



Subfertility and Reproductive Health (January 2011)

The field of subfertility and reproductive endocrinology continues to face rapid developments in clinical practice and basic and translational research. Multidisciplinary team work is central to the management of many individuals. Consultants with special interest in this area who have undergone a recognised structured training programme are expected to lead the provision of fertility care services within each hospital and to liaise with professionals working in tertiary referral centres.

This ATSM is designed to provide more in-depth theoretical and practical training in the management of fertility-related conditions and reproductive endocrinology. It should be undertaken by those trainees who see subfertility forming a significant part of their future consultant role. It is expected that trainees will complete the [Intermediate Ultrasound Module in Gynaecology](#) prior to or parallel to completing this ATSM.

On completion of this ATSM, individuals should:

- work well as part of a multidisciplinary team
- be clinically competent and confident in all aspects of subfertility
- be clinically competent in dealing with patients with reproductive endocrine disorders
- be clinically competent in the management of surgical aspects of subfertility
- be clinically confident in discussing the role of assisted reproductive technologies
- have a thorough understanding of andrology
- have a thorough understanding of pre-implantation genetic diagnosis and screening
- be able to write evidence-based clinical guidelines
- be able to produce patient information leaflets.

This ATSM must be undertaken with the supervision of an identified educational supervisor who is in a position to directly supervise and assess all levels of competence. To ensure exposure to the required case mix, the training centre(s) must be of a sufficient size to ensure completion of the training programme. Co-supervisors can be selected by the preceptor in accordance with the availability of training opportunities in each region.

A minimum of two sessions per week should be dedicated to this ATSM, and during the course of training the trainee must attend ultrasound and reproductive theatre sessions. The trainee must also be able to conduct or supervise a relevant audit, participate in multidisciplinary forums and attend an appropriate scientific meeting.

A suitable theoretical course covering infertility, subfertility and assisted conception is highly recommended.

This ATSM has a work intensity score of 2.0.

Section 1: Assisted reproduction

Learning outcome: To understand and manage subfertility with reference to assisted reproduction techniques (ART).

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
<p>Appropriate patient selection</p> <p>Clinical prognostic factors relevant in ART leading to appropriate patient selection (female age, duration of infertility, ovarian reserve, past reproductive history, pelvic organ abnormalities)</p> <p>Preparation of patients for assisted reproduction: hydrosalpinx, fibroids, HIV, Hep B and Hep C screening; the place of counselling.</p> <p>Assessment of the welfare of the child. Communication and consent. Natural cycle for ART</p> <p>The Human Fertilisation & Embryology Authority (HFEA) and its role</p>	<p>Able to take a thorough history</p> <p>Able to identify the cause of infertility and discuss the role which ART has in its management</p> <p>Able to discuss the limitations and potential complications of ART, including the risk of genetic disorders after IVF/ICSI</p> <p><i>Where necessary, able to arrange relevant further investigations:</i></p> <ul style="list-style-type: none"> • Repeat semen analyses • Urine analysis for retrograde ejaculation • Endocrine, including ovarian reserve tests • Microbiological • Genetic (karyotype, CF screening) • Ultrasound/HSG/HyCoSy 	<p>Sympathy to the stress related to infertility</p> <p>Ability to explain treatment options, risks and benefits, and need for onward referral</p> <p>Explanation and planning of treatment according to cause of infertility and prognostic factors</p> <p>Explanation of the risks and benefits of hydrosalpinx treatment prior to assisted conception</p> <p>Able to decide which assisted conception technique to use and when to arrange appropriate referrals to tertiary centres for assisted conception</p>	<p>Appropriate reading material:</p> <p>NICE guidelines in infertility (www.nice.org.uk).</p> <p>Journals: <i>Human Fertility, Human Reproduction, Fertility and Sterility</i> (www.rcog.org.uk).</p> <p>HFEA documents (www.hfea.gov.uk, www.eshre.com)</p> <p>Exposure to: clinics in subfertility, IVF clinics, embryology laboratory, ovarian ultrasound sessions</p> <p>Suitable theoretical course relevant to the ATSM</p>	<p>Case-based reports and discussions (CbD)</p> <p>Mini-CEX: history and information gathering.</p> <p>Able to perform ultrasound monitoring of ovarian stimulation</p>

Section 2: Andrology

Learning outcome: To understand and manage subfertility with reference to male factor problems.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
Understand the process of spermatogenesis and its control	Able to take a history and carry out a physical examination	Sympathy to the stress related to infertility	Appropriate reading material:	Case-based reports and discussions (CbD) to assess application of knowledge
Recognise the impact of male factors in the genesis of infertility, including varicocele, endocrine disorders, coital dysfunction	Able to use an orchidometer and assess testicular volume	Able to explain treatment options, risks and benefits, and need for onward referral	NICE guidelines in infertility (www.nice.org.uk)	Mini-CEX: history and information gathering
Diagnosis and investigation of ejaculatory failure, impotence, retrograde ejaculation, genital infection, immunological causes, testicular maldescent, chromosomal abnormality, chemotherapy, radiotherapy, toxins (including drug effects)	Able to recognise testicular tumour, varicocele, undescended testicles, hypospadias absence of vasa deferens		Journals: <i>Human Fertility</i> , <i>Human Reproduction</i> , <i>Journal of Andrology</i> (www.rcog.org.uk)	Mini-CEX: explanation and planning of further management
Causes of severe oligozoospermia (<5 million per ml) and azoospermia (pretesticular, testicular, post-testicular)	Able to initiate initial investigations and interpret results		Attend male fertility clinic or appropriate urology/andrology clinic	
Idiopathic male infertility	Able to take urethral swabs		Regularly attend infertility clinics	
The place of advanced sperm function tests	Able to arrange relevant further investigations: repeat semen analyses, urine for retrograde ejaculation, endocrine, microbiological, genetic (karyotype, CF screening), ultrasound		Exposure to: uology, GUM, endocrinology, clinical genetics, oncology	
The place of assisted conception	Able to arrange appropriate referrals: urologist, endocrinologist, clinical geneticist, psychosexual counsellor, assisted conception		Observe: theatre (surgical sperm retrieval)	
The sequelae of long-term low testosterone levels and the association with testicular cancer				

Section 3: Endometriosis

Learning outcome: To understand and manage subfertility with reference to endometriosis.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
<p>Understand the anatomy of the abdomen, female genital tract, bladder, ureters and lower bowel</p> <p>Pathogenesis, epidemiology and classification of endometriosis</p> <p>Relationship between stages of endometriosis and infertility (defective folliculogenesis, ovulatory dysfunction, distorted pelvic anatomy, altered peritoneal function, autoimmune disorders, impaired implantation)</p> <p>Diagnostics for endometriosis, (laparoscopy, MRI, transvaginal ultrasound, immuno-biochemistry)</p>	<p>Able to take accurate history and carry out a physical examination, including vaginal-rectal assessment</p> <p>Able to perform transvaginal ultrasound scan</p> <p>Able to arrange non-invasive investigations (MRI and USS)</p> <p>Able to perform diagnostic laparoscopy</p> <p>Able to treat early-stage endometriosis (I and II) by laparoscopy</p> <p>Able to perform laparotomy and laparoscopy for endometrioma</p> <p>Demonstrate competence in setting up laparoscopic equipment, theatre environment, patient positioning, optimisation and recording of images</p>	<p>Sympathy to the symptoms of endometriosis</p> <p>Sympathy to the stress related to infertility</p> <p>Ability to explain diagnostic and treatment options, risks and benefits, and need for onward referral where appropriate</p> <p>Ability to liaise with other specialists (urologist, general surgeon and radiologist) to optimise patient care and to arrange appropriate referrals to tertiary centres</p> <p>Ability to decide when to operate</p>	<p>Appropriate reading material:</p> <p>NICE guidelines in infertility (www.nice.org.uk)</p> <p>Journals: <i>Human Fertility</i>, <i>Human Reproduction</i>, <i>Fertility and Sterility</i> (www.rcog.org.uk)</p> <p>Regularly attend: gynaecology clinic, infertility clinic, theatre sessions</p> <p>Exposure to: ultrasound sessions, assisted conception clinics</p> <p>Suitable course relevant to the ATSM</p>	<p>Case-based reports and discussions (CbD) to assess application of knowledge</p> <p>Mini-CEX: history and information gathering</p> <p>Mini-CEX: e.g. explanation and planning of the management of endometriosis-associated infertility</p> <p>OSATS: e.g. pelvic examination, diagnostic laparoscopy, transvaginal ultrasound</p>

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
<p>Knowledge of laparoscopic equipment, instrumentation and theatre set-up</p> <p>Understand the principles of safe use of energy sources</p> <p>Knowledge of safe entry techniques and port site problems</p> <p>Knowledge of potential risks and complications specific to laparoscopic surgery (including anaesthesia)</p> <p>Knowledge of the contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings</p>	<p>Able to perform operative procedures in a fluent and safe manner</p> <p>Demonstrate proficiency in Hasson direct and Palmer's point Veress needle entry techniques</p> <p>Demonstrate competence in the choice of position and safe insertion of secondary ports</p> <p>Demonstrate proficiency in safe tissue handling with laparoscopic instruments, sharp and blunt dissection, adhesiolysis</p> <p>Demonstrate correct use of haemostatic techniques</p> <p>Recognise and manage intraoperative complications, including when to convert to an open procedure</p> <p>Recognise late-onset complications</p> <p>Demonstrate proficiency in the performance of ovarian cystectomy and oophorectomy</p> <p>Demonstrate proficiency in the excision and ablation of peritoneal endometriosis and ovarian endometrioma in early stage 1 and stage 2 endometriosis</p> <p>Perform operative laparoscopy or laparotomy for endometrioma</p>	<p>Ability to select patients appropriately for operative laparoscopy.</p> <p>Ability to provide counselling regarding benefits, risks and alternatives to laparoscopic surgery</p> <p>Development of good patient communication and shared decision making skills</p> <p>Accurate note keeping of counselling and operative procedures</p> <p>Ability to recognise the limitations of their operative laparoscopic surgery skills and refer on to colleagues who have advanced laparoscopic skills when appropriate</p>		<p>OSATS in operative laparoscopy</p> <p>Mini -CEX</p> <p>CbD</p> <p>Keep reflective diary and case log book</p> <p>Audit of results</p>

Section 4: Management of anovulation

Learning outcome: To understand and manage subfertility with reference to ovulation problems.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
<p>Understand the normal physiology of ovulation and its pathophysiology</p> <p>Classify ovulation disorders anatomically</p> <p>Recognise the clinical presentation and influence of lifestyle, including diet and weight, on anovulation</p> <p>Understand the usefulness of initial screening investigations such as FSH, LH, antimüllerian hormone, prolactin, androgens (testosterone, SHBG, FAI), thyroid function tests, pelvic ultrasound (ovarian volume, antral follicle count); also follow-up investigations such as MRI, karyotype</p> <p>The range of treatments for anovulation, including risks of multiple pregnancy and ovarian hyperstimulation syndrome (OHSS)</p> <p>Appreciate the association of other medical conditions with anovulation, such as diabetes with polycystic ovaries, pituitary tumours with hypogonadotrophic hypogonadism</p>	<p>Able to take a history, examine and accurately record:</p> <ul style="list-style-type: none"> • menarche • cycle regularity • hirsutism • BMI • galactorrhoea • secondary sex characteristics • chemotherapy/pelvic radiotherapy <p>Able to advise appropriately on lifestyle issues</p> <p>Able to arrange appropriate initial and follow-up investigations</p> <p>Able to interpret results appropriately</p> <p>Able to screen for associated conditions, e.g. autoimmune factors, diabetes mellitus, visual fields, late-onset adrenal hyperplasia</p> <p>Able to give a detailed explanation of the conditions causing anovulation, alternative treatments available and their relative risks and benefits</p>	<p>Sympathy to the difficulties overcoming lifestyle issues such as obesity</p> <p>Sympathy to the psychological impact of hirsutism</p> <p>Ability to understand the impact of psychiatric and psychological issues on anovulation</p>	<p>Appropriate reading material:</p> <p>NICE guidelines on infertility (www.nice.org.uk)</p> <p>Journals: <i>Human Fertility</i>, <i>Human Reproduction</i>, <i>Endocrinology, Fertility and Sterility</i>, <i>Journal of Andrology</i></p> <p>RCOG guidelines (www.rcog.org.uk)</p> <p>Attend infertility clinics, general endocrinology and reproductive endocrinology clinics</p> <p>Observe ultrasound 'follicle tracking' monitoring sessions</p> <p>Attend a weight loss clinic or gain equivalent experience</p>	<p>CbD to assess application of knowledge</p> <p>OSATS in assessment of the ovary</p> <p>Mini-CEX: history and information gathering</p> <p>Explanation and management of anovulation</p> <p>The conditions associated with anovulation</p> <p>Explanation and management of OHSS</p>

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence and assessment
<p>Understand the risks and sequelae of hypo-estrogenism, the risk and benefits of anti-estrogens, steroids, gonadotrophin analogues, dopamine inhibitors, laparoscopic ovarian diathermy</p> <p>Understand treatment success rates (pregnancy rate, live birth rate)</p>	<p>Able to provide appropriate treatment monitoring to assess effectiveness and minimise the risk of multiple pregnancy</p> <p>Able to give appropriate advice for the management of the condition or its medication in pregnancy, such as the risk of developing gestational diabetes in patients with polycystic ovaries</p> <p>Able to identify and manage OHSS</p> <p>Demonstrate appropriate use of adjuvant therapy such as insulin-sensitising agents</p>			

Section 5: Psychological aspects of infertility

Learning outcome: To understand and manage subfertility with reference to psychological aspects.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Psychological factors in female infertility (e.g. amenorrhoea)</p> <p>Psychological factors in male infertility (e.g. erectile dysfunction)</p> <p>Stress associated with assisted conception treatment</p> <p>Effects of infertility upon the family</p> <p>The place of counselling in the management of the infertile couple</p> <p>Local facilities for counselling, self-help groups and community networks</p> <p>Local facilities for adoption.</p>	<p>Arrange appropriate referral to</p> <ul style="list-style-type: none"> • counsellors • psychosexual medicine • social services for adoption • local independent adoption societies <p>Ability to explain diagnostic and treatment options, risks and benefits, and need for onward referral where appropriate</p>	<p>Sympathy to the stress related to infertility, marital disharmony, and difficulties in having intercourse</p> <p>Ability to discuss the role and value of counselling, self-help groups and community networks of support</p> <p>Develop and implement multiagency care pathways</p>	<p>Appropriate reading material:</p> <p>Journals: <i>Human Fertility, Human Reproduction</i></p> <p>Websites: www.bica.net, www.infertilitynetworkuk.co.uk</p> <p>Attend infertility clinics</p> <p>Observe psychosexual medicine clinics or equivalent</p> <p>Formal courses: BFS/RCOG 'Management of the infertile couple and assisted conception'</p>	<p>CbD to assess application of knowledge</p> <p>Mini-CEX: history and information gathering</p>

Section 6: Tubal factor infertility

Learning outcome: To understand and manage subfertility with reference to tubal factors.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/Assessment
<p>Aetiology of tubal factor infertility: infection, surgery, endometriosis, congenital abnormalities</p> <p>Diagnostic techniques available for assessing tubal disease</p> <p>Pathological features of acute and chronic inflammation associated with infertility</p> <p>Classification of tubal disease relevant to natural and therapeutic prognosis</p> <p>Screening of high-risk groups</p> <p>Prognostic factors relevant in decisions for surgery</p> <p>Excision or occlusion of hydrosalpinges prior to IVF</p> <p>Knowledge of reversal of sterilisation: patients at risk, pregnancy rates</p> <p>The place of assisted conception in tubal factor infertility</p>	<p>Able to take a careful history and examination</p> <p>Able to decide which diagnostic technique to use</p> <p>Able to carry out the following procedures:</p> <ul style="list-style-type: none"> • hysterosalpingography • HyCoSy • pelvic scan • hysterosonography • laparoscopy <p>Management of proximal tubal disease: understand the role of selective salpingography and tubal catheterisation</p> <p>Management of distal tubal disease: able to carry out salpingectomy, adhesiolysis and salpingostomy by laparoscopy or laparotomy</p> <p>The place of reversal of sterilisation</p> <p>Ability to refer to tertiary centre appropriately</p>	<p>Sympathy to the stress related to infertility</p> <p>Awareness of possible feelings of guilt in patients with previous infection</p> <p>Ability to explain diagnostic and treatment options, risks and benefits, and need for onward referral where appropriate</p> <p>Ability to decide when to operate</p>	<p>Appropriate reading material:</p> <p>NICE guidelines on infertility (www.nice.org.uk)</p> <p>Journals: <i>Human Fertility</i>, <i>Human Reproduction</i>, <i>Fertility and Sterility</i> (www.rcog.org.uk)</p> <p>Attend: infertility clinic, HSG/HyCoSy sessions, pelvic ultrasound sessions, theatre sessions (with interest in infertility)</p> <p>Exposure to: GUM clinics, assisted conception clinics</p> <p>Formal courses: BFS/RCOG 'Management of the infertile couple and assisted conception'</p>	<p>Case-based reports and discussions (CbD) to assess application of knowledge</p> <p>Mini-CEX: history and information gathering</p> <p>Mini-CEX: explanation and planning of the management of proximal tubal disease and distal tubal disease</p> <p>OSATS in diagnostic laparoscopy</p>

Section 7: Unexplained infertility

Learning outcome: To understand and manage subfertility with reference to unexplained infertility.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Understand the nature of the diagnosis (diagnosis of exclusion)</p> <p>Understand other putative causes such as subtle ovulation defects, cervical mucus hostility, endometriosis, subclinical pregnancy loss, occult infection, sperm dysfunction, immunological causes and psychological factors</p> <p>Understand what investigations could be carried out for these causes, such as postcoital tests, follicle tracking, laparoscopy, immunological screening</p> <p>Understand the scientific basis for the investigations</p> <p>Understand the epidemiology and natural history including prognosis for unexplained infertility</p> <p>Understand the different types of empirical treatment, including clomiphene, intrauterine insemination, superovulation and in vitro fertilisation</p>	<p>Able to decide when it is appropriate to consider a working diagnosis of unexplained infertility</p> <p>Able to explain to the patient the other putative causes for infertility, and the rationale for not investigating for them</p> <p>Able to explain to the patient the chances of conception naturally and with the different treatment options</p> <p>Able to devise a care plan with the different treatment options and to explain the risks, benefits and alternatives</p> <p>Able to decide when to move on to the alternative treatments</p> <p>Able to coordinate multiagency involvement</p>	<p>Sympathy to the psychological impact of not identifying a specific cause for the infertility</p> <p>Ability to provide support for the couple if expectant treatment is the appropriate way forward</p> <p>Ability to refer to tertiary centre appropriately</p>	<p>Appropriate reading material:</p> <p>NICE guidelines in infertility (www.nice.org.uk)</p> <p>Journals: <i>Human Fertility, Human Reproduction, Fertility and Sterility</i></p> <p>RCOG guidelines (www.rcog.org.uk)</p> <p>Suitable course relevant to the ATSM</p> <p>Attend: infertility clinic, reproductive endocrine clinic</p>	<p>CbD to assess application of knowledge</p> <p>Mini-CEX: history and information gathering</p> <p>Mini-CEX: explanation and planning of the management of unexplained infertility</p>

Section 8: Uterine factor infertility

Learning outcome: To understand and manage subfertility with reference to uterine factors.

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
Aetiology of uterine factor infertility (infection, surgery, tumours, congenital abnormalities, intrauterine adhesions, fibroids, polyps, congenital abnormalities)	Able to perform transvaginal ultrasound scan Know when to request an MRI and be able to interpret the result	Sympathy to the stress related to infertility Ability to explain treatment options, risks and benefits, and need for onward referral where appropriate	Medical literature NICE guidelines in infertility (www.nice.org.uk) Journals: <i>Human Fertility, Human Reproduction, Fertility and Sterility</i>	CbD to assess application of knowledge Mini-CEX: history and information gathering
Diagnostic techniques available for assessing uterine disease, any associated risks and complications	Able to perform HSG and hysterosonography		Regularly attend infertility clinic	Mini-CEX: explanation and planning of the management of uterine infertility
Classification of uterine disease	Able to perform diagnostic hysteroscopy in a safe and fluent manner		Observe and participate in: HSG/HyCoSy sessions, pelvic ultrasound sessions, theatre sessions (with interest in infertility)	Case log book of procedures.
Prognostic factors relevant in decisions for surgery	Able to perform hysteroscopic polypectomy and able to recognise and know how to treat uterine septum and uterine adhesions		Suitable course relevant to the ATSM	OSATS in hysteroscopy
The place of adhesiolysis in the treatment of intrauterine adhesions	Recognise when and how to treat fibroids and refer appropriately			
Treatment options for uterine fibroids	Know when a hysteroscopic myomectomy is appropriate and refer appropriately			
Knowledge of hysteroscopic techniques, risks and the principles of safe use of energy sources	Know when to recommend a myomectomy by laparotomy and have performed under supervision			
	Ability to perform diagnostic outpatient hysteroscopy (optional)			
	Manage intra- and postoperative complications			

Section 1		Assisted reproduction					
Skill	Competence level						
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Take a detailed history from both partners							
Able to identify the cause of infertility							
Discuss the role of ART in lay terms with the patient							
Discuss pros and cons of ART, and what an ART programme entails							
Discuss the limitations and success of ART							
Discuss the place of pre-implantation diagnosis and screening							
Able to organise the necessary investigations prior to referral for ART							
Recommend the most appropriate assisted conception technique based on the results of the investigations							
Able to perform transvaginal ultrasound scan for antral follicle count and monitoring of ovarian stimulation							
Diagnose and manage ovarian hyperstimulation syndrome (OHSS)							
Familiar with the role of HFEA and its current Code of Practice							

Section 2	Andrology
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Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take a detailed and accurate history						
Perform physical examination						
Assess male reproductive system (testis, epididymis, vas deferens)						
Recognise varicocele						
Arrange relevant investigations (semen analysis, karyotype, CF screening, biochemical tests, testicular biopsy, ultrasound)						
Take urethral swabs						
Interpret results of semen analysis						
Arrange appropriate referrals (urologist, geneticist, counsellor, ART)						
Discuss treatment options						
Observe surgical sperm retrieval						
Observe vasectomy reversal						

Section 3	Endometriosis
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Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take a detailed, relevant and accurate history						
Perform physical examination, including vagino-rectal assessment						
Diagnose an endometrioma on transvaginal ultrasound (TV-USS)						
Arrange non-invasive diagnostic tests (MRI and TV-USS)						
Interpret results of investigations						
Decide when to operate						
Proficiency in performing diagnostic laparoscopy						
Proficiency in the laparoscopic treatment of early-stage endometriosis						
Proficiency in treating endometrioma by laparoscopy or laparotomy						
Demonstrate proficiency in the performance of simple ovarian cystectomy and oophorectomy						
Recognise and manage intraoperative complications, including when to convert to an open procedure						
Be able to recognise delayed-onset complications						
Arrange referral to other specialists when appropriate (e.g. pain clinic, surgeons)						

Section 4		Management of anovulation					
Skill	Competence level						
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Take a detailed, relevant and accurate history							
Perform physical examination with particular emphasis to secondary sex characteristics							
Discuss with the patient the possible cause of anovulation and the impact on fertility							
Able to arrange appropriate endocrine investigations, including a baseline hormone profile, PRL, TFTs, androgens							
Able to organise and review the results of CT/MRI scan, pelvic/abdominal ultrasound, hysterosalpingogram							
Able to investigate for autoimmune, infective and genetic causes							
Advise the patient on lifestyle factors							
Able to formulate an appropriate management plan							
Able to liaise with other specialists							
Able to explain pros and cons of ovulation induction, including the risk of multiple pregnancy and link with ovarian cancer							
Familiar with the following treatment strategies: anti-estrogens, anti-androgens, gonadotrophins, LOD, dopamine agonists, steroids, insulin sensitisers, glitazones, in vitro fertilisation							

Section 5		Psychological aspects of infertility				
Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take a detailed, relevant and accurate history						
Organise appropriate referrals						
Explain the need for diagnostic tests						
Discuss therapeutic options						
Breaking bad news						
Explain the risks and benefits of treatment						
Direct patient to information sites and patient support groups						

Section 6	Tubal factor infertility
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Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take a detailed, relevant and accurate history						
Decide which diagnostic test to request						
Able to perform transvaginal ultrasound						
Able to perform HyCoSy or able to perform HSG						
Able to perform saline sonohysterography						
Able to perform laparoscopy + dye test						
Decide when to operate						
Able to carry out laparoscopic salpingectomy/salpingostomy						
Able to carry out adhesiolysis						
Discuss with the patient the place of reversal of sterilisation						
Discuss the impact of hydrosalpinx on natural fertility and assisted conception, including the role of salpingectomy						
Discuss the impact of proximal tubal disease on natural fertility and the role of selective salpingography						
Observe selective salpingography or hysteroscopic tubal catheterisation						

Section 7		Unexplained infertility					
Skill	Competence level						
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Discuss with patient(s) all possible causes of infertility							
Decide when to organise a fertility work-up							
Able to explain to the patient(s) in lay terms the results of investigations							
Able to inform the couple of the chances of natural conception							
Discuss pros and cons of the different therapeutic options							
Decide when to proceed with therapeutic options							
Able to decide the time of assisted conception							

Section 8	Uterine factor infertility
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Skill	Competence level					
	Observation		Direct supervision		Independent practice	
	Date	Signature	Date	Signature	Date	Signature
Take a detailed, relevant and accurate history						
Able to perform transvaginal ultrasound and saline hysterosonography to assess the uterus						
Able to perform laparoscopy and hysteroscopy						
Able to arrange other tests (HSG, MRI)						
Decide when to operate						
Able to carry out myomectomy by laparotomy						
Diagnostic outpatient hysteroscopy (option until evidence accumulates of its value pre-IVF)						
Able to perform hysteroscopic polypectomy						
Able to carry out hysteroscopic division of uterine septum and intrauterine adhesions						
Able to carry out hysteroscopic resection of fibroids						

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

Audit		
Title	Signature of Educational Supervisor	Date