

## Reproductive science examination regulations

### 2026

These regulations must be read in conjunction with the 'Regulations and guidelines – College examinations for membership and diplomas'.



## Entry and training requirements

There is no specific timing for entry to the examination. Candidates should obtain guidance as to when to sit the examination, by speaking to a senior colleague who has knowledge of the candidate's expertise and by consulting the online resources available on the [College website](#). Planning should take into account completion of training (where applicable) and state registration, but candidates should apply only when they are ready. Some general guidance is given below, but apart from the sequence in which the examinations can be sat, it is not intended to be prescriptive. In all examinations, the entire performance of the candidates will be assessed for egregious errors that suggest dangerous, harmful or unethical practice, or lack of specialist knowledge that is sufficiently serious to fail the candidate irrespective of an average mark above the pass mark.

### Part 1

The Part 1 will normally be taken following a minimum recommendation of 3 years' training for Part 1 including 3 years of autonomous clinical practice or 1 year post-HCPC (Health and Care Professions Council) registration.

### Part 2

All candidates must have passed the Part 1 examination. For science graduates, the Part 2 examination will normally not be taken until 8 years after obtaining the degree entry qualification.

Please note this does not necessarily mean there has to be a large gap between Parts 1 and 2. A candidate entering Part 1 at about 6–7 years post-degree or later could progress rapidly to Part 2.

Candidates for the Part 2 examination are required to give evidence of widening their experience over a minimum period of 2 years of training by examination of a written component, an oral examination and objective structured practical style examination with stations that assess a mixture of different dry practical, theoretical, communication and problem-solving tasks.

## Structure and format of the examination

### Part 1



The examination consists of two 3-hour written papers, taken on the same day. The first paper requires written answers to 4 out of 5 questions, in a long

answer format. The second paper comprises 20 short answer questions each with several sub-sections, all of which should be answered. Both papers will be marked using an open marking scheme with a pass mark calculated using a modified Angoff method.

## Part 2

The Part 2 examination will comprise a written component, a 1-hour oral examination and a 3-hour objective structured practical style examination. Candidates will not be allowed to sit the oral and practical examination until a proposal for a written option has been submitted and approved by the examiners.

### Written component

The written component of the Part 2 examination will be one of the following 3 options:

- **a minimum of 3 published peer reviewed papers**, where the applicant is the first author and had involvement in the experimental design. With multi-author publications, proportionately more publications would be required, the number depending on the extent and significance of the contributions made by the candidate. A statement from the other authors or at least the senior author as to their agreement of the candidate's proportion of attribution to the papers will be required. The papers should be accompanied by a narrative placing the papers in context with the applicant's practice and relevant surrounding literature. In the case of multi-authored papers, the candidate should explain exactly their contribution to the work. For each paper, the applicant should outline the research question, and describe how the question was addressed, the main findings and how these could advance the field.
- **a PhD or MD thesis**; normally completed during the training period. The research work used for the basis of a dissertation or PhD thesis should be in the field of reproductive science. The PhD should also be up to date. A recent PhD thesis that has been approved by a university may be submitted without further work. However, a PhD obtained before the attainment of the Part 1 examination will probably not be acceptable for submission alone. In this situation, an update addendum to the thesis can be submitted together with an older PhD thesis. The update addendum should bring the thesis results and subject matter up to date in light of current research and publications and should explain relevance to current clinical embryology practice. Such an addendum would be expected to be approximately 5,000 words with at least 30 references cited.
- **a casebook**, consisting of 8 cases. The word limit of each case should be in the region of 2,000 words excluding references. Candidates must submit 8



cases in the casebook that provide an overview of reproductive science practice. At least 4 cases must include a substantial laboratory component. All cases must provide discussion of the context, review of published literature or relevant practice, and evidence of reflective learning. Further information regarding the format of the casebook is available on the specialty page for reproductive science.

For trainees in a Higher Specialist Scientific Training (HSST) programme, the DClinSci thesis awarded by Manchester Academy for Healthcare Scientist Education (MAHSE) is also an option.

Candidates are required to submit a proposal of their intended Part 2 written component, as described in the College guidance (detailed below). Candidates are required to submit the written work within 3 years of having the proposal approved. Candidates who fail to submit the work within that time will be required to apply for an extension, giving reasons, or submit a new proposal.

Candidates will be required to submit their written work both electronically and in duplicate hard copy. The electronic submission will be passed through source matching software, which will highlight any passages or phrases that match with material available on the internet or in other submitted work. This is a means by which plagiarism can be detected. Candidates submitting material electronically to the College will be deemed to have consented to this test. It is therefore vital that all sources of information in written submissions should be correctly documented and referenced to avoid allegations of plagiarism. Applicants whose submitted work gives cause for concern will be invited to explain themselves and may be penalised. Each case will be considered individually.

The completed written option can either be submitted before or after attempting the practical and oral examination, but the proposal must be approved prior to applying for the Part 2 examination. For further guidance, please see the section on 'Guidance for candidates undertaking written options for the Part 2 examination' in the College's ['Examination Regulations and Guidelines'](#).

### **The oral and practical examination**

Candidates will not be permitted to sit the oral and practical examination until a proposal for the written option has been submitted and approved by the examiners. The examination will take place over the course of 1 day: a 1-hour oral examination and a 3-hour objective structured style practical examination. The aim of this examination is to establish that the candidate has demonstrated a level of competence



appropriate for independent practice at consultant level. The examination will test candidates’:

- scientific knowledge relevant to clinical embryology, including recent relevant literature
- ability to apply basic knowledge successfully and appropriately in a clinical context
- understanding of laboratory organisation and direction, including principles of budget
- quality control, safety and staff management
- practice in terms of ethics, regulations and standards.

Each of these areas will occupy approximately one quarter of the examination. The candidate should answer all questions and pass in all areas. The oral and practical examination contains a mixture of analytical, problem-solving and interpretative tasks. These may include interpreting laboratory results, devising and communicating a patient management plan, evaluating the design or feasibility of a research project, or discussing areas of specialist practice and regulation. Tasks will involve data, images, reports and simulations that do not make use of live human gametes or embryos.

Candidates will no longer need to have passed their Part 2 written option before proceeding to the oral/practical and oral examination; however, they must have submitted and had approved a proposal prior to sitting the appropriate Part 2 examination.

The oral and practical examinations have now been modularised, which means that candidates will only retake the component that they have failed, and the component that they pass will be retained.

## **Timing of the examinations**

The Part 1 and Part 2 examinations will be offered once a year in autumn.

