Training in Gynaecological Oncology

CURRICULUM and LOG BOOK

Approved by
The European Board and College of Obstetrics and Gynaecology (EBCOG) and the European Society of Gynaecological Oncology (ESGO)

To be completed after each year of training and sent within three months thereafter to the assessment committee (certification board) along with an up to date CV of the trainee

Surname (in capitals), first name of trainee:
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Dates of beginning and end of year of training:
........../........../.......... (day/mo/yr) - ........../........../.......... (day/mo/yr).

Name and address of department:
Year:
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Year:
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CONTENT OF THE TRAINING PROGRAMME

1- Definition
The gynaecological oncologist is a specialist in Obstetrics and Gynaecology who in addition is able to:
- provide consultation on and comprehensive management of patients with gynaecological (and breast) cancer;
- manage the medical and/or surgical treatment of malignant diseases of the female genital tract and breast which may involved relevant surgery of abdominal organs,
- practice gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available. This includes comprehensive management of gynaecological cancer including screening, diagnostic, psycho-oncological care, therapeutic procedures and follow up.

The practice of Gynaecology Oncology excludes training and practice in another subspecialty.

2- Aim of training
To improve the care of patients with gynaecological malignancies in collaborations with other care providers.

3- Objectives of training
To train a subspecialist to be capable of:
• Consultation, practice and comprehensive care of women with gynaecological cancer
interpretation of scientific data to improve knowledge and to apply these in clinical care, teaching, research and audit.
• co-ordinating and promoting collaboration in organising the service.
• providing leadership in the development and in research within subspecialty.

4- Organisation of training
• the number of subspecialists should be strictly controlled by the relevant national body in order to provide a sufficient expertise.
• training programme should be in a multidisciplinary accredited center and should be organised by an accredited subspecialist.
• center should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals. These guidelines will define cases for which it is necessary to refer a patient to a subspecialist.
• A completed training in Gynaecological Oncology does not imply that a subspecialist cannot practice in the generalist field of Obstetrics and Gynaecology.

1 Only in those countries where this is part of gynaecological practice. In EU gynaecologist are usually responsible for treating breast diseases except in Denmark, Finland, Ireland, the Netherlands, UK.

5- Means of training
5.1 Entry requirements:
• a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme in OB/GYN.
• the availability of a recognised training post.
5.2 An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed tutor for guidance and advice.
5.3 The estimated number of training post(s) should reflect the national need for subspecialists in gynaecology oncology as well as the facilities and finances available for specialist training.
5.4 Trainees should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties during both day and night, performing gynaecological oncology operations and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.
5.5 Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave and compulsory military service.
5.6 Duration of training
This should include a minimum of two years in an approved programme and should cover the following areas:
- Surgical training in a Gynaecological Oncology unit:
  • General surgical training
  • Training in surgery of the breast
  • Colorectal Surgery
- Urology
- Radiotherapy
- Medical oncology
- Psycho-oncology
- Cytological diagnosis and pathology
- Tumour biology
- Cancer genetics
- Palliative Care
- Disease specific issues regarding:
  - Gestational Trophoblastic Disease
  - Ovarian and tubal Cancer
  - Uterine Cancer
  - Cervical Cancer
  - Vaginal Cancer
  - Vulval Cancer

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals. An educational plan should be drawn up in consultation with the trainee at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

5.8 A trainee may spend some training time in another (1 or 2) center(s) recognised by ESGO|EBCOG or the national committee

2 Only in those countries where this is part of gynaecological practice.

3 Only in those countries where the national accreditation and auditing system is recognised by ESGO|EBCOG.

6- Assessment of training

6.1 In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

In principle ESGO-EBCOG recognition as a Gynaecological Oncological centre follows EBCOG recognition for basic training in Obstetrics and Gynaecology.

6.2 Recognition of institutions as subspecialist training centres in gynaecological oncology should be based on approval by the ESGO Accreditation committee |EBCOG Hospital Recognition Committee using:

- Annual statistics
- Internal quality control and audit
- Organised teaching sessions
- Availability of:
  - Radiotherapy unit
  - Chemotherapy unit
  - Cyto pathology unit
  - Psycho oncological care
  - Multidisciplinary team regularly involved in the management of gynaecological cancer
- Fulfilment of defined criteria for minimum activity:
- 150 new invasive genital cancer cases per year for a first trainee, 100 more for a
second etc. would be the minimum number necessary to provide quality care, fellowship training and research.

- Additionally, minimum 60 new cases of breast cancer are required in countries where breast cancers are treated by the gynaecological oncologist.

6.3 Final assessment of the trainee should be carried out by a national committee of experts, who would take into consideration:

- Participation in Gynaecological Oncology courses particularly those recognised by ESGO|EBCOG
- Completion of the ESGO|EBCOG log book of clinical experience in Gynaecological oncology
- Peer review publications in a nationally recognised journal.

Centres recognized and accredited as a Gynaecological Oncological Centre by an official national or regional body (usually the national or regional society) do not require nor acquire separate ESGO-EBCOG accreditation, as their national or regional accreditation has been recognized by ESGO-EBCOG.

6.4 A representative from the ESGO accreditation committee|EBCOG post graduate training and assessment working party may be an observer on the national assessment committee.

6.5 ESGO|EBCOG is willing to organise an evaluation visit to a subspecialist unit, if requested.

7. Recognition of national training by ESGO | EBCOG

For those countries that have a nationally organised and monitored accreditation system (currently only the United Kingdom and the Netherlands) there is no individual accreditation per center by EBCOG-ESGO, but since the national systems have been recognized by EBCOG and ESGO the nationally accredited centers may carry the ‘EBCOG-ESGO accredited’ logo. In all other European countries centers that fulfill EBCOG-ESGO criteria may individually apply for accreditation through ESGO.

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TARGETS FOR THE FIRST YEAR OF TRAINING

Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20...... - 20......

KNOWLEDGE:

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TARGETS FOR THE SECOND YEAR OF TRAINING

Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.
To be completed at the beginning of the year of training.
Year: 20...... - 20......

KNOWLEDGE:

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TECHNICAL SKILLS:

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DATE: NAME OF THE TUTOR:
SIGNATURES: TUTOR: ------------------------------------  TRAINEE: --------------------------
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TARGETS FOR ADDITIONAL YEAR OF TRAINING
Description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training
To be completed at the beginning of the year of training.
Year: 20..... - 20.....

KNOWLEDGE:

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ON CALL DUTIES
FREQUENCY OF ON CALL DUTIES: (e.g.: 1/4)
Year
1 2 3
Frequency
BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL:
Year 1:
EVALUATION OF CLINICAL AND TECHNICAL SKILLS

Every target defined in the EBCOG – ESGO recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress.

Certain targets do not require the trainee to be level 5 (Independent). These are identified by a black box.

The open targets require your tutor or trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organise with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module.

SCORING SYSTEM: 1: PASSIVE ATTENDANCE, ASSISTANCE
2: NEEDS CLOSE SUPERVISION
3: ABLE TO CARRY OUT PROCEDURE UNDER SOME SUPERVISION
4: ABLE TO CARRY OUT PROCEDURE WITHOUT SUPERVISION
5: ABLE TO SUPERVISE AND TEACH THE PROCEDURE

The general aim is to get at least mark 4.
Choice of proper cancer treatment approach
Ability to identify the high risk patient, initiate workup and liaise with anaesthetists and other members of a multidisciplinary team
Signature to confirm completion of the module:
Name of the trainer: Date:
Hospital:

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MEDICAL PROCEDURES
Target Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date
Colposcopy + biopsy
Prescribing appropriate staging procedures
Prescribing hormone therapy
Indication to radiotherapy
Indication to brachytherapy
Indication to chemotherapy
Management of side effects
Prescribing appropriate follow up procedures
Clinical evaluation of the response to treatment
Counselling
Signature to confirm completion of the module:
Name of the trainer: Date:
Hospital:

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PSYCHO-ONCOLOGICAL CARE
The trainee should document his/her involvement in palliative care:
- At least one visit to an hospice or ward for terminal care
- An evaluation and documentation of psycho-oncological care for at least 1 patient
- CME points in specifically palliative care, e.g. by watching online lectures regarding psycho-oncological issues (prepared by IPOS and available through ESGO website) with receiving the certifications for these lectures

"Cancer: A Family Affair" by Lea Baider PhD
_**Narrator:**_ Talia Zaider PhD

"Loss, Grief and Bereavement"
by David Kissane MD
_**Narrator:**_ David Kissane MD

"Palliative Care for the Psycho-Oncologist"
by William Breitbart MD
_**Narrator:**_ William Breitbart MD

"Ethical Implications of Psycho-Oncology"
by Antonella Surbone MD, PhD, FACP
_**Narrator:**_ Antonella Surbone MD, PhD, FACP
"Psychosocial Interventions: Evidence and Methods for Supporting Cancer Patients"
by Maggie Watson PhD & Barry Bultz PhD
Narrators: Maggie Watson PhD and Barry Bultz PhD

"Communication and Interpersonal Skills in Cancer Care" by Walter F. Baile MD
Narrator: William Breitbart MD

"Anxiety and Adjustment Disorders in Cancer Patients" by Katalin Muszbek MD
Narrator: William Breitbart MD

"Distress Management in Cancer" by Jimmie C. Holland MD
Narrator: Jimmie C. Holland MD

"Depression and Depressive Disorders in Cancer Patients" by Luigi Grassi MD and Yosuke Uchitomi MD, PhD
Narrator: Paul Packer MD

"Psychosocial Assessment in Cancer Patients"
by Uwe Koch MD, PhD and Anja Mehnert PhD
Narrator: Sean Reed

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**Imaging**

Target

**Expected competence level**
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

**Interpret Abdominal US**
Order and Interpret Vaginal and abdominal US
Order and Interpret CT scan, MRI
Order and Interpret RMI
Order and Interpret mammography
Order and Interpret pyelograms
Order and Interpret Scintigraphy/ PET scans

**Signature to confirm completion of the module:**
Name of the trainer: Date :
Hospital:

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**SURGICAL PROCEDURES**

Target Expected competence level
Trainee ticks when achieved

**Trainer sign when competence level achieved**
1 2 3 4 5 Sign Date
Hysteroscopy + biopsy
Diagnostic Laparoscopy
Laparoscopic pelvic lymphadenectomy
Total abdominal hysterectomy
Vaginal hysterectomy
Radical abdominal hysterectomy
Radical vaginal hysterectomy
Pelvic exenteration / Pelvectomy (ant, post, total) -
Urinary diversion after pelvic exenteration
Cytoreductive surgery in ovarian cancer
Lombo aortic lymphadenectomy
Intensive surgical staging for ovarian cancer
Second look laparotomy in ovarian cancer
Bowel resection, Colostomy, Ileostomy
Pelvic lymphadenectomy
Vulvectomy
Inguinal lymphadenectomy
Laparoscopic hysterectomy
Laparoscopic bilateral salpingo-oophorectomy
Total colpectomy*
Breast tumorectomy*
Axillary lymphadenectomy*
Mastectomy*
Breast reconstructive surgery*

Signature to confirm completion of the module:
Name of the trainer: Date:
Hospital:

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* Only in countries where breast surgery is an Integral part of training and practice of gynaecological oncology

NUMBER OF PROCEDURES AND TECHNICAL ACTS
PERFORMED DURING THE TRAINING AS FIRST ASSISTANT

PROCEDURES
Please fill the Log book in xcel provided. At the end of the year please print all relevant worksheets in the xcel file and sign and date and submit to ESGO as required.

Date: Name and signature of trainee:
......../......./....... (day/mo/yr) ........................................
insufficient.

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NUMBER OF PROCEDURES AND TECHNICAL ACTS
PERFORMED DURING THE TRAINING AS SURGEON

PROCEDURES YEAR 1 YEAR 2 YEAR 3 TOTAL
Please fill the Log book in xcel provided. At the end of the year please print all relevant worksheets in the xcel file and sign and date and submit to ESGO as required.
ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system: A = Excellent
B = Sufficient
C = Weak
D = Unacceptable
E = Not applicable

Assessment of fulfilment of the targets defined on pages 3 - 9

Year 1 2 3
INTEGRATED KNOWLEDGE REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA
MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY
TECHNICAL SKILLS
ORGANISATORY SKILLS
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)
ETHICS
RELATIONS WITH PATIENTS
RELATIONS WITH MEDICAL AND OTHER STAFF
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS
SCIENTIFIC INTEREST
SCIENTIFIC ACTIVITY

Date: ....../....../....... (day/ mo / yr)
Signature of Trainee: Signature of Trainer:

CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE TRAINEE (entire duration of training; to be up-dated yearly)

EXAMPLE: Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.1999. Theme: "Ovarian cancer ".

The number is not limited

1.
2.
3.
4.
5.

Certificate of attendance as to be provided

CUMULATIVE LIST OF PAPERS PRESENTED AT SCIENTIFIC MEETINGS
(entire duration of training; to be up-dated yearly)
(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)⁵

The number is not limited
1.
2.
3.
4.
5.
⁵ Abstracts as to be provided

CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN INTERNATIONAL JOURNALS
(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)⁶
The number is not limited
1.
2.
3.
4.
5.
⁶ Published manuscript should be provided

CUMULATIVE LIST OF PEER REVIEWED PUBLISHED PAPERS IN NATIONAL JOURNALS
(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)⁷
The number is not limited
1.
2.
3.
4.
5.
⁷ Published manuscript should be provided

SURGICAL REPORTS
Each trainee will keep in a separate book copies of all reports pertaining to acts performed as first assistant, as surgeon or as supervisor.
Please see attached log book in xcel which needs to be maintained
FELLOWSHIP PROGRAM CURRICULUM

MINIMUM* SURGICAL CURRICULUM:

- Surgery of endometrial, ovarian and tubal cancer 30 cases
- Radical hysterectomy 15 cases
- Other pelvic malignancies 5 cases
- Vulvectomy and groin dissection 5 cases

* these are the minimum number of cases a trainee should have done as the main surgeon by the completion of his/her training programme

RESEARCH AND TEACHING:

1) Participation on research projects;
2) Publication of, at least, 3 papers in peer reviewed journals, where he/she must be the first author of at least 1 of them;
3) Elaboration of a thesis at the end of the fellowship;
4) Participation in pre/under-graduate (optional) and post-graduate teaching.

ENDOMETRIAL CANCER

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Counsel patient about treatment options
- Management recurrent disease
- Follow up
- Histology, staging, classification

OVARIAN CANCER

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Counsel patient about treatment options - medical and surgical
- Management recurrent disease
- Follow up
- Primary surgery, debulking
- Interval debulking surgery
- Histology, staging, classification
- Tumor markers

CERVICAL CANCER

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Counsel patient about treatment options - medical and surgical
- Management recurrent disease
- Follow up
- Histology, staging, classification
- Staging procedure
- Colposcopy and screening
- Conization

VULVAL CANCER

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Counsel patient about treatment options
- Vulvectomy
- Lymphadenectomy
- Management recurrent disease
- Follow up
- Histology, staging, classification
- Complications - recognition and management

VAGINAL CANCER

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- History, counselling regarding management options
- Vaginoscopy
- Histology, staging, classification
- Vaginectomy

MEDICAL ONCOLOGY

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 Sign Date

- Main chemotherapy drugs and regimens used in gynaecological oncology
- Dosage and administration
- Side effects - minimisation and recognition
- Recognition and management of complications
- Indications
- Participation in ward rounds
- Chemotherapy administration
RADIATION ONCOLOGY
Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 Sign Date

- Radiotherapy planning
- Radiotherapy administration
- Recognition and management of side effects and complications

CANCER GENETICS
Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Take history, draw pedigree or family tree
- Understanding of different cancer family syndromes in gynaecological oncology
- Risk assessment
- Screening
- Preventative surgery
- Hormonal therapy

COLORECTAL SURGERY
Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date

- Stoma care and management
- Total parenteral nutrition
- Enteric fistula recognition and management
- Repair small bowel injury
- Small bowel resection and anastomosis
- Colostomy, ileostomy

Expected competence level
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 Sign Date

- Large bowel anastomosis
- AP resection

UROLOGICAL SURGERY
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date
Interpretation and ordering of urinary tract investigations

- Cystoscopy
- Ureteric catheterisation
- Repair bladder injury
- Identification and management of urinary tract injury
- Obstructive uropathy management

GESTATIONAL TROPHOBLASTIC DISEASE
Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 4 5 Sign Date
Principles, investigations, treatment, follow up of

- Partial mole
- Complete mole
- Choriocarcinoma

PALLIATIVE CARE

Trainee ticks when achieved
Trainer sign when competence level achieved
1 2 3 Sign Date

- Counselling of patients and relatives
- Management of symptoms-
  - pain relief
  - nausea, vomiting
  - obstruction
  - psychosocial
  - psychosexual
  - nutrition