
***ESGO ACCREDITATION & RE-ACCREDITATION
of
European Training Centres in Gynaecological Oncology
GENERAL RULES, REQUIREMENTS and PROCESSES***

1. GENERAL REQUIREMENTS FOR ESGO ACCREDITATION & RE-ACCREDITATION

To be eligible for subspecialty training a centre must:

- 1.1. Provide a service for the **referral and transfer of patients** who would benefit from subspecialty facilities, expertise and experience.
- 1.2. **Establish close collaboration with related disciplines** to provide the highest degree of teamwork and concentration of resources for the intensive investigation and management of such patients.
- 1.3. **Establish close collaboration with other obstetricians and gynaecologists and related specialists** within and outside of the centre, including major regional roles in continuing postgraduate education and training, research advice and co-ordination and audit.
- 1.4. **Establish a formal Training programme** according to the requirements of national bodies. If the national training programme does not exist, the centre should follow the European standards as defined in ESGO Subspecialty Training Programme and Logbook. In this latter case the Training Programme should be provided (English version of the training programme) together with the application for accreditation.
- 1.5. **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. In such a case, both centres should individually comply with the requirements for a centre.

Fulfilment of **defined criteria for minimum activity**:

- **150 new genital cancer cases per year and 100 radical surgery cases per year (all cancers), 100 more for a second fellow etc.** would be the minimum number that a centre must have to provide the quality of care, of fellowship training and of research.

- Additionally, minimum of 60 new cases of breast cancer are recommended in countries where breast cancers are treated by gynaecological oncologists. The minimum activity in this field is not mandatory
- 1.6. **Establish a formal Tutorship**; a programme director co-ordinates the training programme, accepts the main responsibility for its supervision and is actively involved in it. 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, the training centre has to be reassessed.
 - 1.7. **Have adequate medical staffing** (at least 3 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 (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, and subject to approval by the Accreditation Committee.
 - 1.8. **Provide adequate library, laboratory and other resources** to support subspecialty work, training and research.
 - 1.9. **Provide the resources for a research** programme related to the subspecialty.

Retrograde and personal accreditations are not allowed.

2. PROCESSES

2.1. Application process

ESGO Accreditation committee 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.

2.1.1. Application

- Applicants should use the Application form available at the ESGO website, and provide all details requested to ESGO Office.
- Receipt of the application is confirmed by the ESGO Office.

2.1.2. Application for Re-accreditation

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

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

- The ESGO Office together with the co-ordinator of the Accreditation Committee will check on the minimal requirements on activity (numbers of invasive cases) and appropriate medical staffing.
- Centres from countries with a national ESGO recognized Training Programme in place cannot apply for a separate ESGO evaluation.

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

- Review of the application by the 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)

2.2. **Hospital visit co-ordination**

2.2.1 **Appointment of visitors**

- Visit is run by 2 visitors appointed by ESGO
 - Visitors are usually chosen within the ESGO Council and ENYGO Executive Committee
 - The visiting team usually consists of one senior visitor (ESGO Council) and one junior visitor (member of ENYGO Executive Committee (EEG))
 - 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.
 - List of visitors and number of conducted visits is regularly updated

2.2.2. **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 :
 - 1st day: evening: arrivals of visitors, stay overnight
 - 2nd day: 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 is responsible for the accommodation of the visitors

2.2.3 **Agenda and working papers**

- ESGO Office provides following documents to visited centre:
 - ESGO General rules and requirements
 - Visit schedule
 - Request for hotel booking
- 2 weeks prior the visit, centre provides following documents to ESGO Office
 - Agenda of the visit
 - Formal training programme 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 to the visit, the ESGO Office provides Visitor's Package to visitors
 - Application form + Year report (if requested)
 - Training programme + 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)

2.3. Onsite audit

- Seven hours is the minimum any hospital visit should take, if conducted properly
- Requested programme of visit, requirements for 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 the Head of the Centre and senior staff at the end of the visit. Visitors must refrain from alluding to the final verdict, as this is ultimately the decision of ESGO Council. Also their advice whether or not to grant accreditation should not be communicated as this might depend on further discussion within the ESGO Accreditation committee.
- The visiting report should be completed by visitors preferably at or immediately after the visit and sent by e-mail (only) to the ESGO Office

2.4 Accreditation fee and Reimbursement of travel expenses

- Starting January 2018, there is an accreditation fee EUR 500 to be paid for the ESGO hospital accreditation. This fee is waived for public centres from Low and Middle Income Countries (please consult the list of LMIC countries as of the World Bank).
- In addition, training centres who wish to become recognized are asked to pay for travel expenses and hotel of the visitors.
- Claim form together with original bills are sent to the visited centre by visitors directly.

2.5. Accreditation

2.5.1 Approval process

- Circulation of visiting report around the ESGO Accreditation Committee. All members can suggest their comments, amendments and recommendations
- Presentation of visiting report together with recommendations of ESGO Accreditation committee to ESGO Council for approval
- Communication with visited centre for accreditation or rejection

2.5.2. Accreditation recognition

- Letter of recognition together with the following documentation is sent to successfully visited centre:

- Final visiting report with recommendations and number of positions for accredited training is sent to the visited centre
- 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.

2.5.3. Administration

- Archiving (electronically) documents: application form, audit documentation (agenda of the visit, year report if requested, formal training programme and tutorship)
- Update of ESGO website (list of accredited centres, list of trained fellows)
- Update of files and reports

2.6. Rejection and appeal

- In case of rejection motivation is provided by the visiting team
- A personalised rejection letter must include the visiting report together with explications prepared by the visiting team. Rejection must be confirmed by ESGO Council.
- A rejected centre may elect to re-apply any time after having addressed and solved all issues and shortcomings mentioned in recommendations.

2.7. Validity of accreditation

2.7.1. Validity of Accreditation

- ESGO accreditation may be granted for 2 or 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 this will be the case, accreditation for additional 3 years will be granted.

2.7.2. Validity of Re-accreditation

- Re-accreditation will be considered after 5 years following the first accreditation.
- In case of re-accreditation, in 5 years, a **paper audit** (no physical visit) will be done and if all requirements are met (including fulfilment of recommendations from the first accreditation visit) the accreditation is granted for additional 5 years
- After another 5 years (so 10 in total) the re-accreditation will again be done by a physical re-visit.

3. Accrediation of Training Centres in UK and the Netherlands

Special regime applies for subspecialty training UK and The Netherlands : ESGO recognise the local subspecialty training of RCOG (UK) and NVOG (NL) as a full equivalent of the ESGO accredited training and does not run hospital accreditations and does not run neither audit nor certification of hospitals.