



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

1. GENERAL REQUIREMENTS FOR ESGO ACCREDITATION & RE-ACCREDITATION

- 1.1.** The aim of ESGO accreditation of centres for training in Gynaecological Oncology is to unify education of fellows in order to improve the quality of care of patients with gynaecological malignancies. The accreditation process is strictly defined, structured, controlled and individualized. As a consequence, next to clearly defined qualitative and quantitative requirements (lead down in the ESGO Curriculum) the ESGO accreditation process includes individual assessment of centres in the context of specific national circumstances (as are number of inhabitants, national organization of care, national quality control systems, etc).
- 1.2.** To be eligible for subspecialty training a centre should comply with qualitative and quantitative criteria, as defined in the ESGO Curriculum that enable the fellows to be exposed to all aspects of care of patients with gynaecological malignancies (diagnostics, planning of treatment, surgical treatment, systemic treatment, radiologic treatment, follow-up, supportive and palliative care, publications and research).
- 1.3.** The **quantitative criteria** for a centre to be eligible for subspecialty training are:
- At least 150 new genital cancer cases per year
 - At least 10 new vulvar cancer cases per year
 - At least 100 radical surgery cases per year (all cancers), at least one (1) type of radical procedure performed by a minimally invasive approach, and at least 40 cytoreductive procedures per year. At least 60% of early endometrial cancers undergo minimally invasive surgery (MIS)
 - Have at least 3 full-time equivalent (fte) gynaecological oncological consultants for the first fellow and at least 1 additional consultant for each additional fellow.

1.4. The **qualitative requirements** for centre to be eligible for subspecialty training are:

- **Availability of**
 - data manager,
 - designated and qualified educational supervisor,
 - radiotherapy,
 - all cancer patients discussed at the MDT,
 - theatres equipped for teaching open and MI surgery,
 - specialized oncology nurse(s),
 - hospital-wide post-graduate teaching programme,
 - internal quality control and audit system, mortality and morbidity registration and meetings,
 - chemotherapy unit (or unit for systemic treatment),
 - psycho-oncological care,
 - nuclear medicine,
 - access to plastic and reconstructive surgery,
 - access to vascular surgery,
 - palliative care,
 - lymphoedema treatment,
 - MDT should include radiotherapy specialist, chemotherapy specialist, radiologist, pathologist,
 - the department is part of regional and/or national network.
- **Provide adequate library, laboratory and other resources** to support subspecialty work, training and research.
- **Following organizational services are provided:**
 - regular multidisciplinary consultations and tumour board meetings,
 - regular educational staff meeting,
 - participation in clinical trials,
 - yearly report of activity,
 - agreed evidence based and documented clinical policy of the management of gynecological cancers, with regular revision of treatment protocols.
- **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.

At least one of the gynaecological oncological staff should be **member of ESGO**, if only to be able to access the Curriculum requirements.

- 1.5.** If a centre **cannot comply** with some specific qualitative or quantitative criteria, two or more centres may combine to provide a programme with all the required experience. In such case there should be a structured and established rotation of fellows to associated centres with mentors being available on all participating sites. Participating centres should all individually comply with the requirements for a centre and should be visited. Those centres should follow the same protocols and the same training program.
- 1.6.** It is strongly recommended that the centre's positions for fellows are associated with **salary** or other forms of financial support for the fellows.
- 1.7.** The centre should have a **local Training Programme** (provided in English at the time of application) that follows the ESGO curriculum and is adapted to the local situation. If a national training programme is available, the minimal requirement remains that the local Training Programme is in compliance with the ESGO curriculum. Thus, the ESGO Curriculum should always be implemented and adapted to the local situation, detailing e.g. a schematic summary of the local training schedule with rotations, the staff involved, tasks assigned to staff, and local rules for assessment.

The centre should add an **evaluation and comparison** of their local Training Programme with the requirements of the ESGO Curriculum, analysing and indicating possible differences and compliance.

- 1.8.** In any case the use of the **ESGO eLogbook** is mandatory and should be completed by both the fellow and educational staff. Although the fellow is personally responsible for correct completion of the logbook, the Educational Supervisor should monitor this and direct the fellow, e.g. through the summative assessments.
- 1.9.** All fellows in the centre applying for the accreditation should be **registered** at ESGO. Centres that apply for re-accreditation centre should provide a list of ESGO fellows that have been trained in the period after first accreditation. Lack to produce such a list, e.g. in case no ESGO fellows were trained, immediately results in a refusal of the application. In this latter case a centre might opt for a new first time application.

