO

EXAMINATION FEES PAID YES / NO

APPROVALS

PROGRAM DIRECTOR:

COUNTRY REPRESENTATIVE



EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF OBSTETRICS AND GYNECOLOGY

ECSACOG EXAMINATION ATTENDANCE FORM

DATE:

EXAMINATION TYPE:

VENUE

NO	NAMES	REG NO	EMAIL	SIGNATURE

PRINCIPAL INVIGILATOR:

DATE

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/ileostomy/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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ECSACOG LOG BOOK

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



ECSACOG