**Specialised Endocrinology Network for Andrology**

**Self-assessment form**

Dear applicant,

Please complete your centre self-assessment in the table below. Where appropriate cells can be expanded to accommodate your answer, however, when doing so please try to be mindful of the total length. Applications will be scored out of 9. We anticipate the threshold score for network inclusion to be 6.

|  |  |  |
| --- | --- | --- |
| Question | Answer | Points available |
| Is there an identified lead clinician for complex reproductive endocrinology or andrology in your department? |  | 1 |
| * 1. If so, who?
 |  | 0 |
| Are specialised reproductive endocrinology or andrology clinics run in your centre or are these cases seen in general lists?  |  | 1 |
| Frequency |  | 1 |
| Are you an NHSE recognised specialist centre for delivery of specialist endocrinology as defined in [A03/S/a](https://www.england.nhs.uk/wp-content/uploads/2013/06/a03-spec-endo-adult.pdf)  |  | 1 |
| Do you run a reproductive endocrinology or andrology MDT meeting in your centre? |  | 1 |
| If so, what is the Frequency and composition (professional affiliations only, names not necessary) of your reproductive endocrinology or andrology MDT? |  | 1 |
| Have you developed in-house clinical guidelines for the management of reproductive endocrinology or andrology? |  | 1 |
| If so, what conditions do these cover? |  | 0 |
| Has your institution formally adopted any national/international/learned society guidelines and if so which ones? |  | 1 |
| Is your centre already a member of any other specialist reproductive endocrinology or andrology networks? |  | 1 |
| If so, please specify which e.g. EAA |  | 0 |

Please return this form, by email, to Clinical@endocrinology.org

Closing date: **9April 2021**