

Effective for residents who enter training on or after July 1, 2024.

DEFINITION

Gynecologic Reproductive Endocrinology and Infertility (GREI) is a subspecialty of Obstetrics and Gynecology concerned with the prevention, investigation, diagnosis, and management of disorders of the reproductive endocrine system that interfere with reproductive health, and endocrine and other conditions that interfere with the human procreative process.

GYNECOLOGIC REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY PRACTICE

The patient population served by subspecialists in GREI includes all ages, gender identities, and sexual orientations. These individuals have or are at risk for disorders related to the reproductive system, including congenital anomalies, disorders of sexual differentiation, disorders of the reproductive hormonal axis, disorders of the menstrual cycle, and infertility or recurrent pregnancy loss.

Subspecialists in GREI provide consultation, perform diagnostic investigations, and provide medical and surgical management as well as assisted reproductive technology (ART). A complete assessment of the patient, patients, or couple may include history, physical examination, investigation of hormonal function, sperm analysis, and medical imaging. Subspecialists in GREI perform diagnostic imaging investigations using ultrasonography and hysterosalpingography (HSG). They provide lifestyle counselling and prescribe hormonal therapies. Subspecialists in GREI perform minimally invasive diagnostic and therapeutic surgical procedures using laparoscopic and hysteroscopic techniques for pelvic assessment and treatment. They initiate ART and monitor and manage the patient through the assisted reproduction cycle.

Subspecialists in GREI may work in academic health centres, community hospitals, or private facilities. They see patients in clinics, inpatient settings, medical imaging facilities, the operating room, and ART facilities.

Subspecialists in GREI work with obstetrician/gynecologists, maternal-fetal medicine subspecialists, urologists, endocrinologists, sexual health physicians, psychiatrists, and subspecialists in minimally invasive gynecologic surgery, menopause, and pelvic pain to guide decisions. The interprofessional team that provides GREI care includes nurses, counselors, imaging and laboratory technologists, and embryologists.

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ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Obstetrics and Gynecology.

OR

Eligibility for the Royal College examination in Obstetrics and Gynecology.

OR

Registration in a Royal College accredited residency program in Obstetrics and Gynecology. (See requirements for these qualifications.)

A maximum of one year of training in GREI may be undertaken at the third- or fourth-year residency level during training for certification in Obstetrics and Gynecology.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION¹

All candidates must be Royal College certified in Obstetrics and Gynecology in order to be eligible for the Royal College examination in Gynecologic Reproductive Endocrinology and Infertility.

GYNECOLOGIC REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, subspecialists in GREI integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of GREI
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to GREI
 - 1.3.1. Embryology, anatomy, histology, physiology, and genetics of the reproductive tracts
 - 1.3.2. Anatomy, histology, physiology, and pathology of the hypothalamic-pituitary-gonadal axis and related endocrine functions throughout life
 - 1.3.2.1. Mechanisms of reproductive hormone action and endocrine pharmacology

¹ These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

- 1.3.2.2. Endocrinology and immunology of pregnancy and the feto-placental unit
- 1.3.3. Physiology of gametogenesis, gamete transport, fertilization, embryo development, implantation, and early pregnancy development
- 1.3.4. Epidemiology of disorders of reproduction
- 1.3.5. Laboratory investigations, including measurement of hormones
- 1.3.6. Ultrasonography
 - 1.3.6.1. Principles of ultrasound physics and instrumentation
 - 1.3.6.2. Biological effects and safety of ultrasonography
 - 1.3.6.3. Scanning protocols and ultrasound findings for gynecologic and first trimester obstetrical ultrasound examinations
 - 1.3.6.4. Sonohysterography techniques
 - 1.3.6.5. Ultrasound probe reprocessing procedures
- 1.3.7. Hysterosalpingography (HSG), including radiation safety and protection, contrast agents, and normal and abnormal findings
- 1.3.8. Pharmacology of medications used to treat disorders of the reproductive endocrine system, induce ovulation, and manage complications of assisted reproductive techniques
- 1.3.9. Etiology, investigation, diagnosis, and management of reproductive endocrinological disorders
 - 1.3.9.1. Disorders of function and physiology of the hypothalamic-pituitary-gonadal axis
 - 1.3.9.1.1. Hyperprolactinemia
 - 1.3.9.1.2. Hypogonadotropic hypogonadism
 - 1.3.9.2. Disorders of menstrual cycle regulation
 - 1.3.9.3. Disorders of ovulation and follicle development
 - 1.3.9.4. Congenital anomalies of the reproductive system
 - 1.3.9.5. Primary and secondary amenorrhea
 - 1.3.9.6. Oligomenorrhea
 - 1.3.9.7. Anovulatory bleeding
 - 1.3.9.8. Thyroid disorders
 - 1.3.9.9. Hyperandrogenic disorders, including
 - 1.3.9.9.1. Idiopathic hirsutism
 - 1.3.9.9.2. Polycystic ovary syndrome
 - 1.3.9.9.3. Congenital adrenal hyperplasia

- 1.3.9.9.4. Cushing's syndrome
- 1.3.9.9.5. Androgen-secreting tumour

- 1.3.9.10. Disorders of sexual differentiation, anatomic alterations, and congenital anatomical variations, including
 - 1.3.9.10.1. Ambiguous genitalia
 - 1.3.9.10.2. Ovarian dysgenesis
 - 1.3.9.10.3. Androgen insensitivity syndrome

- 1.3.9.11. Disorders of sperm production and hypogonadism, primary and secondary
- 1.3.9.12. Climacteric, menopause, and premature ovarian insufficiency, including
 - 1.3.9.12.1. Vasomotor symptoms
 - 1.3.9.12.2. Cardiovascular health
 - 1.3.9.12.3. Bone health

- 1.3.10. Preoperative assessment of the patient, including selection of sedation
- 1.3.11. Surgical principles and microsurgical principles as they apply to laparotomy and laparoscopic and hysteroscopic reproductive surgery
 - 1.3.11.1. Assessment of candidacy for and technique(s) of tubal reanastomosis after previous tubal sterilization

- 1.3.12. Assisted reproductive technology (ART)
 - 1.3.12.1. Laboratory techniques, including gamete culture and micromanipulation techniques
 - 1.3.12.2. Principles of quality assurance and quality improvement systems in ART programs
 - 1.3.12.3. Principles of quality and infection prevention and control of gamete handling, culture of gametes and embryos, and cryopreservation in ART
 - 1.3.12.4. Ethics relevant to reproductive technologies and patient care
 - 1.3.12.5. Complications, including their prevention and management
 - 1.3.12.5.1. Multiple pregnancy
 - 1.3.12.5.2. Ovarian hyperstimulation syndrome (OHSS)
 - 1.3.12.5.3. Ectopic pregnancy and early pregnancy complications
 - 1.3.12.5.4. Complications of IVF procedures
 - 1.3.12.5.4.1. Sedation-related
 - 1.3.12.5.4.2. Post-procedure infection

- 1.3.12.5.4.3. Ovarian torsion from stimulation or after egg retrieval
- 1.3.12.5.4.4. Hemorrhage
- 1.3.12.6. Management of the following reproductive options
 - 1.3.12.6.1. Fertility preservation
 - 1.3.12.6.2. Genetic screening and testing relevant to ART
 - 1.3.12.6.3. Third-party reproduction
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in GREI practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Elicit a relevant and focused history, including
 - 2.2.1.1. Menstrual history
 - 2.2.1.2. Sexual history, including timing, frequency, and activities
 - 2.2.1.3. Obstetrical history
 - 2.2.1.4. Risk factors for infertility
 - 2.2.1.5. Family history of genetic conditions, infertility, recurrent pregnancy loss, and ovarian insufficiency
 - 2.2.1.5.1. Presence of population-based genetic risk factors
 - 2.2.1.6. Prior fertility treatment and outcomes
 - 2.2.1.7. Lifestyle factors
 - 2.2.1.7.1. Use of tobacco products, caffeine, alcohol, and other substances
 - 2.2.1.7.2. Other exposures to reproductive toxins
 - 2.2.1.8. Medication (prescription and non-prescription) and supplement history, including folic acid supplementation
 - 2.2.1.9. Concurrent medical conditions

- 2.2.1.10. Surgical history
- 2.2.2. Perform a physical exam relevant to the presentation
- 2.2.3. Select investigations and interpret their results
 - 2.2.3.1. Biochemical
 - 2.2.3.2. Endocrinological, specifically the hypothalamic-pituitary-gonadal axis
 - 2.2.3.3. Screening for infectious diseases
 - 2.2.3.4. Testing of ovarian reserve
 - 2.2.3.5. Semen analysis
 - 2.2.3.6. Genetic testing
 - 2.2.3.7. Histology (endometrium)
 - 2.2.3.8. Medical imaging
 - 2.2.3.9. Diagnostic investigations using ultrasound and HSG for tubal patency and uterine cavity assessment
- 2.2.4. Assess the patient's candidacy for medical or surgical intervention
- 2.2.5. Assess the patient's candidacy for ART
- 2.3. Establish goals of care in collaboration with patients and their families²
- 2.4. Establish a patient-centred management plan for
 - 2.4.1. Infertility, pregnancy loss, and disorders of reproductive endocrinology
 - 2.4.2. Reproductive abnormalities of childhood and adolescence, including precocious puberty, delayed puberty, growth disorders, and ambiguous genitalia

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
 - 3.1.1. Lifestyle modification
 - 3.1.2. Hormonal and pharmacological therapy for endocrinological disorders, including thyroid disease, polycystic ovarian syndrome (PCOS), hyperprolactinemia, vasomotor symptoms of menopause, and primary ovarian insufficiency
 - 3.1.3. Ovulation induction and controlled ovarian hyperstimulation
 - 3.1.4. Medical and surgical management of early pregnancy complications

² Throughout this document, references to the patient's family are intended to include all those who are, according to the patient's desires and circumstances, personally significant to the patient and are concerned with their care. This may include chosen support persons, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 3.1.5. Medical and surgical management of pelvic abnormalities affecting fertility
- 3.1.6. Assisted reproductive techniques, including controlled ovarian hyperstimulation, intrauterine insemination, in vitro fertilization, and other advanced reproductive technologies
- 3.1.7. Third-party reproduction
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, alternative to, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. HSG
 - 3.4.2. Pelvic ultrasonography, including appropriate selection of ancillary techniques, such as sonohysterography (sonoHSG)
 - 3.4.3. Surgical procedures, including laparotomy, laparoscopy, and hysteroscopy, for pelvic assessment and the surgical treatment of pelvic pathology affecting reproduction
 - 3.4.3.1. Lysis of pelvic adhesions
 - 3.4.3.2. Treatment of pelvic endometriosis
 - 3.4.3.3. Ovarian cystectomy
 - 3.4.3.4. Ovarian drilling
 - 3.4.3.5. Tubal surgery, including salpingectomy and salpingostomy
 - 3.4.3.6. Myomectomy
 - 3.4.3.7. Intrauterine procedures
 - 3.4.3.7.1. Polypectomy
 - 3.4.3.7.2. Lysis of intrauterine adhesions
 - 3.4.3.7.3. Resection of uterine septum
 - 3.4.4. ART procedures
 - 3.4.4.1. Transvaginal ultrasonography (TVUS) for assisted reproduction cycle monitoring
 - 3.4.4.2. TVUS-guided ovum retrieval, paracentesis, culdocentesis, and cyst aspiration
 - 3.4.4.3. Embryo transfer (ET)
 - 3.4.4.4. Intrauterine insemination, with or without ultrasound guidance

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Determine the need for and timing of referral to another health care professional for
 - 4.1.1.1. Investigation and management of medical and surgical conditions and complications
 - 4.1.1.2. Psychosocial support
 - 4.1.1.3. Genetic counselling
 - 4.1.1.4. Ongoing care of patients with disorders of sexual health
 - 4.1.2. Synchronize and coordinate the clinical component of ART procedures with the laboratory component, including gamete and embryo treatment in the assisted reproduction laboratory
 - 4.1.3. Manage complications of ART, including
 - 4.1.3.1. Multiple pregnancy
 - 4.1.3.2. OHSS
 - 4.1.3.3. Ectopic pregnancy and early pregnancy complications
 - 4.1.3.4. Complications of IVF procedures
 - 4.1.3.4.1. Sedation-related
 - 4.1.3.4.2. Post-procedure infection
 - 4.1.3.4.3. Ovarian torsion from stimulation or after egg retrieval
 - 4.1.3.4.4. Hemorrhage

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, subspecialists in GREI form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
 - 1.1.1. Respect a patient's right to privacy, confidentiality, and autonomy
 - 1.1.2. Recognize that those experiencing infertility often feel isolated and may prefer not to confide in friends and family
 - 1.1.3. Recognize that patients may identify chosen support persons before, during, or after their care who may be included in treatment discussions and decisions
 - 1.1.4. Create a culturally safe environment that is supportive of all individuals, including LGBTQ and single patients
 - 1.1.5. Demonstrate empathy and compassion when communicating about adverse events, poor prognosis, or the possibility of poor outcomes
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances
 - 1.6.1. Communicate effectively with patients where there are communication and language barriers
 - 1.6.1.1. Communicate effectively through the use of an interpreter

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Recognize that patients with endocrine dysfunction and infertility may find diagnoses and treatments difficult to understand and difficult to explain to others
 - 3.1.2. Convey information about diagnoses and treatment plans clearly, avoiding highly technical language
 - 3.1.3. Respond to patients who inquire about media reports or other public information related to evolving technology in infertility management
- 3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
 - 4.2.1. Provide information about peer support groups
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 4.3.1. Demonstrate empathy with the patient's concerns and preferences and assist the patient in making the best personal choice

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.1.1. Prepare clinical documentation that is well organized, records all relevant findings, and provides a clear plan for ongoing management
 - 5.1.2. Provide clear, concise, and timely reports of diagnostic investigations
 - 5.1.3. Communicate critical findings or unexpected results in a timely manner
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

- 5.3.1. Ensure explicit consent is obtained before sharing information beyond the individual patient

Collaborator

Definition:

As *Collaborators*, subspecialists in GREI work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Work effectively with interprofessional and multidisciplinary teams in the ART programs
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Work effectively with urologists, endocrinologists, other gynecologists, and other health care professionals in the management of complex reproductive disorders

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

Definition:

As *Leaders*, subspecialists in GREI engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to systems of patient care
 - 1.1.1. Participate in and contribute to quality improvement rounds and initiatives
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Apply knowledge of public and private funding for ART
 - 3.1.2. Apply knowledge of policies, procedures, quality performance indicators, and safety protocols required for safe fertility program services
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, subspecialists in GREI contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Facilitate timely access to diagnostic and therapeutic services and resources
 - 1.1.2. Facilitate timely access to information regarding the financial and legal aspects of care
 - 1.1.3. Advocate on behalf of patients whose concerns about privacy may limit their willingness to advocate for themselves
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Provide preconception counselling to optimize fertility, including lifestyle modification
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Educate patients about the impact of reproductive age on fertility
 - 1.3.2. Educate patients about the role of genetic carrier screening
 - 1.3.3. Provide information about strategies for minimizing the probability of multiple pregnancies associated with infertility treatment

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Identify opportunities for short- and long-term analyses of outcomes of commonly used treatments for conditions relevant to GREI

Scholar

Definition:

As *Scholars*, subspecialists in GREI demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curricula on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, subspecialists in GREI are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Subspecialists in GREI are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Respect the patient's privacy and confidentiality in accordance with legislation, regulations, and policies
 - 1.1.1.1. Independently manage specialty-specific issues surrounding confidentiality, intervening appropriately when confidentiality is breached
 - 1.1.1.2. Manage complex issues while preserving confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice, including
 - 1.3.1. Impact on reproductive technologies of bioethics, health economics, and reproductive legislation
 - 1.3.2. Impact of advances in genetic testing and diagnosis
 - 1.3.3. Third-party reproduction
 - 1.3.4. Access and equity
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Assisted Human Reproduction Act
 - 3.1.1.1. Health Canada's Safety of Sperm and Ova Regulations (SSOR)
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Gynecologic Reproductive Endocrinology and Infertility by December 31, 2025.