1. GENERAL REQUIREMENTS FOR AUDIT

1.1 In principle, a visit to a Gynaecological Oncological centre follows EBCOG recognition as a centre for basic training in Obstetrics and Gynaecology.

1.2 Recognition of centre for basic training can be either by accreditation through an EBCOG recognized national body (usually the national society), or by EBCOG accreditation for basic training in Obstetrics and Gynaecology.

1.3 If a Gynaecological Oncological centre has no connection with a general department of Obstetrics and Gynaecology (e.g. Cancer Centers; or when the Gynaecological Oncologic Department is part of a Department of Gynaecology that has no connection with the Obstetrical Department), the Gynaecological Oncological centre can be visited without recognition of basic training in Obstetrics and Gynaecology.
1.4 Recognition of national subspecialty accreditation in GO in countries with well developed training and auditing system

1.4.1. Countries where local training and auditing system in gynaecological oncology fully match criteria of ESGO/EBCOG accreditation, the local subspecialty accreditation is recognised as ESGO-EBCOG equivalent.

1.4.2. Since 2011, training and auditing system in UK (RCOG) and the Netherlands (Dutch National Society of Gynaecological Oncology) is recognized as a full equivalent of ESGO/EBCOG accreditation system.

1.4.3. Centres recognized as an accredited Gynaecological Oncological Training Centre by a national body do not require nor acquire separate ESGO-EBCOG audit and accreditation, as their national accreditation has been recognized by ESGO-EBCOG. However, if no national accreditation is established, individual accreditation will be given through the ESGO-EBCOG accreditation process.

1.4.4. Centres recognized and accredited as a Gynaecological Oncological Centre by a national body (usually the national society) do not require nor acquire separate ESGO-EBCOG accreditation, as their national accreditation has been recognized by ESGO-EBCOG. However, if no national accreditation is established, individual accreditation will be given through the ESGO accreditation process.

1.5 ESGO bears full responsibility of the auditing process in gynaecological oncological centres. Successfully audited centres become accredited after approval of both, ESGO and EBCOG bodies.

1.6 Training centres who wish to become recognized are asked to pay for travel expenses and hotel of the visitors.

2. GENERAL REQUIREMENTS FOR ESGO-EBCOG ACCREDITATION

To be eligible for subspecialty training a centre must:

2.1. provide a service for the referral and transfer of patients who would benefit from subspecialty facilities, expertise and experience.

2.2. have established close collaboration with related disciplines to provide the high degree of teamwork and concentration of resources for the intensive investigation and management of such patients;

2.3. have established close collaboration with other obstetricians and gynaecologists and related specialists within and out with the centre, including major regional roles in continuing postgraduate education and training, research advice and co-ordination, and audit;

2.4. have established a formal Training program according to requirements of national bodies. If the national training program does not exist, the centre should follow the European standards as defined in ESGO/EBGOG Subspecialty Training Program and Logbook.

2.5. have an adequate workload providing a full range of experience in the subspecialty; alternatively two or more centres may combine to provide a programme with all the required experience;

Fulfilment of defined criteria for minimum activity:

- 150 new invasive surgical cases per year for a first trainee, 100 more for a second etc. would be the minimum number necessary to provide the quality care, fellowship training and research.
• Additionally, minimum of 60 new cases of breast cancer are required in countries where breast cancers are treated by gynaecological oncologists.

2.6. **have an established a formal Tutorship**: a programme director co-ordinates the training programme, accepts the main responsibility for its supervision and is actively involved in it; when more than one centre provides the programme, there must be a supervisor at each centre, with one having overall responsibility as director. Directors and supervisors will be consultants with special experience in the relevant subspecialty field, and with the eventual development of subspecialisation the directors and supervisors will themselves be trained subspecialists. If the programme director changes the programme an training centre will be revisited.

2.7. **have adequate medical staffing** (at least 3 gynae oncogcy 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 (or in the case of a part-time trainee, during all of his/her normal working hours); participation in emergency and on-call work outside normal working hours is not excluded, subject to approval by the Subspecialty Committee.

2.8. **have adequate library, laboratory and other resources** to support subspecialty work, training and research.

2.9. **provide the resources for a research programme** related to the subspecialty.

Retrograde and personal accreditations are not allowed.

3. **PROCESSES**

3.1. **Application process**

ESGO Accreditation committee deals with application process, and presents a report to ESGO and EBCOG on regular basis. Accreditation for basic training is checked with EBCOG. Special attention should be paid to applications coming from private sector.

3.1.1. **Application**

- Applicants should use application form available at ESGO website, and provide all details requested; receipt of the application is confirmed.

3.1.2. **Checking of formal eligibility by ESGO Office**

- stand alone centre vs EBCOG accredited Obstetrics and Gynaecology training center
- confirmation of validity of accreditation for basic training by EBCOG (date of the EBCOG basic training accreditation or copy of the national accreditation recognised by EBCOG)
- in case of UK and the Netherlands, confirmation of validity of national GO accreditation
- minimal requirements on activity (numbers of invasive cases) and appropriate medical staffing
- in case the accreditation for basic training is unsatisfactory (or missing), applicant is recommended to apply for EBCOG accreditation first.

3.1.3. **Review of application by ESGO Accreditation Committee**

- review of application by ESGO Accreditation Committee in respect to all requirements
- copy of the latest year report may be requested in addition to information provided through the application form
- Application is confirmed (or rejected)
3.2. Hospital visit co-ordination

3.2.1. Appointment of visitors
- Visit is run independently by 2 visitors appointed by ESGO
- Visitors are ESGO members appointed by the Council, and usually chosen within the ESGO Council.
- In general, visitors should be from other countries than the visited centre. Only exceptionally, one of two visitors may be from the same country.
- Preferably, visitors from geographically close destinations should be appointed.
- Visiting team consists of one senior and one junior visitor (trainee in gynaecological oncology, member of ENYGO-European Network of Young Gynae Oncologists)
- Visitors are appointed at meetings of ESGO Council or by correspondence
- List of visitors and number of conducted visits is regularly updated

3.2.2. 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:
  - Thursday: evening: arrivals of visitors, stay overnight
  - Friday: 8.00-16.00: hospital visit, departures
- Flight tickets are booked directly by visitors and reimbursed by visited centre after the accreditation visit
- Visited centre book accommodation for visitors

3.2.3. Agenda and working papers
- ESGO Office provides following documents to visited centre:
  - ESGO – EBCOG General rules and requirements
  - Visit schedule
  - Request for hotel booking
- One month prior the visit, centre provides following documents to ESGO Office
  - Agenda of the visit
  - Formal training program and tutorship
  - Copy of the latest year report may be additionally requested by ESGO Accreditation Committee
  - Confirmation of hotel booking for travellers
  - Travel details (address of the hospital, how to get there etc.)
- One week prior the visit, ESGO Office provide Visitor’s package to visitors
  - Application form + Year report (if requested)
  - Training program + tutorship
  - 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)

3.3. Onsite audit
- Seven hours is the minimum any hospital visit should take, if conducted properly
- Requested program of visit, requirements fo interviews with medical staff and fellows are indicated at the document ‘Visit Schedule’.
• Assessment of ESGO recommendations and improvements since the first visit is part of the re-visit schedule
• There should be a clear outcome, including number of training positions and recommendations for improvements. Accreditation can be ‘approved’ or ‘rejected’.
• Preliminary conclusions and recommendations need to be presented to Head of the Centre and senior staff at the end of visit.
• The visiting report that should be completed preferably at or immediately after the visit and sent by email (only) to ESGO Office

3.4. Reimbursement of travel expenses
• Training centres who wish to become recognized are asked to pay for travel expenses and hotel of the visitors.
• Claim form together with original of bills is sent to the visited centre by visitors.

3.5. Accreditation

3.5.1. Approval process
• Circulation of visiting report around the ESGO Accreditation Committee, comments, amendments, recommendations
• Presentation of visiting report together with recommendations of ESGO Accreditation committee to ESGO Council for approval
• Visiting report approved by ESGO and copy of diploma is sent to the EBCOG Accreditation subcommittee. Receipt is formally recognized by the EBCOG Council
• Communication with visited centre for accreditation or rejection

3.5.2. Accreditation
• Letter certifying accreditation together with following documentation is sent to successfully visited centre:
  o final visiting report with recommendations and number of positions for accredited training is sent to the visited centre
  o diploma clearly stated validity of the accreditation
  o Trainees information request form indicating fellows under the accredited training

3.5.3. Administration
• Archiving documents: application form, audit documentation (agenda of the visit, year report if requested, formal training program and tutorship)
• Update of ESGO website (list of accredited centres)
• Update of files and reports

3.6. Rejection and appeal

• In case of rejection motivation is provided by the visiting team
• Personalised rejection letter must include visiting report together with explications prepared by the visiting team. Rejection must be confirmed by the ESGO Council.
• Rejected center may elect to re-apply any time after having addressed and solved all issues mentioned in recommendations and as shortcomings respectively.
• Appeal to rejection is only possible to EBCOG who will base their decision on the existing file, if deemed necessary by the separate visit by an EBCOG appointed team of at least one ESGO member and one EBCOG member.
3.7. Validity of accreditation

- ESGO – EBCOG accreditation is valid for 2 to 5 years.
- In case of accreditation for 2 years, a paper audit will be done to ensure that all requirements and recommendations from the accreditation visit are met. If it is the case, accreditation for additional 2 years will be granted.
- Re-accreditation will be considered after 5 years following the first accreditation.

3.8. Re-visits

- Accredited centers should apply for re-accreditation 6 months before the original accreditation expires.
- In 5 years, a paper audit will be done and if all requirements are met, and recommendations from the first accreditation visit fulfilled, the accreditation is granted for additional 5 years.
- In principle, re-application follows the same procedures as the first application.
- Application form for re-accreditations is available at ESGO website. In addition of standard requirements, center should specify actions taken to fulfill recommendations and improvements since the accreditation visit.
- The re-applying center should provide list of fellows trained during the accredited period with dates of their training.