



East of England
School of Obstetrics and Gynaecology

Reference for SITM

Trainee Name:	
SITM applied for:	
Referee Name (must be substantive consultant) & Position:	
Do you support this resident doctor's choice of SITM	Yes / No If No please explain why:



Please comment on the surgical skills of the resident doctor if the SITM is one of the following:

Gynaecological surgical care

Oncology

Management of complex non-malignant disease

Urogynaecology and vaginal surgery

Management of subfertility

Robotic assisted gynaecological surgery

Please comment on the scanning skills of this resident doctor if they are applying for the following SITM:

Prenatal diagnosis

Management of subfertility

Complex early pregnancy and non-elective gynaecology



<p>Do you think the resident doctor will be able to complete the SITM with the necessary training?</p>	
<p>Any other comments regarding the resident doctor?</p>	

Signature of Referee.....

Date