



Philippine Society of Ultrasound in Obstetrics and Gynecology

G/F POGS Bldg. #56 Malakas Street, Diliman, Quezon City, Philippines, 1102
Telephone (632) 8928-5304 CP # 09178530712; 09328540985 Email: psuog.sec@gmail.com
www.psuog.org

REQUIREMENTS FOR THE 2022 PSUOG CERTIFYING BOARD EXAMINATION

- A. Submission of application starts **April 4, 2022** and the deadline is **June 30, 2022**.
- B. The requirements for the Certifying Board Examinations shall be reviewed by the PSUOG Board of Examiners. The applicant shall be informed by electronic mail or through phone call if there are still requirements to be fulfilled. The Secretariat will inform qualified applicants for certifying examination
- C. **Examination Dates:** Written Exam: **September 25, 2022**
Practical Exam: **October 27 and/or October 28, 2022**
- D. **Examination Fees:** Written Exam: **PHP 7,000.00**
Practical Exam: **PHP 8,000.00**

REQUIREMENTS

1. Completely filled-up **application form**
2. **Three (3) 2 x 2 ID pictures** (most recent with white background) to be used in the application form, examination identification card, and PSUOG Directory.
3. **Photocopy** of the updated Professional Regulation Commission (**PRC**) License
4. **Letter of application** addressed to the Chair of the PSUOG Board of Examiners
5. **Certificate of Good Moral Character** from the Training Officer, Section Chief and Department Chair of the PSUOG accredited training institution
6. **Certificate of Good Standing** from POGS and Philippine Medical Association (PMA)
7. **Photocopy of the Certificate as Fellow or Diplomate of POGS**
8. **Photocopy of the Certificate of Fellowship Training**, attested by the Section Chief and Training Officer of the OB-GYN Ultrasound Section and the Medical Director of the training institution.
9. **Letters of endorsement** from three (3) Consultants/Trainers (minimum of 5 years in practice as sonologist) who are PSUOG members in good standing.
10. **Interesting Case Report and Research Paper**
 - a. Manuscript of the interesting case and research paper must bear a certification from the Section Chief that they were completed by the applicant during his/her training period.
 - b. Manuscripts of the interesting case and research paper must be attached to the submitted documents.
 - c. Manuscripts of the interesting case and research paper must be submitted in separate folders.
 - d. Manuscripts of the interesting case and research paper will be submitted to the Committee on Scientific Works as entries to the Interesting case and Research contest, **after** the examiner's review and acceptance of the applicant's requirements
 - e. **Format for the Interesting Case Report:**
 - Title page
 - Abstract
 - Introduction
 - Case History and Course of Illness Discussion
 - Tables and Pictures
 - Bibliography
11. A list of the required **1000 scans/patients** during the Fellowship Training must be submitted with the following requirements:
 - a. Certification by the Section Chief and Training Officer
 - b. Format in **PDF files**. The **OB and GYN cases should be placed into two main folders**. For each main folder, procedures should be placed in separate folders for each corresponding category. For easy reference, the first page in each folder should be a list of the cases with proper pagination.
 - b. A **Case code** should be placed on the right upper hand corner of the report- refer to table of procedures for the corresponding code (example: First Trimester -1T1,1T2, 1T3..., Biophysical Profile Score – BPS1, BPS2...Congenital Anomaly Scan- CAS1, CAS2...)



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- c. For cases Mullerian Anomaly using ESHRE, Ovarian cases using IOTA, Endometrial pathology using IETA, and Uterine abnormalities using MUSA, an addendum should be included together with the official hospital report.
- d. Stored in a USB flash drive with at least **8G** of storage capacity as soft copy

12. Files to be included are **Table of Contents** and **Tabulation of Cases**

- a. with 4 columns: **Date Scanned, Hospital ID #, Age, Impression Or Diagnosis**
- b. with corresponding pagination for each case.
- c. all the **ABNORMAL CASES** must be listed first, followed by the **NORMAL CASES** based on the dates of the scan in chronological order (from oldest to latest)

13. Official reports of the submitted **1000 scans/patients** must be personally signed by the active trainers/consultants of the training institution. E-signatures of the active trainers/consultants will be accepted provided that a certification acknowledging the use of their e-signatures are submitted together with the cases signed.

- a. All reports should always be accompanied by **pertinent clinical information** and **indication** for the scan.
- b. ALL OB case reports, beginning **18 weeks age of gestation**, should include **fetal biometry and fetal anatomic survey**
- c. For patients with multiple scans done during pregnancy, the case may be submitted by the fellow present during the scan.

14. The following **1000 scans/patients** are divided into 500 Obstetrics and 500 Gynecologic cases.

OBSTETRIC CASES	500	GYNECOLOGIC CASES	500
1st Trimester (TVS) CODE: 1T	<u>100</u>	Normal CODE: NG	<u>130</u>
2nd/3rd Trimester (TAS) CODE: 2T	<u>160</u>	Follicle Monitoring CODE: FOL	<u>10</u>
Congenital anomaly scan CODE: CAS	<u>30</u> With at least 5 Abnormal case	Uterine abnormalities with MUSA (eg. myomas, adenomyosis,) At least 40 for myoma and 40 for adenomyosis Uterine Abnormalities (eg. uterine niche, uterine carcinoma; at least 1 GTN <u>or</u> AV Malformation case) CODE: UTN CODE: GTN/AVM	<u>100</u>
Biophysical scoring (with fetal biometry) CODE: BPS	<u>30</u> With at least 5 ABNORMAL cases	Adnexal masses Ovarian, benign and malignant lesions (with IOTA) CODE: IOTA Polycystic Ovarian Morphology CODE: PCOM Tubal/Tubo-ovarian CODE: TUB (Paratuba I/ Paraovarian cysts maximum of 5 only) CODE: PTC	<u>140</u> 100 20 20



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Maternal/Fetal Doppler CODE: DOP	40 With at least 5 Abnormal cases		
3D (with attached pictures and saved in USB flash drive with at least 2G storage capacity) CODE: 3D	10 with at least 2 abnormal cases	3D gyne - Mullerian anomalies (with attached pictures saved in USB flash drive with at least 2G storage capacity) CODE: ESHRE	5 using ESHRE/ ESGE classification
Abnormal Pregnancy (ectopic, molar pregnancy, retained products of conception) CODE: ABP	50	SISH / HSSG CODE: SISH/HSSG	5 With at least 2 Abnormal cases
Placental Doppler with risk factor or indication CODE: PDOP	30 With at least 1 Abnormal case	Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis, submucous myoma) CODE: IETA	100
Cervical assessment CODE: CLF	50 With at least 5 Abnormal cases	Cervical lesions (polyps, myoma, other masses; and at least 1 carcinoma) excluding Nabothian cyst CODE: CX	10

15. Submission of 18 representative ultrasound reports

A. Obstetric Cases

1. First trimester
2. 2nd/ 3rd trimester
3. CAS (with abnormal findings)
4. BPS (with abnormal findings)
5. Molar pregnancy /Ectopic / Retained products of conception
6. Maternal/Fetal Doppler (with abnormal findings)
7. 3D/4D (with abnormal findings) with attached picture
8. Placental Doppler (with abnormal findings)
9. Cervical assessment (with abnormal findings)

B. Gynecologic Cases

1. Gynecologic scan with paratubal or paraovarian cyst
2. Follicle monitoring
3. Uterine abnormality: Adenomyosis / Myoma with MUSA
4. Ovarian mass, with IOTA
5. Tubal /Tuboovarian mass
6. Cervical CA or GTN or AV Malformation
7. 3D GYNE – Mullerian anomaly with ESHRE / ESGE classification
8. SISH / HSSG
9. Endometrial Pathology with IETA



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C. Requirements:

1. All representative ultrasound reports should be personally signed by an active trainer/ consultant who is not be a member of the Board of Examiners.
 2. E-signatures of the active trainers/consultants will be allowed provided that a certification acknowledging the use of their e-signatures is submitted together with the cases signed.
 3. Submitted representative ultrasound reports should be arranged in the order of cases as enumerated above.
 4. ALL reports must be softbound, with BLUE cover bearing the name of the examinee, to ensure that no documents are missing upon submission.
 5. All reports must be in the original hospital template or format, printed on A4 size, substance 20 white bond paper.
 6. Attached images must be in high resolution, laser printed, and placed in a separate page from the report, **at least 2 images** showing the represented pathology should be submitted. Only the patient's name should be blocked out. The date, time and institution where the scan was done should be clearly visible on the image.
 7. The date of the image should correspond to the date indicated on the official ultrasound report.
 8. Letters and certifications signed by active trainers/ consultants must be included and must precede the representative reports.
16. Any form of falsification in the submitted documents and failure to comply with **ANY** of the above requirements shall be basis for disqualification to take the written exam.

REQUIREMENTS FOR RE-TAKERS

Applicants taking the written exam for the 2nd or 3rd time

- a. Letter of intent to take the examination, addressed to the Chair of the Board of Examiners
- b. Submit a **new set of 18 representative ultrasound reports** from the previously submitted 1000 scans/patients. The previous 18 representative reports **SHOULD** be submitted together with the new set.
- c. Certification from the Section Chief that the procedures were performed by the Applicant

A. Applicants taking the exam for the 4th time

- a. Letter of intent to take the exam, addressed to the Chair of the Board of Examiners.
- b. Certification of completion of the 3-month whole day refresher course from the accredited training institution where the course was taken.
- c. The Certifying Examination should be taken **within 1 year** from the time of the refresher course.
- d. A list of the required **100 new scans / patients** during the refresher course must be submitted with the following requirements:
 - c.1 Certification by the Section Chief of the accredited training institution who conducted the refresher course
 - c.2 With same format and storage as specified in # 11 b & c
 - c.3 Table of Contents as specified in # 12
 - c.4 For the signatures of the active consultants and other instructions, refer to #13 a-c
 - c.5 Submit 18 representative scans as specified in #15
 - c.6 Refer to #16 for non-compliance of the above requirements
- e. The following **100 scans/ patients** are divided into 50 Obstetric cases and 50 Gynecologic cases:



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OBSTETRIC CASES	<u>50</u>	GYNECOLOGIC CASES	<u>50</u>
1st Trimester (TVS) CODE: 1T	<u>10</u>	Normal CODE: NG	<u>10</u>
2nd/3rd Trimester (TAS) CODE: 2T	<u>10</u>	Follicle Monitoring CODE: FOL	<u>2</u>
Congenital anomaly scan CODE: CAS	<u>2</u> With at least 1 Abnormal case	Uterine abnormalities with MUSA (eg. myomas, adenomyosis, uterine carcinoma; and with at least 1 GTN or AV malformation) CODE: UTN CODE: GTN/AVM	<u>11</u>
Biophysical scoring (with fetal biometry) CODE: BPS	<u>7</u> With at least 1 Abnormal case	Adnexal masses Ovarian, benign and malignant lesions (<i>with IOTA</i>) CODE: IOTA Polycystic Ovarian Morphology CODE: PCOM Tubal/Tubo-ovarian masses CODE: TUB (1 para-tubal /para-ovarian cyst only) CODE: PTC	<u>17</u> <u>12</u> 3 2
Maternal/Fetal Doppler CODE: DOP	<u>2</u> With at least 1 abnormal case		
3D (with attached pictures and saved in USB flash drive with at least 8G storage capacity) CODE: 3D	<u>2</u> with at least 1 abnormal case	3D Gyne - Mullerian anomaly (with attached pictures and saved in USB flash drive with at least 8G storage capacity) CODE: ESHRE	<u>1</u>
Abnormal Pregnancy (ectopic, molar pregnancy, retained products of conception) CODE: ABP	<u>10</u>	SISH/HSSG CODE: SISH/HSSG	<u>2</u> With abnormal findings
Placental Doppler <i>with risk factor or indication</i> CODE: PDOP	<u>2</u> With at least 1 Abnormal case	Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis, submucous myoma) CODE: IETA	<u>5</u>
Cervical assessment CODE: CLF	<u>5</u> With at least 1 Abnormal case	Cervical lesions (1 benign case and 1 malignant case) excluding Nabothian cyst CODE: CX	<u>2</u>

B. Applicants who shall retake the practical of examination need to submit a letter of intent addressed to the Chair of the Board of Examiners.

REQUIREMENTS FOR APPLICANTS FROM OTHER SUBSPECIALTIES for 2022:

Maternal and Fetal Medicine Fellowship graduate

- Letter of intent to take the examination addressed to: The Chair , Board of Examiners, PSUOG
- Submit a certificate of MFM fellowship training and/ or Certificate of having taken the MFM subspecialty examination



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- c. Undergo a 3-month gynecologic ultrasound course in any PSUOG- accredited training institution.
- d. Submit a certificate of the 3-month gynecologic ultrasound course from the Section Head of the PSUOG - accredited training institution.
- e. Submit the **1000 scans/ patients** required as specified in # 14 .
- f. Cases to be submitted must be done under the supervision of an active trainer/ consultant from the PSUOG accredited training institution.
- g. Submit **18 representative ultrasound reports** as specified in # 15.
- h. Submission of the Interesting Case and Research paper must be in relation to gynecologic cases and *exclusively* to PSUOG.

In Summary, The Contents Of The Documents To Be Submitted Are As Follows:

- 1) Filled-out application form with 3 ID pictures
- 2) Letter of intent addressed to the Chair of BOE, PSUOG
- 3) All certifications signed by the Section Head or active trainers/consultants.
- 4) Soft bound hard copy of the **18 representative ultrasound reports** with attached images; with name of the applicant on the BLUE cover page
- 5) one (1) copy of the manuscript of the Interesting case report in slide folder
- 6) one (1) copy of the manuscript of the Research paper in slide folder
- 7) one (1) USB with at least 8G of storage capacity containing the **1000 scans/ patients** for the regular takers; or **100 scans/ patients** for 4th time takers.
- 8) one (1) USB with at least 8G of storage capacity containing the images of the following cases:
 - a) 3D/4D OB ultrasound
 - b) 3D Gyne ultrasound- Mullerian anomaly

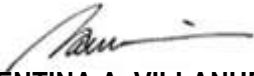
All letters are addressed to: **TRICIA ANN D. FLORES, MD, FPOGS, FPSUOG**
Chair, Board of Examiners 2022
Philippine Society of Ultrasound in Obstetrics and Gynecology

Reviewed and updated by the **PSUOG BOARD OF EXAMINERS 2022.**

Prepared by:


TRICIA ANN D. FLORES, MD
Chair, Board of Examiners

Approved by:


FLORENTINA A. VILLANUEVA, MD
President, Philippine Society of Ultrasound in Obstetrics and Gynecology