



Standard Operational Procedures (SOPs)

ESGO ACCREDITATION & RE-ACCREDITATION of European Training Centres in Gynaecological Oncology

1. GENERAL REQUIREMENTS FOR ESGO ACCREDITATION & RE-ACCREDITATION

1.1. To be eligible for subspecialty training a centre must have **an adequate workload** providing a full range of experience in the subspecialty (details in Curriculum),

- **Defined criteria for a minimum case load:**

- Three (3) full-time equivalent gynaecological oncologists, one (1) additional for each additional fellow/trainee
- At least 150 new genital cancer cases per year
- At least ten (10) new vulvar cancer cases per year
- At least a total of 100 radical surgery cases per year per trainee
- At least 40 cytoreductive procedures per year
- At least 60% of early endometrial cancers undergo minimally invasive surgery (MIS)

- **Have adequate medical staffing** (at least 3 fte gynaecological oncological consultants for the first fellow and at least 1 additional consultant for each additional fellow) to enable the trainee to be engaged in his/her subspecialty field on a full-time basis.

- **Provide adequate library, laboratory and other resources** to support subspecialty work, training and research.

- **Provide the resources for a research** programme related to the subspecialty

As proof of meeting the minimal requirements the **latest year report** or, if no year reports are published, a summary of the case load, staffing and research activities

over the past year should be provided, as proof of compliance with ESGO requirements, together with the application.

1.2. Two or more centres may combine to provide a programme with all the required experience, both centres should comply with the requirements for a centre and should be visited.

1.3. Establish a formal Training programme. If the national training programme does not exist, the centre should follow the European standards as defined in ESGO Subspecialty Training Programme and Logbook. The Training Programme should be provided (English version of the training programme) together with the Application for accreditation

2. PROCESSES

1.1. Application process

- ESGO's Educational committee (WG Fellowship and Observership) deals with the application process, and presents a report to the ESGO Council on a regular basis. Applications from private hospitals can be considered if they comply with the ESGO requirements.
- Applicants should use the Application form available at the ESGO website, and provide all details requested to ESGO Office. Together with the Application should be submitted:
 - Formal training programme and tutorship.
 - Latest Year Report or equivalent data, reflecting the quantitative requirements.

2.1. Application for Re-accreditation

- Re-application follows the same procedures as the first application.
- Accredited centres should apply for re-accreditation 6 months before the original accreditation expires
- The application form for re-accreditations is available at the ESGO website. In addition to standard requirements, the centre should specify actions taken to fulfil recommendations and improvements since the last accreditation visit.
- The re-applying centre should provide a list of fellows trained during the accredited period with dates of their training

2.2. Checking of formal eligibility and review of application

- The ESGO Office together with the Accreditations co-ordinator of the Education Committee reviews the application in respect to all requirements, incl. the minimal requirements on activity and appropriate medical staffing.

- Application is confirmed (or rejected)

3. Hospital onsite visit

3.1. Appointment of visitors

- Visit is run by 2 visitors appointed by ESGO,
- Visitors are usually chosen within the ESGO Council (senior visitor) and ENYGO Executive Committee (junior visitor)
- Visitors should be from other countries than the visited centre. (Only exceptionally, one of two visitors may be from the same country).

3.2. Coordination of dates

- Visit is coordinated by ESGO Office
- 2-3 dates proposed by the centre are checked with visitors
- Recommended schedule of the visit is:
 - 1st day: evening: arrivals of visitors, stay overnight
 - 2nd day: 8.00-16.00: hospital visit, departures
- The visited centre is responsible for booking the flight tickets and the accommodation of the visitors

3.3. Agenda and working papers

- ESGO Office provides following documents to visited centre:
 - ESGO General rules and requirements
 - Visit schedule
- Visited centre provides following documents to ESGO Office at the latest 2 weeks prior the visit:
 - Agenda of the visit
 - Confirmation of hotel booking for visitors
 - Travel details (address of the hospital, how to get there etc.)
 - Application form + Year report (if requested)
 - Training programme + tutorship
- One week prior to the visit, the ESGO Office provides:
 - Visitor's Package to visitors
 - Agenda of the visit
 - Hotel booking + travel information
 - Blank visiting report
 - Travel Expense Claim form (to be sent to centre after the visit)
 - Copy of first visit report (in case of re-accreditation visit)

3.4. Onsite audit

- Seven hours is the minimum any hospital visit should take
- There should be a meeting with at least the Head of the Centre, senior staff, Postgraduate Dean or Hospital Director with presentations on the facilities, the training programme, tutorship and future plans.
- Presentations during the visit should inform about all requirements as laid down in the Curriculum, including protocols and key numbers.
- The fellow(s) should be interviewed separately and confidentially. If there is no current fellow, the (senior) residents/trainees should be interviewed.
- Interview with at least three members of the extended team (anaesthetist, surgeon, urologist, pathologist, radiologist, psychologist, head nurse and general manager).
- Assessment of ESGO recommendations and improvements since the first visit is part of the re-visit schedule
- Preliminary conclusions and recommendations need to be presented to the Head of the Centre and senior staff at the end of the visit.
- The Visiting report should be a clear outcome, including number of training positions and recommendations for improvements.
- The Visiting report should be completed by visitors preferably at or immediately after the visit and sent by e-mail to the ESGO Office.

4. Approval process

- Visiting report is submitted to the chair of the WG Fellowship and Observership, who may adjust and will edit the final version for discussion and review in the Working Group
- Visiting report together with recommendations of the Educational committee WG Fellowship and Observership is presented to the Educational Committee for final decision, i.e. approval or rejection. Rejection must be confirmed by ESGO Council.
- Official letter of recognition together with the following documentation is sent to successfully accredited centre:
 - Final Visiting report with recommendations and number of positions for accredited training
 - Certificate with clearly stated validity of the accreditation
 - Trainees information request form indicating fellows under the accredited training. Accredited Centres should report the names of fellows under the accredited training at the beginning of the training period.
- In case of rejection the centre is motivated to re-apply any time after having solved all issues and shortcomings mentioned in recommendations and when fulfils the criteria

- A personalised rejection letter must include the Visiting report together with explications prepared by the visiting team.
- **Administration & Accreditation fee**
 - Accreditation fee is invoiced for the ESGO hospital accreditation.
 - Travel expenses and accommodation costs of the visitors are paid by the hosting visited centres.
 - List of accredited centres and of trained certified fellows is published at the ESGO webpage.

5. Validity of accreditation

6.1. Validity of Accreditation

- ESGO accreditation is unconditionally granted for 5 years. Exceptionally conditional accreditation may be granted for a shorter period.
- In case of accreditation for less than 5 years, an on paper audit will be done to ensure that all requirements and recommendations from the accreditation visit are met. If this will be the case, accreditation for additional 3 years will be granted.

6.2. Validity of Re-accreditation

- Re-accreditation will be considered after 5 years following the first accreditation.
- Re-accreditation can be requested from 6 months prior to and 6 months after expiration of the accreditation period. ESGO office will send one reminder 6 months before expiration.
- In case of re-accreditation after 5 years since the first accreditation, usually an on-line tele-visit will be done and if all requirements are met, including fulfilment of recommendations from the first accreditation visit, accreditation again for 5 years may be granted. However, ESGO may decide to require an on site visit, e.g. based on earlier recommendations. After another 5 years (so 10 years in total) the re-accreditation will again be done by a physical on-site re-visit.

6. Accreditation of Training Centres in countries with an ESGO recognised national training programme and accreditation system.

A special regime applies for subspecialty training in countries with a national accreditation system (currently the UK and The Netherlands): ESGO recognises the local subspecialty training of RCOG (UK) and NVOG (NL) as a full equivalent of the ESGO accredited training. As such, centres in these countries may also request a separate ESGO certificate or use the ESGO logo on their national certificate.

Fellows training in centres from countries with a national, ESGO-recognised accreditation system will be eligible to participate in the ESGO Gynaecological Oncology certification process under certain conditions. In any case, ESGO will respect the autonomy of the individual countries that have set rules to govern the quality and quantity of training.