

Training Module in the Management of the Infertile Couple



British
Fertility
Society

DRAFT

Introduction

The modern management of the infertile couple is an essential component to the training of every healthcare professional working in this specialist area. This training programme, devised by the British Fertility Society is designed to assist professionals in establishing a level of expertise in the area appropriate to the status of a practitioner with a stated “special interest” in the field.

This course complements the BFS/RCOG advanced training skills module on Management of Subfertility and Assisted Conception.

Once trained, the trainee should have:

- acquired an **understanding** of:
 - i. the epidemiology of infertility
 - ii. the physiology of oogenesis and spermatogenesis
 - iii. the initial investigations of the infertile couple
 - iv. the role and limitations of ultrasound scan
 - v. clinical aspects of ovulatory disorders, tubal factor infertility and endometriosis in the context of infertility
 - vi. the management of unexplained infertility
 - vii. the psychological factors affecting infertile couples
 - viii. the available assisted conception treatments

- developed the **capacity** to:
 - i. instigate the appropriate investigations for the female and male partner
 - ii. interpret the results of the investigations arranged
 - iii. counsel an infertile couple who needs referral for assisted conception
 - iv. communicate appropriately with colleagues working in tertiary care

- acquired **experience and knowledge** of:
 - i. relevant administration and management skills, including clinical governance
 - ii. legal and ethical issues
 - iii. statistics, research and audit

Entry criteria

The following criteria must be satisfied:

- The trainee must be working in the field of infertility
- There must be dedicated training time available
- The trainer must be working within a centre (equivalent to secondary care) offering management of the infertile couple

Registration with the British Fertility Society for this training module can only be made when the above criteria are met.

Training programme components

The following are essential components of the training programme, and all of them must be completed:

- Trainees should register at the commencement of special skill training with the BFS, and the trainer should support the application for training.
- A named trainer must sign an educational contract confirming that he / she is able and willing to provide the training contained in the module. The trainer must be skilled in the management of the infertile and have at least two dedicated sessions per week devoted to the area. The trainer will agree to supervise the trainee throughout the module. Occasionally, of necessity some sessions of training may be conducted under the supervision of professionals other than the trainer. It is the responsibility of the trainer to ensure that the professional to whom the duty of training is delegated is sufficiently competent, willing and able to teach the trainee.
- The trainee must attend regular infertility clinics during training and a log kept of the cases seen.
- The trainee must attend the joint BFS/RCOG theoretical course on Management of Subfertility and Assisted Conception. The course will complement the essential knowledge component of training for this module. The course must be attended during the time of training and when the log book is being completed.

Training will be deemed to be complete when all components of the guide to learning have been completed to the satisfaction of the trainer and the educational course has been attended. The objective structured assessment of technical skills (OSATs) will be completed by the trainer in conjunction with the trainee. At that point all documentations will be sent to the BFS for approval and a certificate of completion will be sent if the training module has been completed successfully.

The logbook (guide to learning)

This logbook defines the skills required for the management of the infertile couple. Completion of the logbook will allow the trainer and trainee to monitor progress and identify learning needs over the course of training. It is important to note that the logbook is a record of **competence** as well as **experience**. The trainer and trainee will review the progress of training every month. Competence will be documented by the trainer signing the appropriate sections of the logbook and the OSATs. Progress will be documented through the trainer signing off the appropriate sections of the logbook when knowledge has been acquired and independent clinical competence reached, as appropriate. **It is imperative that all trainees appreciate that their progress has to meet standards that satisfy the trainer. At the end of the training programme, the trainer has to certify that the skills attained by the trainee are to his / her satisfaction.**

Application for training centre recognition and trainer's contract

To be eligible as a training centre in The Management of the Infertile Couple the following criteria must be met:

- The centre should provide a service for the management of patients with infertility problems, within an appropriate setting where both male and female partners are seen together and investigated fully
- The centre should have an adequate clinical workload incorporating a comprehensive range of disorders associated with infertility
- The trainer must agree to carry out monthly appraisal of the trainee's progress and records kept of such meetings

Trainee applications

Candidates seeking to register for training in Management of the Infertile Couple must:

- Be a member of the British Fertility Society.
- Undertake training over an agreed period of time (minimum of 6 months – max of 12 months) in a Unit recognised as a "Training Centre" by the Society, under the guidance of a designated "Trainer" (also a member of the British Fertility Society). Should the trainee require more than 12 months they should write to the chairman of the BFS Training Subcommittee explaining the reason for extending the training period and to agree a suitable time frame for completion.
- Provide payment of £150 upon application
- Have a basic medical qualification e.g. MB ChB or be a fertility nurse.
- Attend the joint BFS/RCOG Management of Subfertility and Assisted Conception theoretical course during the time of training and when the log-book is being completed.
- Complete the Guide to Learning
- Keep a record of OSATS
- Maintain a record of monthly appraisals with trainer.
- At the end of training submit your appraisal record, guide to learning, OSATs, certificate of attendance from the course noted above, notification of completion form and online trainee feedback form to the BFS Office for review by the BFS Training Subcommittee.

Documents required for certification at the end of training

- Certificate of attendance from the theoretical course
- Appraisal Record.
- OSAT
- Guide to Learning
- Notification of Completion form.
- Online trainee Feedback form

Guide to learning

The trainee should sign and date when they consider that the knowledge targets of the guide have been achieved (clear boxes). The trainer should sign off independent clinical skills competence targets (shaded boxes).

1. The Epidemiology of Infertility

The trainee should understand and be able to:

Discuss reproductive trends

Date:

Provide a pragmatic definition of infertility

Date:

Discuss the consequential differences between primary and secondary infertility

Date:

Discuss the aetiological factors implicated in the genesis of Infertility

Date:

Display knowledge of public health strategies to reduce the prevalence of infertility

Date:

Discuss the organisation of services within the NHS for the management of infertility

Date:

Section Completed

Date:

2. The Initial Assessment of the Infertile Couple

The trainee should be able to:

Discuss the role of the general practitioner in the management of infertile couples

Date:

Conduct a clinical consultation with infertile couples

Date:

Take a medical history from infertile males and females

Date:

Discuss how to initiate appropriate investigations including assessment of ovulation, semen analysis and be able to interpret results

Date:

Provide couples with general advice including lifestyle issues relevant to infertility e.g. smoking, weight, alcohol

Date:

Discuss factors associated with a high risk of pelvic abnormality, including the place of chlamydia screening, and the need for collaboration with genitourinary clinic if appropriate

Date:

Discuss the role of pelvic evaluation using laparoscopy, hysteroscopy and hysterosalpingography in the further assessment of the female

Date:

Display critical awareness of the limitations of investigative techniques in the evaluation of the infertile

Date:

Discuss psychosocial factors relevant to appropriateness of treatment and the assessment of the welfare of potential children

Date:

Section Completed

Date:

3. Male Factor Infertility

The trainee should be able to demonstrate an understanding of:

The process of spermatogenesis and its control

Date:

The impact of male factors in the genesis of infertility

Date:

The causes of male factor infertility including:

- Varicocele
- Endocrine disorders
- Coital dysfunction including ejaculatory failure, impotence and retrograde ejaculation
- Genital tract infection
- Immunological causes
- Undescent testicular
- Chromosomal abnormality
- Chemotherapy, radiotherapy and toxins (including drug effects)
- Idiopathic male infertility

Date:

Able to interpret the results of semen analysis

Date:

Relevant endocrine investigations

Date:

Relevant microbiological investigations

Date:

Appropriate genetic tests including karyotyping and cystic fibrosis screening

Date:

Immunological assessment of the presence of anti-sperm Antibodies

Date:

The management of specific conditions associated with male Infertility including:

- Varicocele
- Gonadotrophin deficiency
- Ejaculatory problems
- Immunological infertility
- Genital tract obstruction including vasectomy

Reversal

Date:

The indications and potential complications in different techniques used for sperm retrieval from azoospermatic patient (PESA, TESA, TESE)

Date:

The place and limitations of male infertility treatment, including intrauterine insemination and in vitro fertilisation with or without ICSI

Date:

The place of donor insemination

Date:

Section Completed

Date:

4. Disorders of Ovulation

The trainee should be able to:

Discuss the normal physiology of ovulation

Date:

Discuss the pathophysiology underlying disturbances of ovulation

Date:

Discuss the clinical presentation of ovulatory dysfunction

Date:

Classify disorders of ovulation on the basis of anatomical site ie. Hypothalamus, pituitary, ovary and hypothalamic pituitary dysfunction

Date:

Discuss the appropriate endocrine investigation of disordered ovulation

Date:

Discuss the influence of lifestyle factors including diet and weight in the genesis of disordered ovulation

Date:

Determine the appropriate therapeutic approach relevant to the established diagnosis

Date:

Counsel patients about the risks of treatment of disorders of ovulation including ovarian hyperstimulation syndrome (OHSS) and ovarian cancer

Date:

Discuss the role of ultrasound in the management of ovulation disorders

Date:

Monitor the response to clomiphene citrate

Date:

Discuss the role of gonadotrophin treatment in the management of disordered ovulation

Date:

Discuss the management of hyperprolactinaemia

Date:

Discuss the role of laparoscopic ovarian diathermy in the management of polycystic ovaries

Date:

Section Completed

Date:

5. Tubal Factor Infertility

The trainee should be able to:

Discuss the aetiological factors implicated in tubal factor infertility including infection, surgery, congenital abnormalities and endometriosis

Date:

Discuss the classification of tubal factor infertility relevant to natural and therapeutic prognosis

Date:

Discuss the prevention of tubal factor infertility, including the place of screening "at risk" groups

Date:

Display knowledge of the prognostic factors relevant in decisions for surgery e.g. female age, cause and extent of tubal disease, presence of other infertility factors, surgical experience

Date:

Display knowledge in the management of distal tubal obstruction, including adhesiolysis, salpingostomy and the management of

Date:

hydrosalpinges

Display knowledge in the management of patients seeking reversal of sterilisation

Date:

Display knowledge of the role of assisted reproduction in the management of tubal infertility

Date:

Section Completed

Date:

6. Infertility and Endometriosis

The trainee should be able to:

Discuss the pathogenesis of endometriosis

Date:

Discuss the mechanisms by which minimal and mild endometriosis may impair fertility e.g. defective folliculogenesis, ovulatory dysfunction, hyperprolactinaemia, autoimmune disorders, disturbances in the peritoneal fluid environment

Date:

Discuss the place of expectant management, medical and surgical treatment in the management of endometriosis

Date:

Display knowledge of the role, possible benefits and potential side effects of pharmacological agents (e.g. oral contraceptives, progestogens, danazol, gestrinone, GnRH analogues) in the management of endometriosis

Date:

Discuss the place of assisted reproduction in the management of endometriosis

Date:

Section Completed

Date:

7. Unexplained Infertility

The trainee should be able to:

Discuss the diagnosis and prevalence of unexplained infertility

Date:

Discuss the putative causes of unexplained infertility including luteal phase deficiency, luteinised unruptured follicle syndrome, hyperprolactinaemia, endometriosis, subclinical pregnancy loss, anatomical abnormalities, occult infection, sperm dysfunction, immunological causes and psychological factors

Date:

Discuss the natural prognosis in unexplained infertility and the factors which are of importance in influencing prognosis

Date:

Discuss the evidence relevant to the role of empirical treatment including clomiphene, danazol, bromocriptine, intrauterine insemination and in vitro fertilisation in the management of unexplained infertility

Date:

Section Completed

Date:

8. Psychological Aspects of Reproductive Medicine

The trainee should be able to discuss:

Psychological factors in amenorrhoea

Date:

The psychological changes associated with treatment of infertility

Date:

The effects of infertility upon the family

Date:

Local facilities for counselling

Date:

Psychosexual disorders causing and resultant from infertility

Date:

Section Completed

Date:

9. Ultrasound Skills

The trainee should be able to discuss the role of ultrasound in:

The assessment of the normal and abnormal uterus including fibroids

Date:

Endometrial assessment, including normal cyclical changes

Date:

The assessment of ovarian, paraovarian and tubal masses

Date:

Tracking of follicular development and formation and disappearance of corpus luteum

Date:

Confirmation of intrauterine gestational sac with embryo, yolk sac, cardiac pulsation

Date:

Diagnosis of ectopic pregnancy

Date:

The assessment of gestational age

Date:

The trainee should be able to:

Discuss the role and limitations of ultrasound procedures, and the importance of record keeping and data storage

Date:

Section Completed

Date:

10. Epidemiology, Research, Statistics and Audit

The trainee should display an understanding of:

Epidemiological techniques (e.g. cohort studies and case control studies; cumulative rates calculation and assessment of bias

Date:

Levels of evidence. Study designs

Date:

How to conduct a clinical audit and apply findings appropriately

Date:

Guidelines of good practice in the conduct of clinical trials

Date:

Section Completed

Date:

11. Ethical and Legal Aspects

The trainee should be able to discuss the ethical and legal aspects of relevant issues including:

Legislation, particularly recent, relevant to their infertility practice

Date:

Ethics of health care provision and resource allocation

Date:

Medical confidentiality

Date:

Consent

Date:

The role and relevance of ethics committees

Date:

Section Completed

Date:

12. Administration

The trainee should be given some administrative experience and responsibility, which will allow him/her to acquire skills relevant to the future provision and organisation of clinical services in this area

Date:

Section Completed

Date:

Record of Appraisal

Date	
Learning targets achieved	
Logbook progress	
Targets for next month	
Trainee signature	
Trainer signature	

Objective structured assessment of technical skills (OSATS)

Trainee Name:		Assessor Name:		Date:	
		Post:			

Clinical details of complexity / difficulty of case	
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1 MODULE	1.1 <i>TOPIC: The Management of the Infertile Couple</i>
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2 SKILL	2.1 Competence Level					
	Observation		Direct Supervision		Independent Practice	
	Date	Signature	Date	Signature	Date	Signature
Take a full history from both partners						
Able to identify the cause of subfertility						
Discuss the management of male factors infertility						
Discuss the management of disorders of ovulation						
Discuss the management of tubal factor infertility						
Discuss the management of endometriosis-associated infertility						
Discuss the management of unexplained infertility						

Based on the Technical Skills Assessment, has achieved/failed* to achieve the OSATs competency.

Needs further help with:	Does not need further supervision
*	
*	
Date	Date
Signed	Signed

* Delete where applicable, and date and sign the relevant box.



Certification

1. When training is complete, the Notification of Completion of Training form together with the OSATs form should be sent to the BFS Office. A certificate stating that the trainee has completed the training module will be issued.
2. The trainee is required to submit for scrutiny:
 - the joint BFS/RCOG Management of Subfertility and Assisted Conception Theoretical Course certificate of attendance
 - the signed guide to learning
 - the OSATs form
 - the record of appraisal
 - the notification of completion form
 - the online trainee feedback form
3. Should the Training Sub-committee not be fully satisfied of the completion of training, a written report and suggestions for remedial training will be sent to the trainer and a copy to the trainee.



Please complete and return the form preferably by email to: bfs@profileproductions.co.uk

Or post to: BFS Secretariat C/o Profile Productions Ltd
Boston House, 69-75 Boston Manor Road, Brentford, TW89JJ
t: +44 (0)20 3725 5849

Notification of Completion of Training Module

(To be completed by trainer)

I certify that

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has completed the training module in Management of the Infertile Couple to my satisfaction.
I confirm that I have had regular assessment sessions with the trainee
and each of the required skills in the logbook has been attained.

Date of commencement of practical training: ____/____/____

Date satisfactorily completed theoretical course: ____/____/____

Trainee name:

Trainee signature:Date:.....

Trainer(s) in charge of training:

Trainer name: **Date:**.....

Trainer signature: **Department address:**.....

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CHECKLIST FOR SUBMISSION OF BFS MANAGEMENT OF THE INFERTILE COUPLE DOCUMENTS

The following materials are required to be submitted to the Training Subcommittee for their consideration:

- Υ Certificate of attendance from the most recent BFS/RCOG Management of Subfertility and Assisted Conception course
- Υ Completed Guide to Learning
- Υ 1 completed OSATS
- Υ Completed Appraisal Record
- Υ Signed Notification of Completion form
- Υ Completed online Trainee Feedback form on Survey Monkey:

<https://www.surveymonkey.co.uk/r/YTQVCT6>

Please do not submit your documentation until you have all elements listed above.