**Application for recognition as a subspecialty training centre for Reproductive Medicine**

To be returned to [subspecialtytraining@rcog.org.uk](mailto:subspecialtytraining@rcog.org.uk)

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| **Name of centre(s):** |  |
| **Address:** |  |
| **Type of application:**  **(delete as appropriate)** | Application for new centre  Reapplication to renew recognition  Application for additional training post\* |
| **Joint applications**  NB. Both centres need to submit their applications for assessment at the same time | Please provide name of partner centre: |
| **Full or part time:**  **(delete as appropriate)** | Full time  Part time  Number sessions/% split clinical/academic: |
| **Funding of post:** |  |
| **No. of posts applying for:** |  |

\* If training opportunities are sufficient for an additional trainee (an additional 60% of caseload), please attach the original application form and updated centre checklists for both generic and subspecialty specific criteria.

If the training opportunities are not sufficient, please complete a new application form detailing the additional training opportunities that have become available since the initial application was submitted and attach updated centre checklists for both generic and subspecialty specific criteria. The criteria checklists can be downloaded from [Approval criteria and checklists](https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainers/delivering-postgraduate-training-in-og/curriculum-resources-for-trainers/subspecialty-training-centres/approval-criteria-and-checklists/)).

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| **Subspecialty Training Programme Supervisor’s full name:** |  |
| **Years as substantive consultant:** |  |
| **Date last attended ARCP/centralised subspecialty assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Deputy Subspecialty Training Programme Supervisor’s full name:** |  |
| **Date last attended ARCP / centralised SST assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Deputy Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Clinical Director’s full name:** |  |
| **Clinical Director’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Head of School’s full name:** |  |
| **Head of School’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Trainers within centre contributing to subspecialty training**  (e.g. Gynaecologists, minimal access surgeons, obstetrics and other allied specialty supervisors such as clinical genetics) | | |
| **Name** | **Role/specialty** | **Sessions per week in subspecialty** |
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| **Accessory centres contributing to subspecialty training in Reproductive Medicine**   * Please list centres with the training unit where the trainee will undertake a formal placement to achieve specific training objectives which cannot be wholly delivered on site at the lead centre. * A confirmation letter/email from units contributing to delivery of specific training objectives is required, e.g. to ensure adequate caseload for less common procedures. * Written confirmation is not required where existing arrangements are in place for delivery of specific attachments not available on the site of the lead unit, e.g. medical oncology.   \*Please specify the contribution other centres will make, e.g.:   * what aspect of training will be delivered * how time will be allocated and protected for this training * other trainees who may be impacted and mitigations for this * whether this post falls within the capacity of the numbers approved for subspecialty training programme in the accessory centre. | | | |
| **Institution and address** | **Clinical Supervisor** | **Specialty** | **Description\* (see above)** |
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| **Generic areas of subspecialty training**  Please explain how the centre ensures that the Stages one - three of the Core Curriculum 2024 CiPs required during subspecialty training are met (e.g. leadership, teaching, management). |
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| **Cross specialty requirements**  It is a GMC requirement that training must be undertaken in both aspects of the specialty. Please describe how the centre plans to meet the cross-specialty requirements for the clinical CiPs in the Stages one - three of the Core Curriculum 2024 provide cross-specialty supervision. Please include the name of the Educational Supervisor for the cross-specialty CiPs (e.g. obstetrics, elective non-malignant gynaecology). |
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| **On-call commitments**  Please describe the out of hours commitment:   * number days per rota cycle lost due to on call or compensatory rest * whether on calls include daytime, evening or night-time activity * which specialty/subspecialty is covered * what the arrangements are for flexing the on call depending on individual training needs * have previous trainees had training extended due to impact of on-call * confirm that RCOG requirements are met [On-call and OOH guidance v1.0](https://www.rcog.org.uk/media/ip0lomdt/on-call-and-ooh-guidance-v10.pdf). |
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| Please provide further information detailing other trainees working within the centre, including research fellows, post CCT fellows, overseas fellows, and describe how the subspecialty training post impacts on O&G specialty and SITM trainees (specifically those undertaking SITM in Management of Subfertility). |
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| Please list a maximum of your last six subspecialty trainees and indicate:   * where they achieved a consultant post * what type of post they were appointed to on completion of their subspecialty training, i.e. a subspecialty, special interest or general post, including if they did not complete subspecialty training * how they obtained research exemption | | | |
| **Name** | **Subspecialty research method (by SIPM/APM, MD/PhD, publication)** | **Type of post** | **Location** |
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| **Description of subspecialty training centre** (suggested word limit 500 words)  Please describe the unit, including:   * Sites where training/service is delivered, distance between sites, structure of timetable including if different sites would be attended on same day, where the on call is carried out, location of allied specialties. * Size of service, notable expertise, robotic access. * Arrangements for modules. * Number of clinics subspecialty trainee would attend per week and level of supervision. * Average number full days in theatre per week. * Can all aspects of the curriculum be delivered? If not, what are the arrangements? |
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**Please describe links with associated services**

For the allied specialties the subspecialty trainee will need experience of – include the named consultant/supervisor from that specialty, describe how the clinical training is delivered (timetable, location, specific sessions, other responsibilities during that time that may reduce training time, e.g. on-call, reproductive medicine commitments).

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**Statistics for 20… (numbers have to be within two years of the application)**

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| **Specialist clinics** | **Are patients with the following problems seen in separate clinics/sessions (Yes/No)** | **Number of new referrals** | **Number of return referrals** |
| Reproductive endocrinology |  |  |  |
| Infertility |  |  |  |
| Andrology |  |  |  |
| Psychosexual |  |  |  |
| Gamete donation |  |  |  |
| Assisted reproduction |  |  |  |
| Menopause |  |  |  |
| Family planning |  |  |  |
| Paediatric and adolescent gynaecology |  |  |  |
| Menstrual disorders |  |  |  |
| Endometriosis clinics |  |  |  |
| Recurrent miscarriage clinics |  |  |  |

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| **Surgery** | **Number per year** |
| Operative laparoscopy: |  |
| Excision of endometriosis stage three – four: |  |
| Open surgery (myomectomy, hysterectomy, severe endometriosis): |  |
| Operative hysteroscopy: |  |

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| **Termination of pregnancy** | **Number per year first trimester** | **Number per year mid trimester** |
| Medical: |  |  |
| Surgical: |  |  |

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| Number of gynaecological beds: |  |

Assisted reproduction

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| Number of fresh oocyte collections: |  |
| Number of embryo transfers:   * Fresh * Frozen |  |
| Number of intrauterine insemination (IUI) cycles: |  |
| Number of donor sperm insemination (DI) cycles: |  |
| Number of surgical sperm retrieval (SSRs): |  |

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| No. of cycles of gonadotrophin treatment annually: |  |

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| Links with general gynaecological services: |

Diagnostic facilities

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| Ultrasound/follicle growth |
| Radiology |
| Pathology |
| Genetics |
| Endocrine |
| Paediatric links |
| Facilities for laboratory training of subspecialty trainee |
| Other |

Teaching programme

Please describe educational opportunities available and specify how many sessions per month subspecialty trainees would generally attend, excluding general O&G specialty training and attending multi-disciplinary teams (MDTs)/teaching ward rounds/clinics

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| Postgraduate lectures/seminars |
| Clinical meetings/journal club/case review sessions/mortality and morbidity |
| Courses (internal) |
| Other |

Research and audit programme

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| Named research supervisor: |
| Have all non-research exempt trainees on a three-year programme attained the research component of their subspecialty training? |
| Is the centre able to deliver the SIPM in Clinical Research? |
| Detail current research activity and departmental research projects related to reproductive medicine in principal and contributing institutions |
| List current open research studies |
| List ongoing Reproductive Medicine audits |
| List research grants/chapters in books/Cochrane reviews/national and international presentations which have had Reproductive Medicine from the centre listed as authors, over the last three years – highlighting those where trainees were involved |
| List of relevant publications from the Reproductive Medicine department in the last three years, including highlighting those which had trainees as authors |

**Training requirements and learning guidelines**

1. Please submit detailed timetables for the training programme including sample weekly timetables to show clinic, MDT, theatre, ward round, research and other commitments, and planned timetabling for the allied specialty attachments including time allocated to these and any other responsibilities concurrent with them.
2. If the application is for two programmes it is necessary to submit detailed timetables for both, indicating how the two programmes dovetail providing evidence that the centre has sufficient workload and supervisory capacity to support two subspecialty trainees.
3. Please attach the Curriculum Vitae and weekly timetable of STPS and DSTPS.

Version 1.0 approved by the Subspecialty Committee – May 2024

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