



**PHILIPPINE SOCIETY FOR REPRODUCTIVE MEDICINE (PSRM), INC.
PHILIPPINE BOARD OF REPRODUCTIVE MEDICINE (PBRM)**

GF POGS Bldg., 56 Malakas St., Diliman, Quezon City, 1100, Philippines

Contact No.: (+639) 175494549

E-mail address: psrm.org@gmail.com ; Website: <https://www.psrph.ph>

PHILIPPINE BOARD OF REPRODUCTIVE MEDICINE (PBRM)

REQUIREMENTS FOR APPLICATION FOR PSRM FELLOW

The candidate for active membership must:

- be a Filipino citizen
- have completed an approved residency program in Obstetrics and Gynecology
- be a certified diplomate or fellow in Obstetrics and Gynecology
- have completed an approved post-residency fellowship or other training programs in reproductive endocrinology and infertility
- be of high ethical standing.

REQUIREMENTS for application:

The **CANDIDATE** must:

- Exhibit competence as a practitioner of reproductive medicine (RM).
- Demonstrate skills necessary in the management of clinical problems in reproductive medicine such as:
 1. Detailed history taking
 2. Selecting necessary diagnostic tests and their accurate interpretation
 3. Describing differentials and determining the correct diagnosis based on the data obtained
 4. Deciding among options in treatment and choosing appropriate care
 5. Continuing management and counselling
- Show the ability to perform competently and independently essential diagnostic procedures required of a reproductive medicine specialist.
- Demonstrate the ability to perform competently and independently operative RM procedures and be able to manage their complications

The **CERTIFYING BOARD EXAMINATIONS** shall consist of **two (2) parts**:

Part I: Written Examination (pre-requisite to taking PART II)

Part II: Oral Examination

- Part II (Oral Examination) is administered at least ONE (1) week after the Part 1 Written Examination.
- Parts I and II examinations are given once a year.



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PART I: Written Examination

- The Written examination is an objective assessment of the cognitive knowledge of the candidate. It is conducted once a year to eligible candidates for certification.
- The written examination shall consist of **150 questions**. The types of questions are distributed as follows:
 - ✓ 20% recall
 - ✓ 40% analysis & interpretation
 - ✓ 40% problem solving
- Grading is criterion – referenced with the passing grade set accordingly to the minimum passing level (MPL) as determined by the committee. The validity, reliability and relevance of exam questions are established by a test blue print based on the curriculum & item analysis.
- The result of the written examination will BE sent by registered mail, telephone call and email to the candidate before the oral examination.

Requirements for PART I Examination:

A. The Candidate must:

- Be a Filipino citizen
- Be duly licensed to practice Medicine in the Philippines
- Be a Fellow or Diplomate of POGS
- Be a graduate of a PSRM-recognized **2-year** fellowship program in Reproductive Medicine **OR** be a foreign-trained graduate* in a PSRM recognized **2-year** fellowship program in Reproductive Medicine.
- Has completed his/her fellowship program within the past 5 years

**** Foreign-trained graduates should submit a curriculum of their 2-year training program, subject to evaluation and approval by the PSRM certifying board.**

Requirements foreign-trained graduates:

1. *Patient load requirements: Must be performed by Fellow as Primary Physician*
 - a) *minimum of 20 patients/week in out-patient clinic*
 - b) *minimum of 2 endoscopic procedures per week*
 - c) *minimum of 1 major reproductive operation per month*
 - d) *exposure to a minimum of 10 ART procedures in 2 years*
 - e) *minimum of 100 ultrasound procedures per year per fellow*
 - f) *minimum of 4 cases of IUI per year per fellow*
 - g) *Exposure to andrology lab (sperm processing and washing)*

2. Submission of a **certificate of fellowship from the international institution** and the curriculum of the training program that was participated in is **REQUIRED as signed and approved by the head of the institution.**
3. Foreign-trained graduates **are mandatory to undergo a practical exam** (1 major hysteroscopic and 1 major laparoscopic procedure) after passing the oral exam.

B. The candidate must submit the following:

1. Duly accomplished PSRM application Form (in duplicate) with 2 passport size pictures, payment of application fee, and endorsement from **3 active PSRM Fellows.**
2. Official documents (photocopy)
 - a. Medical diploma
 - b. PRC license
 - c. Certificate of completion in a POGS accredited residency training program duly signed by the Department Chairman, Dean of the College of Medicine and/or Hospital Director
 - d. Certificate of POGS Membership (Diplomate or Fellow)
 - e. Certification of Fellowship in Reproductive Medicine signed by the Head of the Section, Chair of the Department and the Dean and/or Director of the Hospital.
3. A **compilation of 70 cases** (30 major, 40 minor) performed within the immediate past 2 years prior to application with certification from the Section Head & Chair of the Department attesting to the authenticity of cases reported & managed.

Major Cases (30 VARIED cases)

Operative Hysteroscopy (10)

- To include at least the following cases:
 - Two (2) Hysteroscopic Myomectomy
 - One (1) Lysis of Intra-Uterine Adhesions or Septoplasty

Operative Laparoscopy (15)

- To include at least the following cases:
 - Three (3) Oophorocystectomy/Paratubal or Paraovarian excision
 - Three (3) Salpingostomy/Salpingectomy
 - One (1) Chromopertubation**
 - One (1) Pelvic Adhesiolysis***

- Optional:
 - One (1) Myomectomy

Mullerian surgery (open or endoscopic) (1)

Abdominal/Laparotomy procedures **MINIMUM of 4**

- To include at least the following cases:
 - One (1) Tubal Surgery (Tubal Reanastomosis, Fimbrioplasty)
 - One (1) Myomectomy

* **See Sample table in appendix**

** May be done with another procedure but will not be counted separately

Example 1: Diagnostic laparoscopy with chromopertubation = considered one minor case

Example 2: Laparoscopic oophorocystectomy with pelvic adhesiolysis = considered one major case

Minor cases (40)

Surgical (20 cases)

- Such as but not limited to diagnostic hysteroscopy/laparoscopy, hysteroscopic polypectomy

Ambulatory procedures (15 cases)

- Hysterosalpingogram (5)
- Saline-infusion sonography (3)
- Follicular monitoring (5)
- Intra-uterine Insemination (2)

Medical Management (minimum of 5 cases)

- Endometriosis
- Abnormal uterine bleeding
- Polycystic Ovary Syndrome
- Amenorrhea
- Infertility
- Leiomyoma and Adenomyosis
- Other endocrinopathies



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4. For cases of “**transfer of technical responsibility**”, the APPLICANT **should be the primary surgeon**, with the **PSRM fellow/consultant** also signing the document submitted. Please label the case “**TTR**” **20% of cases submitted**
5. Submission of the following cases with discussions and references:
 - a. 5 varied major cases;
 - b. 3 varied minor surgical cases; and
 - c. 2 varied medical management cases
6. Preceptorship to 5 ART cases as attested by the ART Medical Director with discussions.
7. One (1) Completed Research Paper (prospective or retrospective) and one (1) Interesting Case. The candidate must be at least be a co-investigator/co-author.
8. Must have attended at least three major (3) PSRM scientific activities within the past two (2) years. Certificates of attendance (photocopies) must be submitted as proof of attendance.

PART II: Oral Examination

- There will be **five (5) hypothetical cases** which will be prepared with similar level of difficulty. There will be three (3) main questions for each case and the correct answer/s will be available to the panel.
- **Three cases** will be chosen at random on the day of examination.
- There will be **3 PANELS**. **Each panel** will consist of three examiners and shall be assigned **ONE** case.
- All examinees will go through all three panels.
- The **average grade** for each case per panel will be computed. The perfect score is **nine (9)** and the passing score is **six (6)**.
- In cases where an examinee’s score in **one case** is 5.50-5.99 , with the other two cases having passing grades, a retesting on the same day shall be done. The case will be taken from the remaining 2 cases from the pool of 5.



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Requirements for PART II Examination:

The Candidate must:

1. Have passed the PART I written exam the week before.
2. Have passed the PART I : Written examination **within the past two (2) years**
 - *the candidate must submit an application for Part II: Oral Examination*

**** For those taking the oral examination *more than two (2) years* after passing the Diplomate Part I Written examination, the candidate **MUST**:**

1. Submit an application for Diplomate Part II : Oral Examination
2. Submit five (5) additional cases, 3 Major and 2 Minor done within the last two (2) years from application
3. Submit proof of attendance in 75% of PSRM activities within the past two (2) years from the application

REQUIREMENTS FOR THOSE WHO FAIL TO PASS THE CERTIFYING EXAMINATIONS:

Part I: Written Examination

For those repeating the written exam: one must submit **10 MAJOR and 10 MINOR** cases (should be different from the previously submitted cases):

1. The written exam may be taken yearly until it is passed for **a total of three attempts only**. The repeat exams should be taken within 2 years from the initial examination.
2. Candidates who fail to pass the written exam will be required to attend the PSRM Midyear, Annual and 4 CME PSRM activities
3. **On the fourth (4th) attempt, the candidate must attend the midyear and annual PSRM convention, four (4) CME PSRM activities, and attend 50% of the conferences of his/her mother institution.**



Part II: Oral Examination

For those repeating the oral examination:

1. If repeat oral examination is done (***second and third attempts***):

- If within 1 year after the last oral examination, the candidate must submit **5 new operative cases with discussions** and must have attended the most recent PSRM annual and midyear conventions.
- If within 2 years after the last oral examination, the candidate must submit **10 Major and Minor cases** done within the past 2 years. Submit 5 Major cases with discussion. The candidate must attend the PSRM Midyear and Annual Conventions, and four (4) CME activities of PSRM.
- Repeat oral examination should be taken within 2 years from passing the written exam.

2. If the candidate fails for the ***3rd time (fourth attempt)***. The following are required:

- He/she must take Part I Written examination again and pass.
- **Submit 10 new Major cases** done within the immediate last 2 years.
- The candidate must attend the PSRM Midyear and Annual Conventions, and four (4) CME activities of PSRM.
- Must take the part II Oral examination **on the same year** of passing part 1 written exam
- **If candidate fails for the 4th time, then the PSRM certifying board shall NOT any more give another exam**

MANILA 1994



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APPENDIX

I. TABLE OF MAJOR/MINOR CASES

1. NAME/INITIALS OF PATIENT
2. AGE
3. ADMITTING DX
4. PROCEDURE
5. FINAL DIAGNOSIS
6. HISTOPATH RESULTS
7. COMPLICATIONS

II. WRITING REQUIREMENTS

1. FONT: TIMES NEW ROMAN SIZE 12
2. PRINTED ON LONG (8.5 x 13) WHITE PAPER
3. RING BIND
4. Requirements in the following manner

III. CONTENTS

1. Cover page : indicating name of fellow (all caps)
2. Table of Contents
3. Document Requirements (photocopy)
 - PSRM Application Form
 - Medical diploma
 - PRC license
 - Certificate of completion in a POGS accredited residency training program duly signed by the Department Chairman, Dean of the College of Medicine and/or Hospital Director
 - Certificate of POGS Membership (Diplomate or Fellow)
 - Certification of Fellowship in Reproductive Medicine signed by the Head of the Section, Chair of the Department and the Dean and/or Director of the Hospital.
 - Certificate of attendance in PSRM convention/s
4. Title page for table of MAJOR cases + Case discussion
5. Certification from the Section Head & Chair of the Department attesting to the authenticity of cases reported & managed.
6. Tables
7. Discussion
8. Title page for table of MINOR cases + Case discussion
9. Certification from the Section Head & Chair of the Department attesting to the authenticity of cases reported & managed.
10. Tables
11. Discussion
12. Certificate of Preceptorship to 5 ART cases as attested by the ART Medical Director with discussions.
13. One (1) Completed Research Paper (prospective or retrospective) and one (1) Interesting Case. The candidate must be at least be a co-investigator/co-author.