



PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY

REQUIREMENTS FOR THE 2024 PSUOG CERTIFYING BOARD EXAMINATION

- A. Submission of application starts **April 15, 2024**, and the deadline is **July 15, 2024**.
- 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 29, 2024**
Practical Exam: **October 23 and October 24, 2024**
- 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

- These case requirements are for the 2-year graduates taking the certifying examination in 2024. The case requirements for future examinations may be modified subject to re-assessment. It will be increased subsequently to comply with the 1500 cases prescribed in the 2-year curriculum, consisting of 750 obstetric and 750 gynecologic cases.

- The 2024 examinees will be required to submit 1400 case competency requirements, 700 Obstetric and 700 Gynecologic cases with the breakdown in the 2nd column of the table below and following the prescribed format set by the Board of Examiners.



G/F POGS Bldg. #56 Malakas Street, Diliman, Quezon City, Philippines, 1102

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- Out of 1400 cases, 127 representative cases consisting of 57 obstetric and 70 gynecologic cases with the breakdown of cases in the 3rd column of the table below should have an attached complete ultrasound report with representative images and histopathologic reports for selected cases in PDF files, submitted as soft copies.

- The rest of tabulated cases will not require an attached ultrasound report.

- All cases should be duly checked, signed by the supervising OB-GYN Ultrasound Subspecialist and certified by the Training Officer and Section Head.

OBSTETRICS		
Cases	2024 Certifying Examination Case Competency Requirements (700 cases)	Representative Cases with attached report and images (57 cases)
1st Trimester (TVS)	<p style="text-align: center;">130</p> <p>Basic 1st trim, including failed pregnancy, retained products of conception (RPOC), ectopic pregnancy</p> <p>Must include at least</p> <ul style="list-style-type: none"> - 11-14 weeks with NT - 10 - ectopic pregnancies - 20 	<p style="text-align: center;">21</p> <p>a. Normal 1st trim – 3</p> <p>b. Abnormal pregnancy:</p> <ul style="list-style-type: none"> - Anembryonic pregnancy – 3 • Embryonic demise – 3 • Fetal demise – 3 • Ectopic pregnancy – 3 • RPOC – 3 • 11–14-week NT scan – 3 with at least 1 abnormal finding
2nd/3rd Trimester (TAS)	<p style="text-align: center;">430</p> <p>2nd/3rd trimester scans</p> <p>Must include at least:</p> <ul style="list-style-type: none"> - BPS – 50 with at least 5 abnormal cases - cervical assessment- 30 indicated with at least 5 abnormal cases - placental Doppler - 30 indicated with 2 abnormal findings (may be shared between two fellows, certified by consultant and with histopathologic report)* <p>** histopathology report from another hospital will it still be ACCEPTED but with consent from the patient.</p>	<p style="text-align: center;">12</p> <p>a. Normal 2nd/3rd trim - 3</p> <p>b. BPS – 3 with at least 2 abnormal cases</p> <p>c. Cervical assessment – 3 with at least 2 abnormal cases</p> <p>d. Placental Doppler – 3 with at least 2 abnormal cases with 1 histopathologic report</p>



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	OBSTETRICS	
Congenital anomaly scan	<p>60</p> <p>Must include at least:</p> <ul style="list-style-type: none"> targeted examinations of fetal CNS - 5 targeted examinations of fetal heart - 5 targeted examinations other than heart and brain - 5 	<p>9</p> <p>a. Normal CAS - 3 b. CNS anomalies - 2 c. Cardiac anomalies - 2 d. Other anomalies - 2</p>
Maternal and Fetal Doppler	<p>50</p> <p>Must include at least 10 with abnormal findings</p>	<p>6</p> <p>Normal Maternal/Fetal Doppler - 3 With abnormal findings – 3</p>
Multifetal pregnancy	<p>10</p>	<p>4</p> <p>1st trimester – 1 2nd trimester – 1 3rd trimester – 1 With abnormal findings - 1</p>
3D/4D	<p>20</p> <p>Must include at least 2 abnormal cases</p>	<p>5</p> <p>Normal - 3 Abnormal cases - 2</p>

	GYNECOLOGY	
Cases	2024 Certifying Examination Case Competency Requirements (700 cases)	Representative Cases with attached report and images (70 cases)
Normal	<p>130</p> <p>Normal, including follicle monitoring, PCOM, physiologic cysts, IUD, menopause</p> <p>Must include at least</p> <ul style="list-style-type: none"> follicle monitoring – 10 	<p>17</p> <p>a. Normal - 3 b. PCOM - 4 c. Physiologic cyst - 3 d. Menopause - 3 e. Follicle monitoring - 4</p>
Uterine abnormalities with MUSA (eg. myomas, adenomyosis, uterine carcinoma/sarcoma)	<p>158</p> <p>Uterine abnormalities with MUSA; including CS niche, sarcoma (optional)</p> <p>Must include at least</p> <ul style="list-style-type: none"> myoma - 50 adenomyosis - 50 	<p>13</p> <p>a. Adenomyosis - 5 b. Myoma – 5 (to include at least 2 submucous myoma) c. CS Niche - 3</p>





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<p>Adnexal masses Ovarian (benign and malignant lesions with IOTA) Tubal/Tubo-ovarian masses Paratubal/Paraovarian cysts</p>	<p style="text-align: center;">165</p> <p>Adnexal masses with IOTA, Tubal/tubo-ovarian masses</p> <p>Must include at least</p> <ul style="list-style-type: none"> • ovarian malignancy – 10 • Tubal/Tubo-ovarian masses – 30 o Paratubal/Paraovarian cysts – maximum of 5 	<p style="text-align: center;">13</p> <p>a. Benign Ovarian masses with IOTA - 5 b. Malignant ovarian masses with IOTA - 5 c. Hydrosalpinx or Pyosalpinx or Hematosalpinx - 1 e. TOA or TOC- 1 f. Paratubal/para-ovarian cyst - 1</p>
<p>Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis)</p>	<p style="text-align: center;">120</p> <p>Endometrial pathology with IETA description (ex. endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis)</p> <p>Must include at least: 10 cases of endometrial malignancy</p>	<p style="text-align: center;">8</p> <ul style="list-style-type: none"> . Endometrial polyp - 3 . Endometrial hyperplasia - 3 . Endometrial cancer - 2
<p>Deep endometriosis (DE)</p>	<p>40 supervised (with indication, but not necessarily requested; for example, TVS is requested but with findings of endometriotic cysts, thus a DE scan was done)</p>	<p style="text-align: center;">3</p>
<p>Pelvic floor</p>	<p>10 supervised</p>	<p>Optional</p>
<p>Gynecologic Malignancies with comprehensive abdominal scan assessment and histopathologic report)</p> <ul style="list-style-type: none"> • Cervix • Uterus/endometrium • Ovaries/fallopian tube 	<p>Included in uterine, endometrial, adnexal and cervical lesions</p>	<p>3 with Histopathologic Report</p> <ul style="list-style-type: none"> a. Cervical cancer - 1 b. Endometrial cancer - 1 c. Ovarian/fallopian tube cancer - 1
<p>GTD/GTN</p>	<p style="text-align: center;">2</p> <p>(may be shared by 2 fellows but different scanning days)</p>	<p style="text-align: center;">2</p> <ul style="list-style-type: none"> . Hydatidiform mole – 1 . GTN - 1





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3D Gynecology -	25 with at least 5 Mullerian anomalies with ESHRE/ASRM/ESGE classification	5 3 Mullerian anomalies IUD - 2 (localization)
SISH / HSSG	20 with at least 5 abnormal cases	3 with at least 1 abnormal case
Cervical lesions (Polyps, myoma, other masses; and at least 1 carcinoma) excluding Nabothian cyst	30 With at least 3 cases of cervical malignancy	3 (Cervical malignancy under gynecologic malignancy requirement) 2 non malignant 1 malignant

**Note: The cases of ovarian malignancy submitted under Ovarian Masses with IOTA classification and cases of endometrial malignancy under Endometrial Pathology with IETA description may or may not have histopathologic reports and should be different from the cases submitted under Gynecologic Malignancies.*

General Requirements:

1. Certification by the Section Chief and Training Officer
2. Tabulation of 1400 cases (700 Obstetric and 700 Gynecologic cases) following the prescribed format set by the BOE:
 - . With 6 columns: **Date scanned, Hospital ID#, Age, OB Score Ultrasound Diagnosis, Supervising Consultant (See Appendix)**
 - . All ABNORMAL CASES must be listed first, followed by NORMAL CASES based on the dates of the scan in chronological order (from oldest to latest).
 - . Should be duly checked and signed by the Training Officer of the Section. E-signature will be accepted provided that a certification acknowledging the use of his/her e-signature is submitted together with the tabulation of cases. There is NO need to submit the official ultrasound reports of the tabulated cases.
2. All files should be in **PDF** and stored in a USB flash drive. It should contain 2 main folders properly labeled with separate folders for each corresponding category:
 - a. Tabulation of Cases – with separate folders for the OB and GYN cases
 - b. Representative Cases – with separate folders for the OB and GYN cases
4. Double entry of cases are not accepted. A patient should be listed **ONLY** under one category (procedure) and assigned to one fellow trainee at a single time.

Requirements for the 127 Representative Ultrasound Reports:

1. All representative ultrasound reports in the original hospital template/format should be printed and personally signed by the Fellow and an active trainer/consultant who is not a member of the BOE. E-signatures will not be allowed.
2. Aside from submitting hard copies of the official ultrasound reports of the representative cases, soft copies of the reports with attached images in PDF files are required. These should be stored in the same USB flash drive containing the tabulation of cases. The reports with the images should be placed in separate folders for each corresponding category.
3. At least 2 ultrasound images in high resolution showing the representative pathology placed in a separate page from the report should be submitted. Only the name of the patient must be concealed. The date, time and name of the institution must be readable and clearly seen in the images. Only soft copies of the images in PDF files are required.



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4. The date of the images should correspond to the date indicated in the official ultrasound report.
5. ALL representative ultrasound reports must be soft-bound, together with the basic requirements with BLUE cover bearing the name of the examinee, to ensure no documents are lost upon submission.
6. Applications with incomplete requirements will NOT BE ACCEPTED. **It is the sole responsibility of the applicant to ensure that ALL requirements are submitted completely and correctly.**

Requirements for Retakers who are Graduates of the Two-year Training Curriculum :

- Applicants taking the written examination for the 2nd and 3rd time:
Letter of intent to take the examination addressed to the BOE Chair

Summary of the Documents To Be Submitted:

- . Filled-out application form with 3 ID pictures
- . Letter of Intent addressed to the PSUOG BOE Chair
- . All certifications signed by the Section Head, Training Officer or active trainers/consultants
- . Soft-bound hard copy of the **127 representative ultrasound reports** together with the basic requirements with BLUE cover bearing the name of the examinee
- . One (1) copy of the manuscript of the Interesting Case report in slide folder
- . One (1) copy of the manuscript of the Research paper in slide folder
- . One (1) USB containing the Tabulation of Cases and PDF files of the Representative Ultrasound Reports with attached Ultrasound Images

Suggested Format for the Tabulation of Cases

1. Tabulation of Obstetric Cases

	Date Scanned	Hospital ID No.	Age	OB Score	Ultrasound Diagnosis	Supervising Consultant (Surname)
1.						
2.						
3.						
4.						
5.						

2. Tabulation of Gynecologic Cases

	Date Scanned	Hospital ID No.	Age	OB Score	Ultrasound Diagnosis	Supervising Consultant (Surname)
1.						
2.						
3.						
4.						
5.						





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3. Tabulation of Gynecologic Malignancy Cases

	Date Scanned	Hospital ID No.	Age	OB Score	Ultrasound Diagnosis	Histopathologic Diagnosis	Supervising Consultant (Surname)
1.							
2.							
3.							
4.							
5.							

Order of Tabulation of Cases

A. Obstetric Cases:

- I. Basic First Trimester Scan
 - A. Normal First Trimester
 - B. Failed Pregnancy
 - C. Ectopic Pregnancy
 - D. Retained Products of Conception
- II. Advanced First Trimester Scan: 11-14 week NT Scan
- III. Second/Third Trimester Scan
 - A. Biometry
 - B. Biophysical Profile
 - C. Cervical Assessment
 - D. Placental Dopplers
- IV. Congenital Anomaly Scan (including Targeted Fetal CNS, Fetal Heart, other anomalies)
- V. Multifetal Pregnancy
- VI. 3D Scan

B. Gynecologic Cases

- I. Basic (Normal) Gynecologic Scan
- II. Uterine Abnormalities with MUSA
- III. Adnexal Masses
 - A. Benign Ovarian Masses with IOTA
 - B. Malignant Ovarian Masses with IOTA
 - C. Tubal/Tubo-ovarian Masses
 - D. Paratubal/Para-ovarian Cysts
- IV. Endometrial Pathology with IETA
- V. Deep Infiltrating Endometriosis
- VI. Gynecologic Malignancies
- VII. GTD/GTN
- VIII. 3D Scan
- IX. SISH/HSSG
- X. Pelvic Floor Ultrasound

All letters are addressed to: **ROAN P. SALAFRANCA, MD, FPOGS, FPSUOG**
 Chair, Board of Examiners 2024
 Philippine Society of Ultrasound in Obstetrics and Gynecology

Reviewed and updated by the **PSUOG BOARD OF EXAMINERS 20224.**





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