European Society of Gynaecological Oncology

Training in Gynaecological Oncology

CURRICULUM

Version: 2.4
Date: 15.10.2020
Updated 07.04.2021
Updated 28.09.2023

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Introduction

Some 50% of cancers that affect women are located in the genital organs or in the breast. Gynaecological and breast cancer treatment is interdisciplinary and requires all skills and knowledge in all fields of competences, i.e., good surgical training as well as knowledge about radiotherapy, chemotherapy, hormone therapy, immunotherapy, and genetics and communication.

In Europe, the European Union of Medical Specialists (UEMS) has recognised gynaecological oncology as a subspecialty. It is the responsibility of the national and international societies (and in some countries of the government) to organise and recognise training and certification in order to identify the subspecialists.

In several European countries, breast cancer is not treated by gynaecological oncologists. In these countries, fellows do not have to include this component in their training programme, but it is recommended that they become familiar with the principles and practice of the management of breast diseases. The ESGO accreditation and certification programme only evaluates the training in gynaecologic oncology; it does NOT evaluate training in breast cancer management.

Educational objectives and requirements for training in this subspecialist area have been defined in this revised edition of the curriculum through the Delphi method, involving all recognised training centres and trainees in conjunction with acknowledged experts from ESGO. The role of the gynaecological oncological subspecialist is complementary to, and not in competition with, that of a specialist in Obstetrics and Gynaecology.

Competencies and competences in Gynaecological Oncology are in line with those for general training in Obstetrics and Gynaecology, according to the PACT programme by the European Board and College of Obstetricians and Gynaecologists (EBCOG). Certain components of the end-point requirements for Gynaecological Oncological subspecialists may be achieved during an elective year, provided these competencies are acquired following the rules of the Curriculum and documented accordingly in the portfolio (see matrix 10.2).

The processes for training centre accreditation and certification with an ESGO Diploma of European Gynaecological Oncologist are voluntary. ESGO will not contact prospective centres or diploma candidates. Centres apply voluntarily. Equally, each candidate for the ESGO subspecialty certification diploma is responsible for registering in the fellowship before starting the process. The fellow will be responsible for the costs for registration, the completion of the eLogbook, taking the exam, and applying for certification. Any related costs are defined by the Financial Committee. The candidate is also responsible for completing the application, submitting all materials to the ESGO office on time, and meeting all deadlines. ESGO will make the final decision concerning the applicant's eligibility for certification with the ESGO Diploma of European Gynaecological Oncologist, as it does for a centre's eligibility for accreditation as a Training Centre for Gynaecological Oncology.

This guideline describes training up to first certification, upon which the ESGO Diploma is awarded, but does not describe recertification, as there is not yet a European system to monitor and manage this.

1. Executive summary

1.1 Introduction

The following executive summary presents the main principles of the ESGO Curriculum of gynaecological oncology subspecialty training. This summary provides a succinct overview of the requirements for the training centre and for the diploma candidate that must be met prior to commencing training and in order for successful completion.

1.2 New Curriculum features

This Curriculum is the first completely revised ESGO curriculum for the gynaecological oncology subspecialty training and replaces the 2010 Curriculum. The main features of this edition are:

- The Curriculum is now consensus-based (for a summary of the consensus outcomes, see 12.5),
- It adheres to the principles of competence-based assessment,
- It follows and is partly integrated with the EBCOG PACT curriculum for general training in obstetrics and gynaecology.
- A real-time portfolio is now required, for which a logbook is provided.
- Successful completion of the curriculum and a passing mark on the ESGO theoretical examination are mandatory requirements for obtaining the ESGO certification.

1.3 Accreditation criteria for a training centre

An institution can be accredited for training ESGO fellows/trainees according to the ESGO Curriculum after an onsite visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled.

1.3.1 Qualitative criteria

- Availability of data managers.
- One (1) designated and qualified Educational Supervisor per trainee.
- One (1) Training Programme Director.
- At least the Training Programme director and/or the Educational Supervisor has participated in a train-the-trainers course at least once in the five (5) years prior to accreditation.
- Radiotherapy is available in the centre or in an affiliated hospital.
- All cancer cases are systematically (and at least once) discussed in a multidisciplinary team.
- Availability of theatres equipped for teaching both open and minimally invasive surgery.
- Availability of specialised oncology nurses.
- A hospital-wide post-graduate teaching programme across all oncological specialties.
- Internal quality control and audit.
- Mortality and morbidity registration and meetings.

1.3.2 Quantitative criteria

- 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).

1.4 Qualifying criteria for a fellow/trainee

Candidates for gynaecological oncology subspecialty training must:

- Be registered as a gynaecologist or have equivalent national approval to start subspecialty training.
- Present a Training Programme to the ESGO Training Committee prior to starting the fellowship.

There is no limit placed on age or nationality.

1.5 Certifying criteria for a fellow/trainee

1.5.1 Qualitative criteria

- Satisfactory completion of the regularly updated portfolio, including formative assessments for all required procedures and skills as well as regular summative assessments.
- The training programme should have been followed for at least one (1) year in an ESGO-accredited centre.
- A passing mark on the ESGO Exam.

1.5.2 Quantitative criteria

- At least three (3) formative assessments (e.g., OSATS) for each of the procedures defined in the modules.
- Surgical volume, i.e., procedures performed as primary surgeon:
  - Ten (10) radical hysterectomies or parametrectomies.
  - 30 pelvic lymph node dissections (including sentinel lymph node procedures).
  - Ten (10) para-aortic lymph node dissection.
  - Five (5) local radical vulvar excisions.
  - Five (5) inguino-femoral lymph node evaluations and dissections.
  - At least 20 cytoreductive surgeries as the first surgeon, including either bowel resection or upper abdominal procedures or bulky lymph node resection.
  - 30 minimally invasive procedures (excluding simple laparoscopies).

1.5.3 Other skills:

- 20 consultations for breaking bad news.
- Two (2) clinical audit projects as the responsible person.
- Completion of a course in leadership and management.
- Development of a protocol/guideline/patient information sheet.
- Research requirements: publish at least two (2) peer-reviewed publication (as any author) during and part of the training OR successfully complete (the equivalent of) an Advanced Professional Module of Clinical Research.

The portfolio/logbook must be completed within four (4) years of beginning the training programme.

1.6 Validity

1.6.1 Validity of centre accreditation

Accreditation is granted to a centre for five (5) years. In some exceptions, the Training Committee can advise the ESGO Council to grant a conditional (re-)accreditation for a period of less than five years.

After five years, an online tele-visit (see 3.7.) may suffice to be granted re-accreditation once for a further five years.

Assessment at re-accreditation includes:

- A review of the number and performance of fellows.
- Structured feedback on the centre and the training programme from fellows and trainers.
- Confidential interviews with fellows.
- An up-to-date portfolio from current trainees.

1.6.2 Validity of fellow certification

The diploma documents the fact that the fellow has successfully completed training and has passed the ESGO Exam. There is no system of re-certification once a fellow has been issued the diploma, although it is the responsibility of the respective health authorities to check whether a subspecialist maintains adequate proficiency and knowledge.

2. Principles of competence-based training (and a competency framework)

2.1 Introduction

The ESGO Curriculum is established on the guiding principles of competence-based training and a medical education competency framework. These principles and the framework together form the blueprint for training gynaecological oncology fellows. The aim of this Curriculum and its certification process (e.g., the written theory exam and other Curriculum components) is to facilitate the graduation of a fellow to a specialist with a certain minimum standard of proficiency that can satisfy patients and regulators. This will form the initial step in the clinician's lifelong journey of learning.

There are ten principles of competence-based training. These guide the structure of the curriculum whilst the competency framework of medical education helps to determine the scope of the contents. The standards pertaining to each element of the content is determined by the current practice of evidence-based medicine or best practice.

Ten principles of competence-based training

1. The training is based on the curriculum developed from the competency standards.
2. Learning has a modular structure.
3. Training delivery is individualised and self-paced.
4. Training is based on work that must be performed.
5. Training materials are directly related to the competency standards and the curriculum modules.
6. Learner assessment is based on the collection of evidence of the performance of work to the industry or organisational required standards.
7. Training is based on both on- and off-the-job components.
8. The system allows for recognition of prior/current learning.
9. The training allows learners to enter and exit the program at different times and levels as well as receive recognition for modules (competencies) attained at any point. (This is made possible by the use of a portfolio.)
10. Approved training programs are nationally accredited.

2.2 Competency framework for medical education

There are a number of such frameworks, and two of the best-established frameworks originate from North America. This curriculum uses the Accreditation Council for Graduate Medical Education (ACGME) framework.

ACGME Core Competencies

In 1999, the ACGME selected and endorsed a set of competencies to help define the foundational skills every practicing physician should possess. These six ACGME Core Competencies, as they are called, were developed as a way to shape and evaluate the education of residents and fellows. This helps to create an educational programme that reflects skills and attributes that are directly relevant to patient care, preparing fellows for a safe and effective daily practice.

The six ACGME Core Competencies are:

1. Practice-based learning and improvement.
2. Patient care and procedural skills.
3. Systems-based practice.
4. Medical knowledge.
5. Interpersonal and communication skills.
6. Professionalism.

In the following paragraphs, further details about each of the six core competencies are outlined. At the end of each are suggested activities and evidence, but these are not exhaustive.

ACGME Core Competencies measure a physician's ability to:

a) Competently manage illness.
b) Offer and implement strategies to continuously improve patient health and wellness.
c) Offer advice and resources to prevent disease in patients.
d) Provide not only physical treatment but also emotional support as the physician cares for patients and interacts with patients' families and support systems.

2.3 Core competencies

2.3.1 Practice-based learning and improvement (PBLI)

Through patient care, the practicing physician is exposed to new information and innovations. Achieving initial certification and recertification through a combination of continuing educational opportunities and PBLI activities can have great benefits for physicians. Practice-based learning is an efficient and effective way to acquire and apply knowledge.

Demonstration of competency in PBLI occurs when a fellow, and later, a specialist, displays the ability to:

- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve the practice of medicine.

PBLI sub-competencies:

(1) locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
(2) demonstrate self-directed learning; and
(3) improve systems in which the physician provides care.

Related activities and evidence Journal clubs, courses, conferences, self-reflection, auditing and quality improvement projects.

2.3.2 Patient care and procedural skills

This competency highlights the necessity of physicians maintaining a patient-centred approach to care. This entails forming a bond of trust between the patient and doctor. The specialist must be able to demonstrate their ability to listen and absorb medical histories, diagnose, properly inform and educate, and prescribe and perform necessary procedures in a way that maximises patient comfort.
Fellows and specialists who embody this competency will demonstrate their knowledge with the ability to:

- Gather essential and accurate information about the patient.
- Counsel patients and family members.
- Make informed diagnostic and therapeutic decisions.
- Prescribe and perform essential medical procedures.
- Provide effective health management, maintenance, and prevention guidance.

Patient care and procedural skills sub-competencies are defined as:

1. Patient- and family-centred,
2. compassionate,
3. explained in developmentally appropriate terms,
4. an effective treatment of health problems, and
5. encouraging of overall health.

Related activities and evidence
Case presentation/discussion during MDT/tumour board meeting, advanced communication course, or breaking bad news training.
Assessments: OSATS, case-based discussions (CBD), multi-source feedback assessment.

2.3.3 Systems-based practice

This competence focuses on the principles of good medical practice: safety and quality in health care, patient advocacy, health insurance, health care economics, transitions of care, different health care systems, patient-centred medical home care, and chronic care.

Each of these elements involve complex systems. The specifics of each health care system will vary from one country to another, but it remains important for the fellow to become competent in engaging with these systems if they are to function in a safe and effective way.

Systems-based practice sub-competencies are defined as:

1. Working effectively in various health care delivery settings and systems relevant to their clinical specialty.
2. Coordinating patient care within the health care system relevant to their clinical specialty.
3. Incorporating considerations of cost awareness and risk/benefit analysis in patient care.
4. Advocating for quality patient care and optimal patient care systems.
5. Working in inter-professional teams to enhance patient safety and improve patient care quality.

Related activities and evidence
Root-cause analysis of an adverse event, quality improvement project.
Multi-source feedback assessment, evidence of management and leadership skills.

2.3.4 Medical knowledge

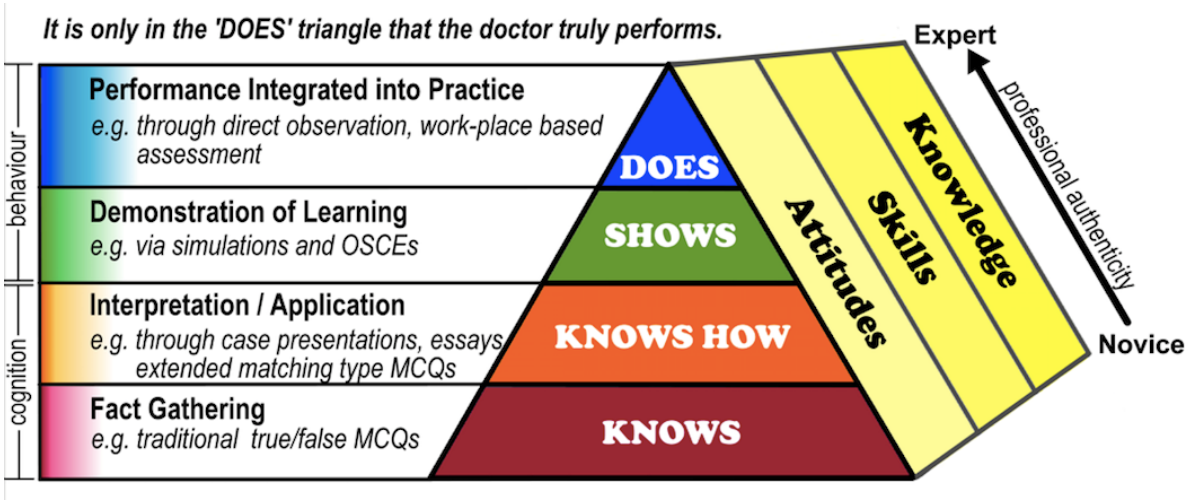
The body of knowledge which guides our practice is continually expanding, and the rate of change is also increasing. In order to continue to offer treatment that is safe and effective, the principle of lifelong learning must be observed. This usually manifests in the form of continued medical education (CME) and continued professional development (CPD) for acquiring and applying knowledge and skills, respectively.

The fellow must learn the skills and develop the capacity that is required for their continued professional development as a specialist. Each country will have an appraisal and validation system to ensure that physicians are up to date with their practice.

The application of medical knowledge should also be measured using Miller's Pyramid, a framework for assessing clinical competence developed in 1990. According to it, a resident progresses from "Knows" to "Knows How" to "Shows How" to "Does."

The "Does" component is the key: What a resident may know and be able to demonstrate in a controlled setting should match how they perform in actual day-to-day interactions with patients on a regular basis.

Miller's Pyramid of Clinical Competence



Adapted by R. Mehay and R. Burns, 2009. In R. Mehay (Ed.), The Essential Handbook for GP Training and Education (chapter 29; p414). Used with permission.

Medical knowledge sub-competencies are defined as:

1. An investigative and analytical approach to clinical problem-solving and knowledge acquisition.
2. An ability to apply medical knowledge to clinical situations.
3. An ability to teach others.

Related activities and evidence
Journal clubs, case-based discussions, teaching skills, conferences, courses, examinations.

2.3.5 Interpersonal and communication skills

To demonstrate competence in this domain, the fellow needs to demonstrate the ability to effectively exchange information with patients, their families, and colleagues.

Interpersonal and communication skills sub-competencies are defined as:

1. Creating and sustaining a therapeutic relationship with patients and families.
2. Working effectively as a member or leader of a health care team.

Related activities and evidence
Communication skills course, multi-source feedback assessment, mini-CEX assessment, MDT/tumour board interaction, evidence of local/regional/international engagement in professional activity.

2.3.6 Professionalism

The professionalism domain relates to the professional attitude and behaviour of the fellow. Alongside knowledge and skills, attitude, and behaviour form the third key pillar of any curriculum.

The expectation for all medical professionals is that each and every one will treat all people with respect, compassion, and dignity. Patient needs will supersede a resident's self-interest. And residents accept and understand that they are accountable to not only the patient but also to their colleagues and society as a whole. Lastly, the professionalism competency holds fast to the principle of treating all the diverse patient populations with sensitivity and respect. A professional physician will understand and recognise the unique effects of age, gender, culture, race, religion, disability, and sexual orientation on a patient's health and well-being and act accordingly to provide care that is cognisant of these cultural ramifications.

Professionalism sub-competencies are defined as:

1. Professional conduct and accountability.
2. Demonstrating humanism and cultural proficiency.
3. Maintaining emotional, physical, and mental health and pursuing continual personal and professional growth.

Related activities and evidence Management and leadership experience, and patient advocacy, as evidenced by CBD, MSF assessments, and other activities.

3. Accreditation of training centres

3.1 Introduction

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

An institution can be accredited for training ESGO fellows according to the ESGO Curriculum after an onsite visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled. However, in countries with an existing nationally or regionally organised subspecialty training, no separate ESGO centre accreditation will be required or performed.

Centres can request ESGO accreditation using the Standard Operational Procedures (SOPs).

3.2 Qualitative accreditation criteria for centres

Recognition of an institution as a subspecialist training centre in gynaecological oncology is based on approval by the ESGO Council, as advised by its Training Committee based on the following qualitative criteria:

- The centre has an internal quality control and audit system, which at least monitors and provides details of mortality and complications of all treated patients
- In addition to organised teaching sessions on a departmental level, there is a hospital-wide postgraduate teaching programme (this could encompass general oncological items, such as oncogenetics, intensive care, etc., but also even more general items such as epidemiology, statistics, and ethics, to name a few)
- A multidisciplinary team (MDT) is available with the following characteristics:
    - The team includes at least a gynaecological oncologist, a radiologist, a pathologist, and a physician certified to deliver chemotherapy (a gynaecologic oncologist in countries where the subspecialty is structured and/or a medical oncologist with special interest in gynaecologic oncology)
    - an MDT meeting is held regularly (i.e., at least weekly)
    - all cancer cases are systematically (and at least once) discussed at an MDT meeting
    - all decisions for any major therapeutic intervention are discussed at the MDT meeting
    - the MDT has a role in the quality control of treatment (protocols)
    - the fellow has a defined role within the MDT, e.g., presentation of cases.

- Necessary services to provide and evaluate oncological treatment are available:
    - Radiotherapy unit (should be available in the hospital or in an affiliated hospital)
    - Chemotherapy unit
    - Cytopathology unit
    - Psycho-oncological care
    - Mortality and morbidity meetings (existence of a structured prospective regular reporting of postoperative complications. The data to be recorded are reoperations, interventional radiology, readmissions, secondary transfers to intermediate or intensive care units, and deaths.) Optimally, 100% of complications are prospectively recorded, i.e., they have been continuously recorded, but at least selected cases should be discussed at morbidity and mortality conferences to be held at least once a year
    - Theatres equipped for teaching both open and minimally invasive surgery
    - Specialised or at least dedicated oncology nurses
    - Data manager(s), i.e., functionaries who file and process patient data for quality control and/or clinical trials. The aim of this requirement is to prevent the fellow from being responsible for these tasks, including, e.g., filling and filing patient/case report forms
    - Annual statistics with at least the data required to assess quantitative criteria for a centre

- The centre services and plans for the referral and transfer of patients who would benefit from subspecialty facilities, expertise, and experience.
- There is established 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.

- There is established 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.

- An established formal training programme is in place, according to the requirements of national bodies. Whether or not a national training programme exists, the centre should follow the European standards as defined in ESGO Subspecialty Training Programme and Logbook. Thus in any case, the training programme should be adapted to the local situation and provided (in English) together with the application for accreditation.

- The formal established curriculum programme should cover at least two, and at the most three, years of the equivalent of the full-time training.

- There is an established formal tutorship. The Training Programme Director and Educational Supervisors must be identified. The Training Programme Director and Educational Supervisors will be consultants with special experience in the relevant subspecialty field.

- At least the Training Programme director and/or the Educational Supervisor have participated in a train-the-trainers course at least once in the five years prior to accreditation (or an equivalent supervision course aimed at improving skills to teach others). See below for further details on their respective roles.

- Institutional access to electronic resources, including major medical journals, laboratory, and other resources to support subspecialty work, training, and research is available.

- Resources for a research programme related to the subspecialty are available.

- There is 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 this case, both centres should be visited and assessed, and together comply with the requirements.

In addition to these requirements, there should be adequate, structured, and continuous supervision for the fellow(s) by dedicated officers:

The *Training Programme Director* co-ordinates and is actively involved in the training programme, accepts the main responsibility for its supervision, and maintains the standards according to ESGO (and EUMS). The responsibilities of the Training Programme Director include securing ESGO accreditation, appointing a suitable fellow to the programme, and overall management of the programme.

If the programme director changes the programme that will affect the requirements of this curriculum, the training centre has to be reassessed.

The *Educational Supervisor* is a core faculty member who is qualified and available to be responsible for the overall supervision and management of a specific trainee's educational progress during her/his fellowship. This role may be performed by the Training Programme Director or a deputy, but each subsequent trainee should have a separate Educational Supervisor.

Educational Supervisor responsibilities include:

- Personal and professional development of the trainee during the fellowship. The educational supervisor facilitates learning for fellows in accordance with adult learning principles and needs to ensure that patient safety and clinical governance are respected. The educational supervisor also safeguards a safe and encouraging training environment.

- Appreciating the learning opportunities intrinsic to all elements of clinical care. The educational supervisor provides regular, appropriate appraisal and feedback that is appropriate to the fellow's progression through the ESGO curriculum.
- Trainee assessment using workplace-based assessment tools.
- Ensuring that both medical and non-medical staff involved in clinical training understand the curricular requirements.
- Guaranteeing that the logbook and documents sent to ESGO office after completed training are consistent with the onsite training.
- Monitoring the moral and ethical behaviour of the fellow.

3.3 Quantitative accreditation criteria for centres

Volume is important to ensure the fellow has sufficient exposure to cases and, therefore, the following quantitative requirements must be met by each training centre.

- Adequate medical faculty staffing of at least three (3) gynaecological oncological consultants (i.e., full-time equivalent positions who consult on pelvic and gynaecological malignancies excluding breast cancer) for the first fellow.

- At least one (1) additional consultant for each additional fellow, in order 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).

- Departmental scientific activity in gynaecologic oncology by the publication of a minimum of one original research or review article per year in peer-reviewed journals within the past five years.

- At least 150 new genital cancer cases per year, of which
  - at least ten (10) new vulvar cancer cases per year.

- At least 100 radical surgery cases per year (all cancers), of which
  - at least one (1) type of radical procedure performed by a minimally invasive approach, and
  - at least 40 cytoreductive procedures per year.

A 'radical' case is defined as any surgery that requires the knowledge and expertise of a gynaecological oncologist and is aimed at complete tumour removal according to oncological principles and as defined in the matrix 10.2:
- radical hysterectomy
- radical trachelectomy
- (radical) parametrectomy
- pelvic lymph node dissection
- lumbo-aortic lymph node dissection
- local wide/radical excision of the vulva
- inguino-femoral lymph node evaluation
- (radical) colpectomy
- cytoreductive surgery
- exenteration

If any of these procedures are combined (e.g. radical hysterectomy and pelvic node dissection) this needs to be counted as one radical procedure within the context of quantitative criteria for accreditation.

The minimum number of radical procedures includes both open and laparoscopic cases for at least all pelvic procedures. In order to guarantee adequate exposure of the fellow and as a sign of advanced treatment, 60% of all (non-radical and radical) surgery for early, stage I or II, endometrial cancer should be performed by minimally invasive surgery.

For each additional fellow, the centre will need an additional 100 radical surgery cases and an equivalent number of extra cases of cytoreductive procedures per year as stipulated for the training of one fellow.

3.4 Validity of Accreditation for centres

ESGO accreditation may be granted for five (5) years. The ESGO Council can decide to grant conditional accreditation (e.g., if recommendations are being made that should be fulfilled within the normal period of validation) for a period less than the normal period of validation. The conditions for such conditional accreditation should be defined each time for each individual case.

3.5 Accreditation visiting team

Accreditation visits will be conducted by at least:

- One (1) senior gynaecological oncologist = ESGO member of good standing
- One (1) junior gynaecological oncologist = ENYGO member

The visit report is presented to the ESGO Training Committee for approval. The ESGO Council is also informed via a visit report.

3.6 Application for re-accreditation

Re-accreditation will be considered after five (5) years following the first accreditation. The re-accreditation assessment will usually be done according to an online tele-visit, but ESGO may decide to hold an onsite visit on the basis of previous recommendations.

In principle, re-application follows the same procedures as the first application. In addition to standard requirements, the centre should specify actions taken to fulfil recommendations and improvements since the last accreditation visit and review the number and performance of fellows in the past period, including structured feedback from the fellows and trainers about the training programme and the centre, and including an up-to-date portfolio of the current fellow(s).

Accredited centres may apply for re-accreditation six (6) months before the original accreditation expires and, at the latest, six (6) months after expiration. The ESGO office will send a reminder.

3.7 Validity of re-accreditation

After another five (5) years (i.e., 10 years after initial accreditation) re-accreditation require another in-person onsite visit. At the discretion of the ESGO Council, in certain cases, the Training Committee can waive this requirement and allow the second re-accreditation by tele-visit.

3.8 Withdrawal of accreditation

The ESGO WG Fellowship and Observership can decide to advise ESGO Council to withdraw accreditation due to exceptional circumstances before the normal expiration date of the accreditation.
Failure to meet the requirements laid down in this Curriculum could constitute such exceptional circumstances. Examples are: having more fellows than allowed according to the accreditation, inadequate or insufficient exposure of the fellows to procedures and skills in which they are supposed to be trained, unprofessional conduct of members of the training team towards the fellow.

4. Qualifying criteria for a fellow

Candidates to become a *subspecialty trainee for the ESGO Diploma of European Gynaecological Oncologist* (in this document commonly referred to as 'fellow', or 'trainee' in short) must:

- be a recognised specialist qualified in Obstetrics and Gynaecology after having completed a structured and approved training programme in Obstetrics and Gynaecology, or an equivalent recognition allowing the start of subspecialty training;
- present proof of availability of a recognised training post;
- present a copy of the Training Programme to the Training Committee of ESGO;
- register the fellowship with ESGO prior to the start of training.

It is also recommended that candidates offer proof of adequate training in colposcopy, e.g., by submitting a certificate as proof of having passed a course of colposcopy organised by the European Federation for Colposcopy (EFC) or by national training authorities which meet the EFC criteria.

There is no restriction placed on age or nationality.

Fellows must submit the application form and report the date they will start their fellowship *before* the fellowship commences.

5. Certifying criteria for a fellow

5.1 Introduction

A fellow can be recognised by ESGO as a European Gynaecological Oncologist after a final assessment is carried out by the ESGO Training Committee that takes into consideration the skills and knowledge based on the qualitative and quantitative criteria and all documented in the logbook.

5.2 Qualitative criteria for certification of a fellow

In order to receive certification (the Diploma), the fellow must meet the following criteria:

- The training schedule and programme are registered with ESGO prior to the start of the fellowship. Any changes in the schedule should be registered.
- The training programme is completed either in one period at an ESGO-accredited centre or, alternatively, in at least a period of one year in an ESGO-accredited centre with the remaining time spent at a non-European nationally recognised centre in a country in which training in gynaecologic oncology is recognised, and the curriculum is equivalent to the ESGO curriculum.
- The ESGO portfolio of clinical experience in gynaecological oncology, including both formative and summative assessments, is filled in and kept up-to-date throughout the training and submitted within four (4) years of registration.
- A passing mark is received on the ESGO written theoretical examination that is held at least once each year, matching the rules set by the UEMS/CESMA. The candidate can attempt the written exam once the fellowship training has commenced and must have received a passing mark within six (6) years of the fellowship's starting date (please note that 2 extra years are allowed beyond the time limit set for finalisation of the portfolio in order to allow e.g. sitting for repeat attempts).
- The fellow must apply for certification within a year after completion of the fellowship or passing the ESGO exam, whichever comes last.

5.3 Quantitative criteria for certification of a fellow

- At least three (3) formative assessments for each of the procedures defined in the modules.
- Surgical volume, i.e., procedures performed as the primary surgeon:
  - 10 radical hysterectomies or parametrectomies and radical trachelectomies
  - 30 pelvic lymph node dissections (including sentinel lymph node).
  - 10 para-aortic lymph node dissections.
  - Five (5) local radical vulvar excisions.
  - Five (5) inguino-femoral lymph node evaluations and dissections.
  - At least 20 cytoreductive surgeries as first surgeon, including either bowel resection or upper abdominal procedures or bulky lymph node resection.
  - 30 minimal invasive procedures (excluding simple laparoscopies).

- Other skills:
  - 20 times breaking bad news.
  - Two (2) times having been responsible for a clinical audit.
  - Participation in a course for leadership/management (Recommended).
  - One (1) time being responsible for development of a protocol/guideline/patient information sheet.
  - At least two (2) peer-reviewed publications as any author during the time of training or successfully completed (the equivalent of) an Advanced Professional Module of Clinical Research.

- The portfolio/logbook must be completed within four (4) years from the start of the fellowship.

5.4 Final assessment

The final assessment of the fellow is carried out by the ESGO Working Group Fellowship and Observership of the Training Committee, which will take into consideration:

- Participation in Gynaecological Oncology courses, particularly those recognised by ESGO.
- Completion of the ESGO logbook of clinical experience in Gynaecological Oncology.
- Peer-reviewed publications in an internationally recognised journal.
- Proof of passing the ESGO written theoretical Exam.
- A nationally issued diploma if trained in a country with a national ESGO-recognised certification system.

The ESGO Diploma of European Gynaecological Oncologist will typically be officially awarded during one of the yearly ESGO Meetings.

5.5 Certification in countries with a national training programme

In the past ESGO did not accredit separately centres in a country where a national training programme is in place. In 2023 ESGO Council decided to promote accreditation for all centres that train fellows, irrespective local or national regulations. Therefor, unless ESGO has delegated certification for gynaecological oncology explicitly through an memorandum of understanding (MoU) to a national body, any training centre can apply for ESGO accreditation.

The application and accreditation process is henceforth exactly the same in countries with or without a national training programme. This also implies that fellows trained in centres that are nationally accredited can no longer apply for an ESGO Certificate, unless the centre has also been accredited by ESGO. In the latter case, they should follow the rules of the ESGO Curriculum. Notably, they should fulfil the requirement to register the fellowship *before* its start and to use the eLogbook *prospectively*, including assessments. As a consequence the ESGO diploma with the title **FESGO = Fellow of ESGO** will only be issued to fellows who have successfully completed the ESGO fellowship in an ESGO accredited centre in accordance with the ESGO Curriculum.

In centres that elect to prioritize the national training programme and requirements for certification fellows are still invited to use the ESGO eLogbook for their portfolio, provided the supervisors are identified and registered with ESGO. Of course at least one of the supervisors should be an ESGO member and the fellow should be ENYGO or ESGO member. Fellows from these centres should also be made aware that the use of the eLogbook does not entitle them to apply for ESGO certification.

6. Training programme

6.1 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 or at risk for gynaecological cancer.
- Manage the medical and /or surgical treatment of malignant diseases of the female genital tract* that may involve 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.

* Only in countries where it is part of gynaecological practice will breast cancer treatment also be part of the tasks of the gynaecological oncologist. In the EU, gynaecologists are usually responsible for treating breast diseases, except in (notably) Denmark, Finland, Ireland, the Netherlands, and the UK. However, training in breast cancer care is not part of this Curriculum and will not be reviewed at accreditation or certification.

6.2 Aim of the training

To educate gynaecologists so that they can fully provide and improve the care of patients with gynaecological malignancies in collaboration with other care providers.

6.3 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; and
- providing leadership in development and in research within the subspecialty.

6.4 Organisation of training

The number of subspecialists should be strictly controlled by the relevant national body in order to provide sufficient expertise.

The training programme must be in a multidisciplinary accredited centre and should be organised by an accredited subspecialist (as outlined in the criteria for centres, §4.2).

Training follows modules (see chapter 7. The ESGO Curriculum partly follows and incorporates content of the already existing RCOG Gynaecological Oncology Curriculum 2013, to which it is indebted). These may partly be completed outside the defined fellowship training programme in elective European-accredited modules, e.g., as part of the general training.

The training centre 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.

6.5 Means of training

An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed Educational Supervisor as a tutor for guidance and advice.

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 and is limited by the criteria set within this ESGO Curriculum.

Trainees should participate in all relevant activities of the training unit, such as the care of outpatients and inpatients, on-call duties during both day and night, performing gynaecological oncology operations, and participating in educational activities, including teaching other health professionals. Participation in audit, research (clinical or basic), and patient advocacy activities is equally essential.

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.

Surgical training needs to be systematic, stepwise, and modular, following the deconstruction of procedures (examples on ESGO's website under 'Surgical steps in oncological procedures'), progressively exposing the fellow to the performance of complex procedures. In other words, the trainee should not immediately be expected to perform an entire procedure according to the 'just continue until you get stuck' method. Instead, at each consecutive procedure, the trainee will perform one or more steps more, after which the supervisor takes over, and the trainees continue to assist.

Minimal invasive surgery is part of the armamentarium of the gynaecological oncologist. At the end of training, a gynaecological oncologist should be able to perform independently at least selected radical procedures, e.g., pelvic lymph node dissection.

Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for training in *both* complex *open* and *minimally invasive* procedures. The list of courses in which the fellow participated must be provided in the logbook together with copies of the certificates of attendance.

6.6 Duration of training

The training includes *a minimum of two (2) and at the most three (3) clinical years of full-time equivalent (FTE) training* according to a prospectively approved programme in an ESGO-accredited Gynaecological Oncology unit.

Modules of another specialty (e.g., radiotherapy, medical oncology, surgery) may be followed for up to six (6) months within the fellowship programme.

The portfolio must be completed within four (4) years after the formal start of training. Retrospective fulfilment of the criteria, e.g., completion of the portfolio over years of oncological practice without a registered and defined training programme, is not allowed.

The ESGO exam must be passed within six (6) years from the formal start of training.

7. Modules

7.1 Organ-specific modules

Clinical training covers the disease-specific areas outlined in the following modules.
(For the meaning of the colour scheme used in the schematic overviews, please consult matrix 11.2)

7.1.1 Gestational trophoblastic disease (GTD)

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of presumed trophoblastic disease.
- Perform initial assessment and interpretation of investigational results of suspected GTD.
- Plan subsequent management of GTD.
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret investigation results.
- Communicate with the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology and clinical presentation of GTD Pathology of GTD Clinic-pathological classification of GTD Knowledge of diagnostic work-up including recognising suspicion on basis of results of non-targeted diagnostic procedures. Indication, timing, nature, risks and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Monitoring by means of hCG-follow up and interpretation of these data Diagnosis of trophoblastic neoplasia (GTN) and treatment planning	Counsel patients and relatives about: - diagnosis and prognosis - treatment options - importance of close monitoring - interpretation of monitoring results Discuss result treatment and consequences for follow-up Perform appropriate surgical treatment Give or organise appropriate and timely chemotherapy Ensure appropriate human Chorionic Gonadotrophin (hCG)-monitoring	Ability to empathetically explain the (suspicion of) diagnosis of GTD Ability to discuss the diagnosis and treatment options clearly and openly, including the need of timely treatment. Ability to discuss the vital prognosis as well as the prognosis for future fertility Ability to appropriately classify and stage the disease. Ability to choose the appropriate treatment Organise and check appropriate hCG-monitoring	Observation of, assisting and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Personal study Postgraduate courses Attend medical oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Chemotherapy module Logbook

Schematic overview of required competence levels per stage of training in the gestational trophoblastic disease module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
GTD	Recognition and diagnosis of GTD/GTN	3	4	5	
	Surgical and medical treatment of GTD	3	4	5	
	Treatment plan for GTN	1	3	5	

7.1.2 Ovarian and tubal cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of ovarian and tubal cancer.
- Perform an initial clinical assessment of the patient and interpretation of imaging modalities and laboratory exams.
- Plan subsequent management (either primary debulking surgery or referral for neoadjuvant chemotherapy).
- Perform appropriate gynaecological diagnostic procedures, including laparoscopy.
- Appropriately interpret investigational results.
- Present the case to the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up in collaboration with the medical oncologists.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Aetiology, epidemiology and clinical presentation of ovarian and tubal cancer Cancer genetics Pathology of ovarian and tubal cancer Staging of ovarian and tubal cancer Knowledge of diagnostic work-up including laparoscopy for defining the extent of the disease Indication, timing, nature, risks ,and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Monitoring by means of CT scans and tumour markers—follow up and interpretation of these data Diagnosis of ovarian and tubal cancer and treatment planning	Counsel patients and relatives about: - diagnosis and prognosis - treatment options - importance of follow-up regarding recurrences - interpretation of monitoring results Discuss result treatment and consequences for follow-up Perform appropriate surgical treatment Give or organise appropriate and timely chemotherapy (collaboration with medical oncologists) Ensure appropriate follow-up	Ability to empathetically explain the diagnosis of ovarian and tubal cancer Ability to clearly and openly discuss the diagnosis and treatment options as well as the intraoperative and postoperative complications at the time of debulking Ability to discuss the vital prognosis as well as the prognosis for future fertility Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment Ability to perform and interpret ultrasound examination for diagnosis and assessment of pelvic and abdominal disease Ability to perform ultra-sound-guided paracentesis Ability to perform (ultra-)radical surgery	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in debulking procedures (upfront or interval debulking) with increasing level of difficulty Attendance of special interest meetings Knowledge about targeted therapies in ovarian and tubal cancer Attend medical oncology sessions regarding chemotherapy (neoadjuvant, 1st line, 2nd line, etc.)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Schematic overview of required competence levels per stage of training in ovarian and tubal cancer module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Ovarian & tubal cancer	Diagnostic and therapeutic plan	3	4	5	
	Systematic use of US and tumour markers	1	3	5	
	Surgical radical treatment	1	2	5	30
	Organise MDT	1	3	5	
	Follow-up	2	3	5	

7.1.3 Uterine cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of uterine cancer, including Endometrial Carcinoma (EC) and Uterine Sarcoma (US).
- Perform the initial assessment and interpretation of the investigational results of EC and US.
- Plan subsequent management of EC and US.
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret investigational results.
- Communicate with the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology, clinical presentation, and risk factors of UC Pathology of US (endometrial stromal sarcoma and leiomiosarcoma) Clinico-pathological classification of EC including molecular subtypes and genomic pathways Genetics association and syndrome (i.e., Lynch). Genetic counselling for patient and family. Other associated tumours and prevention screening programs (i.e., colo-rectal disease) Knowledge of diagnostic work-up on US including recognising suspicion masses during myoma assessment and management Knowledge of diagnostic work-up of different subtypes EC (morphological and molecular classification) Indication, timing, nature, risks, and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning	Counsel patients and relatives about: - risk factors - genetic association - diagnosis and prognosis - treatment options - interpretation of monitoring results Discuss diagnostic, pre-treatment staging, first treatment strategy, and adjuvant treatments Adequate lecture and interpretation of imaging tests as TC, MRI, and PET-TC Perform appropriate surgical treatment by the best possible approach (vaginal, laparotomy, laparoscopy, or robotics) including procedures: - Hysterectomy - Pelvic and aortic lymphadenectomy - Sentinel node detection - Omentectomy - Cytoreduction Appropriately manage surgical staging and histological risk factors Organise appropriate and timely adjuvant treatment (radiotherapy and/or chemotherapy	Ability to empathetically explain the (suspicion of) diagnosis of UC Ability to clearly and openly discuss the diagnosis, prognosis, and treatment options, including genetic counselling Ability to discuss the vital prognosis as well as the possibility, symptoms, and location of recurrences Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment Organise and check appropriate follow-up	Observation and assistance of and discussion with senior staff Attendance and participation in MDT meetings Attendance and participation in surgical treatments by different approaches Personal study Postgraduate courses Attend medical oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Chemotherapy module Radiotherapy module Surgical modules Cancer genetic module Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Appropriate follow-up by imaging and tumour markers and interpretation of these data Diagnosis and treatment plan for recurrences	Ensure appropriate follow-up schedule and explorations (including imaging)			

Schematic overview of required competence levels per stage of training in the uterine cancer module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Uterine cancer	Diagnostic and therapeutic plan	3	4	5	
	Surgery for low-risk cancer	2	4	5	
	Radical surgery for high-risk cancer	1	2	5	
	Weighing treatment options and morbidity	2	3	5	
	Fertility-sparing treatment	1	1	4	

7.1.4 Cervical cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with a diagnosis of cervical cancer (CC).
- Perform initial assessment and interpretation of investigational results of CC.
- Plan subsequent management of CC.
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret investigational results.
- Communicate with the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology, clinical presentation, and risk factors of CC Clinico-pathological classification of CC and HPV implications Prevention and screening programs (including HPV detection and vaccination) Knowledge of diagnostic work-up on colposcopy and management of premalignant disease Knowledge of diagnostic work-up and presurgical staging (including sonography and other imaging tests) Indication, timing, nature, risks, and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Appropriate follow-up by imaging and tumour markers and interpretation of these data Diagnosis and treatment plan for recurrences (including possibility of exenteration)	Counsel patients and relatives about: - risk factors - HPV association and vaccination - diagnosis and prognosis - treatment options - interpretation of monitoring results Discuss result treatment and consequences, including fertility-sparing possibilities Discuss diagnostic, pre-treatment staging, first treatment strategy, and adjuvant treatments Adequate lecture and interpretation of sonography and other imaging tests as TC, MRI, and PET-TC Perform appropriate surgical treatment by the best possible approach (vaginal, laparotomy, laparoscopy, or robotics) including procedures: - conisation - trachelectomy - radical hysterectomy (different subtypes) - pelvic and aortic lymphadenectomy - sentinel node detection - exenteration Appropriately manage surgical staging and histological risk factors	Ability to empathetically explain the (suspicion of) diagnosis of CC and HPV-related concerns Ability to clearly and openly discuss the diagnosis, prognosis, and treatment options, including fertility counselling Ability to discuss the vital prognosis as well possibility, symptoms, and location of recurrences Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment strategy and surgical approach Organise and check appropriate follow-up	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance and participation in surgical treatments by different approaches Personal study Postgraduate courses Attend medical oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Chemotherapy module Radiotherapy module Surgical modules Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
	Organise appropriate and timely adjuvant treatment (radiotherapy and/or chemotherapy) Ensure appropriate follow-up schedule and explorations (including imaging)			

Schematic overview of required competence levels per stage of training in the cervical cancer module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Cervical cancer	Knowledge of prevention	3	4	5	
	Colposcopy	1	4	3	
	Diagnostic and therapeutic plan	3	3	5	
	Surgical (radical) treatment	1	2	5	

7.1.5 Vaginal cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of vaginal cancer (VC).
- Perform initial assessment and interpret investigational results of VC.
- Plan subsequent management of VC.
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret investigational results.
- Communicate with the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology, clinical presentation, and risk factors of VC Clinico-pathological classification of VC including rare tumours as Clear Cell Carcinoma or Botryoides Sarcoma Prevention and screening programs (including HPV detection and vaccination) Knowledge of diagnostic work-up on vaginoscopy and management of premalignant disease Knowledge of diagnostic work-up and presurgical staging (including sonography and other imaging tests) Indication, timing, nature, risks, and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Appropriate follow-up by imaging and tumour markers and interpretation of these data	Counsel patients and relatives about: - risk factors - HPV association and vaccination - diagnosis and prognosis - treatment options - interpretation of monitoring results Discuss result treatment and consequences, including fertility-sparing possibilities. Discuss diagnostic, pre-treatment staging, first treatment strategy, and adjuvant treatments Adequate lecture and interpretation of sonography and other imaging tests as TC, MRI, and PET-TC Perform appropriate surgical treatment by the best possible approach (vulvo-vaginal or abdominal) Appropriately manage surgical staging and histological risk factors Organise appropriate and timely primary and adjuvant treatment (radio/chemotherapy or surgery)	Ability to empathetically explain the (suspicion of) diagnosis of VC and HPV-related concerns or rare histological subtypes Ability to clearly and openly discuss diagnosis, prognosis, and treatment options, including fertility counselling Ability to discuss the vital prognosis as well as the possibility, symptoms, and location of recurrences Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment strategy with or without surgical approach Organise and check appropriate follow-up	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance and participation in surgical treatments by different approaches Personal study Postgraduate courses Attend medical oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Chemotherapy module Radiotherapy module Surgical modules Plastic and reconstructive surgery Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Diagnosis and treatment plan for recurrences (including the possibility of exenteration)	Ensure appropriate follow-up schedule and explorations (including imaging)			

Schematic overview of required competence levels per stage of training in the vaginal cancer module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Vaginal cancer	Diagnostic and therapeutic plan	1	3	4	
	Radical surgical treatment	1	1	4	

7.1.6 Vulvar cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with a diagnosis of vulvar cancer.
- Perform an initial clinical assessment of the patient and interpret imaging modalities and laboratory exams.
- Plan subsequent management (upfront surgery for the early stages, combined chemoradiation for advanced stages).
- Perform appropriate gynaecological diagnostic procedures, including biopsies of the lesion/s.
- Appropriately interpret the investigational results.
- Present the case to the MDT and organise appropriate treatment.
- Appropriately implement sentinel lymph node procedure in cases of early-stage disease.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Aetiology, epidemiology, and clinical presentation of vulvar cancer Pathology of vulvar cancer Staging of vulvar cancer Knowledge of diagnostic work-up in order to decide on the treatment Indication, timing, nature, risks, and alternatives of initial surgical treatment or upfront chemoradiation Multidisciplinary team meeting discussions and management planning Monitoring by means of CT scans—follow-up and interpretation of these data	Counsel patients and relatives about: - diagnosis and prognosis - treatment options - importance of follow-up regarding recurrences - interpretation of monitoring results Discuss result treatment and consequences for follow-up Perform appropriate surgical treatment Organise, in collaboration with the radiotherapists, appropriate and timely adjuvant radiation treatment according to prognostic factors following surgery Ensure appropriate follow-up	Ability to empathetically explain the diagnosis of vulvar cancer Ability to clearly and openly discuss the diagnosis and treatment options, as well as the intraoperative (and, most importantly) the postoperative complications following surgery Ability to discuss the vital prognosis Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment Ability to perform clinical examination for the diagnosis of enlarged inguinofemoral lymph nodes Ability to implement the sentinel lymph node procedure in early-stage disease	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in performing SLN procedures, inguinofemoral lymph node dissection, and all the radical procedures for vulvar cancer Attendance of special interest meetings Knowledge about targeted therapies in vulvar cancer Participation in the reconstruction of the vulva performed by the plastic surgeons following ultraradical surgeries	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Diagnosis of vulvar cancer and treatment planning		Ability to perform bilateral inguinofemoral lymph node dissection, wide local excision, radical hemivulvectomy, and radical vulvectomy		

Schematic overview of required competence levels per stage of training in the vulvar cancer module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Vulvar Cancer	Diagnostic and therapeutic plan	3	4	5	
	Description and drawing of vulvar situation (disease mapping)	2	4	5	
	Excision biopsy	3	4	5	
	Local excision	1	4	5	
	Radical surgery for vulvar cancer	1	2	5	

7.2 Generic modules

In addition to covering each of the specific gynaecological oncological diseases and their (surgical) treatment, the fellowship program should include instruction in the areas outlined in the following modules.

7.2.1 Peri-operative care

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitudes in relation to patients undergoing surgery for gynaecological malignancies:
  - plan appropriate surgery;
  - identify surgical and anaesthetic risks;
  - prepare patients for surgery;
  - manage pre-, intra- and postoperative complications;
  - advise on nutrition and total parenteral nutrition (TPN).

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Type of surgery appropriate for each gynaecological cancer (see separate modules) Fluid and electrolyte balance Elemental feeding and TPN ERAS principles of fast recovery	Counsel patients regarding diagnosis, management, and risks of treatment Recognise and manage intraoperative complications Postoperative care and managing complications Manage the following clinical problems: Intraoperative: - haemorrhage - bowel resection - unexpected finding - inoperability Postoperative: - thrombosis - infection - bowel obstruction Inform patient of results Appropriately order and interpret haematological investigations Manage fluid balance perioperatively Order and supervise appropriate thromboprophylaxis Liaise with nutritional support team	Ability to interpret preoperative investigations and liaise with the anaesthetic department Ability to counsel patients regarding treatment options Ability to select and perform appropriate surgical management of gynaecological cancer according to patient's needs Ability to manage postoperative care and complications thereof Ability to counsel patients and relatives regarding diagnosis and investigations and discuss treatment options with the advantages and disadvantages of each Ability to convey decisions of the MDT to patients and relatives, including prognosis and palliative care Ability to liaise with colleagues and other health professionals regarding coordinating investigations and management strategies pertinent to individual patients	Direct supervision from senior colleagues Attendance at MDT meetings Ward attendance Supervision in operating theatre Intensive care and high-dependency unit ward rounds	Logbook Multidisciplinary team attendance Course assessment OSATS Mini-CEX Case-based discussions Audit of complications

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
	Decide when TPN or enteral feeding is appropriate. Have knowledge of the principles of fast recovery and how to apply them	Ability to order and interpret: - fluid balance - blood investigations: U&E, FBC, LFT Ability to prescribe thromboprophylaxis Ability to assess patient and establish when enteral feeding or TPN is required Competently deal with vascular, bowel, and urinary tract injury. Ability to use discretion, recognise their own limitations, and summon help from other specialties when needed		

Schematic overview of required competence levels in peri-operative care per stage of training

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Peri-operative care	Knowledge and application of ERAS principles	1	4	5	

7.2.2 Gynaecology oncological surgery, including general and colorectal surgery

Learning objectives:

- Achieve surgical skills appropriate for a subspecialist gynaecological oncology surgeon:
  - anatomical knowledge;
  - surgical skills;
  - personal audit.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Anatomy of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system, and the course of the ureter Anatomy and physiology of gastrointestinal tract Pathophysiology of intestinal function Care of a critically ill patient Principles of surgery of gastrointestinal tract, including exposure handling and injury to tissues Principles of resection and repair of intestinal tissues: - primary repair - secondary repair - ileostomy - colostomy Indications to perform bowel surgery in a gynaecological oncology setting Use of radiology in investigation and management of gastrointestinal tract disorders Appropriate selection of patients who will benefit from bowel surgery	Surgical diagnosis and management of gynaecological cancers: - ovary - endometrium - cervix - vulva - vagina - fallopian tube Liaison with surgical colleagues for assistance in complicated cases Perform rigid sigmoidoscopy Counsel patients preoperatively and postoperatively regarding bowel surgery and stoma management, including benefits, risks, and complications Perform laparotomy and identify abnormalities throughout the abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas, and large and small bowel Suture serosal injury to bowel Repair mucosal injury to small bowel	Ability to perform hysterectomy (open and laparoscopically) Ability to perform radical hysterectomy (open and laparoscopically) Ability to perform pelvic lymph node dissection (open and laparoscopically) Ability to perform para-aortic lymph node dissection (open) Ability to perform infrasonic and supracolic omentectomy Ability to perform peritoneal stripping Ability to perform fine-needle aspiration or biopsy of superficial lymph node Ability to perform Tru-cut biopsy Ability to perform (with the assistance of surgical colleagues if necessary: - exonerative surgery - urinary diversion procedures - splenectomy - bowel resection - ileostomy/colostomy - diaphragmatic resection / mobilisation of the liver - panniculectomy Ability to perform partial vaginectomy (vaginal and abdominal approach) and radical excision of the vagina Ability to organise anterior, posterior, and total exenteration, including leading the surgical procedure Ability to initiate discussion of management at MDT meeting	Observation of assisting and discussion with senior staff Direct and indirect surgical supervision of surgical skills to appropriate competency by surgical staff Specific task training and supervision Appropriate postgraduate course Colorectal outpatient clinic Attend intensive care unit ward rounds Attend dietician ward rounds Observation and assisting senior staff Senior staff supervision Colorectal attachment (4 weeks) Surgical anastomosis course Attendance with soma therapist	Logbook of competences and experience OSATS Mini-CEX Case-based discussions Surgical logbook Audit of complications

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Preoperative preparation required for a patient who may or will have bowel surgery	Select area to be resected and perform primary anastomosis of small bowel Select area for and perform ileostomy Perform appendicectomy Select appropriate tissue and resect large bowel with formation of colostomy Mark stoma site appropriately Order and interpret appropriate investigations preoperatively Order appropriate bowel preparation preoperatively Select patients preoperatively and intraoperatively who will benefit from bowel surgery	Ability to perform sigmoidoscopy Ability to counsel patient regarding bowel surgery and stoma management, including preoperatively Ability to select and mark stoma site Ability to independently practice exploratory abdominal procedure Ability to independently practice bowel surgery, including: - suture serosa - repair small bowel injury - resect and reanatomose small bowel - appendicectomy - ileostomy - colostomy - resection of large bowel Have experience of the following (independent practice is not essential and limits of practice will depend upon support available and experience): - primary anastomosis of large bowel - abdominal perineal resection		

Schematic overview of required competence levels per stage of training in the gynaecological oncological surgery module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
GENERIC					
Gynaecological oncological surgery	Gynaecological oncological anatomical knowledge	2	4	5	
	Recognition and treatment of surgical complications	1	4	5	
	Specific surgical skills:				
	- hysterectomies for uterine cancer	2	4	5	
	- radical hysterectomies	1	2	5	10
	- radical trachelectomy	1	1	3	

Medical skills		Competence level Per stage of training			Number At levels 4–5
Gynaecological oncological surgery	- pelvic lymph node dissection (open)	1	3	5	30
	- pelvic lymph node dissection (laparoscopically)	1	3	5	
	- lumbo-aortic lnd (open)	1	1	5	10
	- lumbo-aortic lnd (laparoscopically)	1	1	4	
	- local wide excision vulva	1	2	5	5
	- inguino-femoral lnn evaluation	1	2	4	10
	- (radical) colpectomy	1	1	4	
	- creation neovagina	1	1	3	
	- infra+supracolic omentectomy	1	3	5	
	- cytoreductive surgeries	1	2	5	30
	- laparoscopic assessment of ovarian cancer	1	2	5	
	- laparoscopic insertion IP catheter	1	2	4	
	- exenterations	1	1	4	
	- LLETZ/LEEP of cervix	2	4	3	
	- enterostomy	1	2	3	
	- cytologic biopsy (FNA)	2	3	5	
	- histologic biopsy (Tru-cut)	1	3	5	

7.2.3 Systemic therapy (including pharmacology)

Learning objectives:

- Have basic knowledge of tumour biology and immunology (kinetics of cell cycle and cancer cell growth).
- Have detailed knowledge of the pharmacological properties of drugs commonly used in gynaecological oncology.
- Have detailed knowledge of different intents, lines, and routes of chemotherapy, immunotherapy, and targeted therapy and its combination with other treatment modalities (surgery, radiotherapy).
- Have appropriate knowledge of indications and adverse effects of chemotherapy and selected targeted treatments in the management of gynaecological cancers (endocrine therapy, targeted therapies, immunotherapy).
- Communicate with the MDT and select the appropriate systemic treatment for gynaecological cancers.
- Demonstrate adequate skills and attitude to counsel patients, plan systemic treatments, and assess response in gynaecological cancers.
- Have updated knowledge and an appropriate interpretation of clinical trials in gynaecological oncology.
- Participate in the planning and execution of updated algorithms for the systemic treatment of gynaecological cancers.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Tumour biology: - cell cycle kinetics - kinetics of normal and cancer cell growth Classes of antineoplastic drugs and their mechanisms of action Pharmacological properties of drugs commonly used in gynaecological oncology Different intents and lines of chemotherapy: - adjuvant - neo adjuvant - first-line - second-line Routes of administration Combination of chemotherapy with other treatment modalities (surgery, radiotherapy) Indications and adverse effects of chemotherapy in the management of gynaecological cancers Indications and adverse effects of endocrine therapy in the management of gynaecological cancers	Collect an appropriate medical history Perform a clinical examination Prescribe and plan a systemic treatment Counsel patients and relatives about: - prognosis - treatment options - basics of a systemic treatment - adverse effects Assess the response to systemic treatments Monitor and manage the potential toxicities of each systemic treatment Modify and change the current systemic treatment according to response and toxicities	Ability to select the most appropriate systemic treatment for gynaecological cancers according to disease and patient characteristics Ability to discuss in a multidisciplinary team the most appropriate systemic treatment for each patient Adequate skills and attitude to counsel patients, plan systemic treatments, and assess response Ability to investigate, recognise, and manage the toxicity of systemic treatments Ability to discuss with patients the results of systemic treatment Ability to counsel patients about clinical trials	Observation and assistance of and discussion with senior staff Specific topic training and supervision Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Personal study Postgraduate courses Training period in a Medical Oncology department	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Indications and adverse effects of targeted therapies in the management of gynaecological cancers Indications and adverse effects of immunotherapy in the management of gynaecological cancers Dose calculation and scheduling Response evaluation criteria Principles of phase I, II, and III clinical trials Update on clinical trials in gynaecological oncology		Ability to participate in planning and execute updated algorithms for the systemic treatment of gynaecological cancers		

Schematic overview of required competence levels per stage of training in the systemic therapy module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Systemic therapy	Pharmacological knowledge of cytostatic agents	1	2	4	
	Knowledge of indications	1	3	5	
	Acquaintance with clinical trials	1	3	5	

7.2.4 Urologic surgery

Learning objectives:

- Understand the impact of gynaecological cancer and its treatment in the renal tract.
- Have an awareness of possible urological complications.
- Identify and manage urological complications.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Anatomy and physiology of kidney, ureter, bladder, and urethra Effects of gynaecological malignancy upon the urinary tract Effects of treatment for gynaecological malignancy on urinary tract, e.g. radical surgery, radiotherapy Communication with patients and family about the effects of gynaecological malignancy and treatments on urinary system, e.g. fistula, obstruction, bladder disorders Interpret investigations ordered Recognition and management of injury to urinary tract Principles of repair of injury to: - ureter - bladder - urethra Selection of patients who would benefit from intervention surgery involving the urinary tract, e.g., urethral stenting, fistula repair, exenterative surgery Pre- and postoperative care of patients undergoing urology procedure	Ability to appropriately investigate and diagnose disorders of the urinary tract in a gynaecological cancer setting Appropriate ordering of investigation and liaison with urology team Investigation of diseases of urinary tract: - urine (microscopy, culture, and sensitivity; biochemistry) - haematology - ultrasound - x-ray - magnetic resonance imaging - cystoscopy - ureteroscopy Knowledge of damage to ureter and bladder due to disease process or surgery, e.g. fistula, obstruction, surgical injury Perform: - Cystoscopy - Repair to bladder Dissection of ureter	Effectively manage patients with suspected urinary tract disorders Order and interpret investigations of the urinary tract Appropriate selection of patients for intervention surgery involving the urinary tract Ability to independently practice the following surgical procedures: - insertion of suprapubic catheter - cystoscopy - surgical repair of bladder injury - straightforward repair of minor ureteric damage Have experience of the following (independent practice is not essential and limits of practice will depend upon the support available and experience): - ureteroscopy - repair of ureter - ureteric reimplantation - primary anastomosis of ureter - cystectomy - ileal conduit - continent urinary diversion - insertion of ureteric stent	Work under senior supervision Complete a joint clinics Radiotherapy module Attendance at urodynamic clinic Attend both gynaecology and urology MDT Attend the radiology department Complete a Urology module (minimum 10 sessions)	Logbook Mini-CEX Case-based discussions

Schematic overview of required competence levels per stage of training in the urologic surgery module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Urologic surgery	- urinary deviation	1	1	2	
	- recognition and dissection of the ureter	2	4	5	

7.2.5 Palliative care and supportive care

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with terminal disease because of gynaecological cancer.
- Be able to clinically assess and evaluate the condition of the patient.
- Plan subsequent appropriate supportive care.
- Perform appropriate exams to decide whether the patient is a candidate for subsequent chemotherapy or not.
- Appropriately interpret the patient's pain and have knowledge of the means to decrease it.
- Present the case to the MDT and decide whether or not to pursue subsequent treatment.
- Be able to take decisions whether or not the patient should have a stoma.
- Plan and execute the appropriate monitoring and be able to decide when to stop administering chemotherapy.

Knowledge criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence/ assessment
Presentation of a patient with terminal disease Cause of the patient's condition Knowledge of diagnostic work-up in order to decide appropriate palliative treatment Appropriate supportive care for patients Multidisciplinary team meeting discussions and management planning Monitoring by imaging, follow up, and interpretation of these data Diagnosis of the "end of life" stage	Counsel patients and relatives about: - end-of-life issues - treatment options - interpretation of monitoring results Discuss palliative care options Perform appropriate supportive measures including stoma or gastrostomy Organise, in collaboration with the end-of-life nursing staff, the appropriate set up for the patient Ensure that the patient receives the appropriate pain control (epidural, opioids) Discuss the possibility of end of life at home	Ability to empathetically explain the options available to a patient with terminal disease Ability to clearly and openly discuss the dismal prognosis and possible treatment options Ability to appropriately classify the stage of terminal disease Ability to choose the appropriate supportive care Ability to perform a clinical examination to decide if the patient would benefit from stoma	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in decisions regarding patients at a terminal stage of disease Attendance of special interest meetings Knowledge about when to stop administering chemotherapy	OSATS Mini-CEX Case-based discussions Logbook

Schematic overview of required competence levels per stage of training in the palliative and supportive care module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Palliative & supportive care	Indications for palliative care	2	4	5	
	Prescribing pain medication	1	3	5	
	Holistic approach of symptoms and worries of the cancer patient and family	2	4	5	

7.2.6 Clinical cancer genetics

Learning objectives:

- Diagnose, investigate, and manage patients with a genetic predisposition to gynaecological cancer and their families, alongside clinical genetics and other relevant specialty services.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Familial cancer syndromes (e.g., hereditary breast and ovarian cancer, hereditary ovarian cancer, Lynch Syndrome, Cowden Syndrome): aetiology, risks, clinical features, behaviour The importance of unselected genetic testing at cancer diagnosis Issues involved in counselling for genetic testing at cancer diagnosis The genes involved in oncogenesis of relevant gynaecological or women's cancers The principles of management of women at high risk of gynaecological cancer and options of risk management, including screening and preventive measures, and their consequences The role of prophylactic surgery in the management of patients with a genetic predisposition to gynaecological cancer and the specific problems for follow up in relation to hormonal, psychological, sexual, and long-term health sequelae Molecular targets for prognosis and treatment	Take a three-generation family history and draw a pedigree Counsel a patient with a known predisposition to gynaecological cancer Perform appropriate clinical examination and Investigations Interpret a genetic test result and counsel the patient about it Undertake counselling and genetic testing at cancer diagnosis for epithelial ovarian cancer patients Counsel patients with endometrial cancer on results of molecular testing and investigations including genetic testing for Lynch Syndrome Perform prophylactic surgery involving laparoscopic techniques as required Work with other disciplines to ensure appropriate Management	Ability to identify and counsel patients at high risk of a genetic predisposition to gynaecological cancer Ability to assess and manage patients at high risk of gynaecological cancer such as hereditary breast and ovarian cancer, hereditary ovarian cancer, Lynch Syndrome, Cowden Syndrome Ability to counsel unaffected patients on the subsequent management of a genetic predisposition to gynaecological cancer, including risk of cancer, reproductive choices, cancer screening, prophylactic surgery, and hormone replacement therapy use Ability to discuss advantages and disadvantages of the interventions Ability to undertake counselling and genetic testing at cancer diagnosis for epithelial ovarian cancer patients Ability to counsel patients with endometrial cancer on the results of molecular testing and investigations, including genetic testing for Lynch Syndrome Manage the implications to and counsel family members of a genetic predisposition to gynaecological cancer	Observation and assistance of and discussion with senior staff Working in a supervised environment with senior team members Attendance at special interest meetings Personal study Specific courses, webinars ESGO Masterclass Apprenticeship with specialist clinic managing high-risk women or a clinical genetics unit Postgraduate courses Advanced communication skills training Appropriately supervised surgical training	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook Course attendance certificates

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Genetics and implications in relation to targeted therapies such as PARP inhibitors and immunotherapy Variant classification and VUS (variant of uncertain significance)	Liaise with clinical genetics department in the management pathway where appropriate	Ability to perform prophylactic surgery where appropriate and involving minimal access techniques, as required		

Schematic overview of required competence levels per stage of training in the genetics module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Genetics	Knowledge of familial cancer syndromes	3	4	5	
	Counselling mutation carriers	2	2	5	
	Knowledge of preventive measures and their consequences	2	4	5	
	Knowledge of the genes involved in oncogenesis	2	4	5	
	Knowledge of molecular targets for treatment	1	3	4	

7.2.7 Pathology (including immunology)

Learning objectives:

- Understand the principles of cyto- and histochemical pathology and molecular pathology.
- Be able to execute appropriate sampling with appropriate identification and appropriate clinical requests.
- Interpret cyto- and histopathologic outcomes.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
The principles of genesis, behaviour, and identification of malignant and benign gynaecological cancers The essential components and functions of the immune system and their relationship to oncology (including therapeutic applications)	Understand the principles underpinning the identification, both from direct visual and microscopic evaluation, of lesions that are premalignant or malignant and distinguish them from benign disorders Understand the genesis of malignant tumours and the biological behaviour of premalignant and malignant tumours, including prognostic features Knowledge of immuno-histochemical stains and the principles of molecular pathology Define a tumour marker and describe the requirements of a tumour marker Describe the properties of current tumour markers Describe the methods for the measurement of markers in terms of the principals involved, sensitivity, specificity, and cross reactivity Describe the properties and generation of monoclonal antibodies and their application to serodiagnosis and tumour localisation and the targeted killing of tumour cells Describe the clinical value and limitations of current markers in use and the significance of false-positive and false-negative results Describe specific tumours of the female genital tract associated with clinically useful markers	Ability to obtain an appropriate sample during biopsy Appropriate transportation of specimens: - use of formaldehyde - dry specimen for frozen section - radioactive specimen during sentinel node mapping Accurate documentation during mapping procedures to facilitate decision-making Ability to interpret pathology reports, including genetic mutation analyses	Attendance at tumour board meetings Attendance at a course, e.g., ESGO-ENYGO Masterclass Laboratory visits	Case-based discussions Certificate of appropriate course attendance

Schematic overview of required competence levels per stage of training in the genetics specific module

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Pathology	Knowledge of pathophysiology	2	3	4	
	Knowledge of gynaecological tumour classification and staging	2	4	5	

7.2.8 Radiotherapy

Learning objectives:

- Have a basic knowledge of radiation physics, radiation biology, and the different radiotherapy modalities.
- Have a detailed knowledge of indications, acute and late toxicities of radiotherapy in the management of gynaecological cancers.
- Have a detailed knowledge of the use of chemotherapy or other drugs in combination with radiotherapy.
- Communicate with the MDT and select the appropriate radiotherapy for gynaecological cancers.
- Demonstrate adequate skills and attitude to counsel patients and plan radiotherapy treatment for gynaecological cancers.
- Investigate, recognise, and manage early and long-term complications of radiotherapy.
- Plan and execute the appropriate monitoring after radiotherapy with the management of recurrences.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Radiation physics: - different types of radiation - inverse square law - depth dose Principles of radiation protection Principles of External Beam Radiotherapy Principles of brachytherapy, including intra-operative radiation Radiation biology: - interaction of radiation with tissue and DNA damage - cell survival curves - factors modifying radiation response Recovery and repair of tissues Image-guided planning Principles of fractionation Radiation delivery Indications of radiotherapy in the management of gynaecological cancers The use of chemotherapy or other drugs in combination with radiotherapy in gynaecological oncology	Understand principles of radiotherapy Understand indications and limitations of radiotherapy in gynaecological oncology Understand treatment intent (curative or palliative) Select patients for radiotherapy Understand treatment planning Counsel patients and relatives about: - radiotherapy - treatment indications - complications Understand the principles of management of early and long-term complications of radiotherapy Recognise and manage recurrent disease after radiotherapy	Ability to select patients for radiotherapy according to disease and patient characteristics Ability to discuss in a multidisciplinary team the indications of radiotherapy for each patient Adequate skills and attitude to counsel patients about radiotherapy and then plan treatment and assess response Ability to discuss the results of radiotherapy with patients Ability to investigate, recognise, and manage adverse effects of radiotherapy Ability to recognise and manage major complications of radiotherapy with other colleagues	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance at radiotherapy clinics Meeting with psychosexual counsellors Attendance at special interest meetings Personal study Postgraduate courses A training period within the dept. of Radiation Oncology	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Acute and late toxicities of radiotherapy in its different modalities and combination with different agents				

Schematic overview of required competence levels per stage of training in the radiotherapy module

Medical skills		**Competence level** Per stage of training 'for up to a total of 6 months'			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Radiotherapy	Knowledge of radiation and nuclear medicine principles	1	3	5	

7.2.9 Plastic and reconstructive surgery and wound care

(optional)

Learning objectives:

- Have a basic knowledge of the anatomy of abdominal-pelvic organs and wounds.
- Have detailed knowledge of the devices involved in reconstructive surgery and new surgical materials or strategies.
- Have appropriate knowledge of indications of reconstructive or plastic surgery appropriate for the surgical defect due to previous debulking surgery.
- Have appropriate knowledge of the indication of different surgeries adequately to the tumour prognostic and general status of the patient (including frailty and psycho-emotional consequences).
- Communicate with the MDT and select the most appropriate reconstructive treatment.
- Demonstrate adequate skills and attitude to counsel patients about and plan reconstructive treatments and their sequelae while simultaneously assessing cancer prognosis and the possibility of new recurrences.
- Have updated knowledge and appropriately interpret clinical trials in plastic and reconstructive surgery related to gynaecological oncology.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Tumour biology: - prognostic criteria and recurrences - involving other non-gynaecological organs Surgical anatomy and biology: - abdominal wounds - pelvic and perineal wall - bowel and mesentery - bladder and ureteric system - retroperitoneum, including vessels, nerves, and support structures Surgical devices involved in reconstructive or plastic surgery: - mesh and sutures - ureteral and vascular catheters - staples for bowel reconstruction - negative pressure devices - others Indications, consequences, and sequelae of different procedures	Collect an appropriate oncologic history and prognosis Perform a clinical examination and imaging assessment of recurrences or anatomic defects Counsel patients and relatives about: - prognosis - treatment options - adverse effects and complications - physical and psychological sequelae Prescribe and plan the most appropriate plastic or reconstructive procedure, including: - abdominal wall reconstruction with or without mesh (i.e., eventration or hernia) - bowel diversion and reconstruction - ureteric or bladder diversion and reconstruction - bladder or bowel reservoirs or pouch - plastic reconstruction of vulvo-perineal excisions and defects - neovagina	Ability to select the most appropriate surgical strategy for gynaecological cancers according to disease and patient characteristics Ability to discuss in a multidisciplinary team the most appropriate surgery for each patient Adequate skills and attitude to counsel patients on the surgical plan, success possibilities, recovery time, and possible complications and sequelae Ability to discuss with patients the results and expectations about plastic or reconstructive treatment Ability to counsel patients about clinical trials Ability to participate in planning and execute updated	Observation and assistance of and discussion with senior staff Specific topic training and supervision Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Personal study Postgraduate courses	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Surgical modules Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Appropriate selection of procedure depending on tumour location and prognosis as well as the patient's general situation (physical and psychological) Up-to-date information on clinical trials in gynaecological oncology surgery techniques and related devices	Assess the response to reconstructive surgery, failure procedure, and possibility of recurrence. Monitor and manage post-surgery recovery, complications, and potential sequelae Modify and change the strategy, including palliative care, depending on tumour response or patient situation	Ability to participate in planning and execute updated algorithms for plastic and reconstructive surgeries		

Schematic overview of required competence levels per stage of training in plastic and reconstructive surgery and wound care module (optional)

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Reconstructive surgery	Recognising the need for plastic surgery	1	3	5	
	Treatment of wound complications	1	2	5	

7.2.10 Radiology (including nuclear medicine) (optional)

Learning objectives:

- Have a basic knowledge of radiological and nuclear physical principles.
- Be able to adequately order and interpret imaging diagnostics.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Principles of imaging techniques, including nuclear medicine Knowledge of limitations and risks of various imaging techniques Basic knowledge of radiation physics pertinent to radiology and nuclear medicine Basic knowledge of contrast media, radiopharmacology, and radionuclides	Correct and targeted ordering of radiological diagnostics Give clinical feedback to imaging specialists Cooperation in diagnostic interventions	Communication with imaging specialists Interpretation of common CT, MRI, and PET scans Application and interpretation of sentinel lymph node detection	Observation and assistance of and discussion with senior staff Discussions at MDT Interactive app	Direct observation of clinical practice by trainers Case-based discussions Logbook

Schematic overview of required competence levels per stage of training in the radiology and nuclear medicine module (optional)

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Radiology & nuclear medicine	Basic knowledge of radiological and nuclear physical principles	1	3	5	
	Adequate ordering and interpretation of imaging	1	3	5	

7.3 General competency modules

7.3.1 Communication, collaboration, leadership, and management

Learning objectives:

- Demonstrate effective communication with patients and colleagues.
- Demonstrate good working relationships with colleagues.
- Demonstrate the ability to work in clinical teams and gain the necessary leadership skills.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Communication: Know how to structure a patient interview to identify: - concerns and priorities - expectations - understanding an acceptance Breaking bad news The bereavement process and behaviour **Team working:** Roles and responsibilities of team members Factors that influence and inhibit team development Ways of improving team working including: - objective setting and planning - motivation and demotivation -organisation -respect Contribution of mentoring and supervision **Leadership:** Qualities and behaviour Styles Implementing change and change management	Counsel patients regarding diagnosis, management, and risks of treatment Manage intra- and postoperative complications with the gynaecological oncology team Inform patient of results Liaise with nutritional and other support team	Ability to communicate effectively with: - colleagues - patients and relatives Ability to break bad news appropriately and to support distress Ability to work effectively within a subspecialty team Ability to lead a clinical team Ability to respect others' opinions Ability to deal with difficult colleagues	Observation and assistance of and discussion with senior staff	Supervisor's report Multisource feedback forms

Schematic overview of required competence levels per stage of training in the communication, team working, leadership and management domains

Medical Core Competencies (cf. ACGME)					
Domain	*Learning target*				
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	1	3	5	
	Communication with patients and family	2	4	5	
	Discussing bad news/resuscitation	1	3	5	20
	Work effectively as a member or leader of a team	2	4	5	
	Act in a consultative role	2	4	5	
	Maintain comprehensive, timely and legible medical record	3	4	5	
	Participation in education	2	3	5	

7.3.2 Good medical practice, clinical governance, and management

Learning objectives:

- Understand and demonstrate appropriate knowledge and skills in relation to good medical practice, clinical governance, and risk management.
- Inculcate the habit of lifelong learning and continued professional development.
- Acquire the knowledge, attitude, and skills to act in a professional manner at all times.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
The importance of continued professional development The doctor-patient relationship, ethical principles (beneficence, non-malfeasance, autonomy), informed consent, confidentiality, and data protection The principles of clinical governance The principles, structure, and steps of an audit cycle The principles of risk management, incident and near-miss reporting, complaint management The duty of candour Clinical effectiveness, evidence-based medicine, different hierarchies of evidence, and grades of recommendations The importance of protocols, guidelines, and integrated care pathways	Practice evidence-based medicine Undertake a clinical audit Develop and implement a clinical protocol and/or guideline Develop Patient Information Sheets Participate in risk management Perform appraisals	Ability to undertake a clinical audit (evidenced by undertaking one audit a year) Ability to practice evidence-based medicine Ability to develop and implement a clinical protocol and/or guideline Ability to develop Patient Information Sheets Ability to investigate and report a critical incident and suspected unexpected serious adverse reaction (SUSAR) Ability to respond to a complaint in a constructive and objective manner Ability to recognise ethical issues related to the sub-specialty Ability to recognise and use learning opportunities Ability to recognise one's own limitations and seek advice appropriately Ability to deal appropriately with challenging behaviour	Observation of and discussion with senior medical staff and the clinical governance team Attendance at risk-management meetings Appropriate literature, guidelines	Log of experience Supervisor reports Attendance certificate of appropriate course(s) and meeting(s) Audit report

Schematic overview of required competence levels per stage of training in the general competency domains

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Medical Core Competencies (cf. ACGME)					
Domain	*Learning target*				
Practice-based learning and improvement	Identify personal limits	2	3	5	
	Set learning goals	2	3	5	
	Identify and perform appropriate learning activities	2	3	5	
	Incorporate formative evaluation feedback into daily practice	2	3	5	
	Adequate use of scientific evidence	2	3	5	
	Adequate use of information technology	2	3	5	
	Participation in education	2	3	5	
Patient care and procedural skills	Adequate gathering of information	2	3	5	
	Adequate synthesis of findings	2	3	5	
	Partnership with patients and family	2	3	5	
Systems-based practice	Work effectively in health care system	2	3	5	
	Consider cost-effectiveness	2	3	5	
	Consider quality of care	2	3	5	
	Consider and identify patient safety issues, including identifying system errors	2	3	5	
Medical knowledge	Knowledge and application of EBM	2	4	5	
	Knowledge about principles of clinical trials	1	3	5	
	Knowledge of protocols/guidelines/patient info sheets (being responsible for one of these as end target)	1	4	5	1
	Papers and/or presentations	0	2	5	2
	Successfully attended courses:				
	- teach-the-teacher course	0	0	3	
	- course for leadership/ Management	0	0	3	
	Attendance of national conferences/meetings	2	4	5	
	Attendance of international meetings	1	2	4	
	Membership of ENYGO/ESGO	no	no	yes	

Medical skills		Competence level Per stage of training			Number At levels 4–5
Medical Core Competencies (cf. ACGME)					
Professionalism	Handling oncological patients	1	3	5	
	Monitoring and comparing results of clinical care, up to responsible for clinical audit (latter end target)	1	3	5	2
	Knowledge and use of complication and mortality register	1	4	5	
	Self-reflection	2	4	5	

7.4 Research

Learning objectives:
To understand and demonstrate appropriate knowledge, skills, and attitudes in relation to undertaking research relevant to the subspecialty of gynaecological oncology.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Clinical research methodology Medical statistics for clinical research (e.g., descriptive statistics, parametric and non-parametric tests, tests for continuous and categorical variables, chi-square and t-tests, correlation and regression analysis, survival analysis) Understand principles of sampling, sample size, and power calculations Knowledge of epidemiological methods in medical research Understanding of trial design methodology Knowledge of evidence-based medicine and hierarchy of strength of evidence Knowledge of ethical committee regulations and requirements Knowledge of research legislation, research governance procedures and requirements Understanding of the roles and responsibilities of the different individual and organisations in the research environment Writing research protocols and peer-reviewed papers The principles of and how to take informed consent and the roles and responsibilities of those involved in it Information governance, data management, and General Data Protection Regulation (GDPR)	Develop a hypothesis Design an experiment or research study Define sample size Undertake a statistical analysis Draw appropriate conclusions from results Create an oral or poster presentation Write and publish a peer-reviewed research paper	Ability to develop a hypothesis, design and conduct a scientific experiment or scientific research Ability to undertake a critical review of a research topic/idea Ability to critically appraise a scientific paper Ability to present a piece of scientific research (oral or poster presentation) Ability to write up research evidenced by at least one peer-reviewed PubMed citable publication (A research thesis like MD or PhD is desirable but not an essential part of the research component for this training) Ability to take informed consent and recruit patients to research studies Ability to submit a research proposal for ethics approval Ability to participate as an investigator in clinical research studies	Appropriate post-graduate research skill development courses Statistical courses Information governance course Attending scientific meetings Access to scientific journals Discussion with senior staff (clinicians, scientists, statisticians) Mentoring and supervision by senior staff	Good Clinical Practice Research certification Record of certificate of attendance at appropriate course(s) Submission of research for ethics approval Study consent form Patient information leaflet Data collection form Devise/critically appraise a protocol for research through local/regional R&D offices Peer-reviewed, PubMed-citable publication Poster or oral presentation at a conference MD or PhD degree

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Research integrity: understanding issues around misconduct, scientific fraud, plagiarism, and the reporting of such Adverse events and reporting of suspected unexpected serious adverse reaction (SUSAR)				

Schematic overview of required competence levels per stage of training in research.

Medical skills		**Competence level** Per stage of training			**Number** At levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
Research	Peer reviewed publication	0	2	5	2*

***** The fellow can also complete (the equivalent of) an Advanced Professional Module of Clinical Research or a Master in Clinical Research instead of producing a publication. Examples:

https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/apm/

https://web.uniroma1.it/masterricercaclinica

http://www.usc.es/en/centros/ciedus/edi/titulacions.html?plan=15544&estudio=15545&codEstudio=15019&valor=9&orde=true

8. Training objectives covered during general training

Training objectives that may be covered during an elective as defined across Europe for general training (expected level of competence: 'can manage/perform independently') are:

1. General assessment of an oncological patient.
2. Peri-operative care.
3. Diagnostic laparoscopy.
4. Ovarian cystectomy.
5. Hysteroscopy.
6. Small vulvar procedures.
7. Colposcopy, including loop excision/conisation of the cervix.
8. Hysterectomy for early-stage endometrial cancer.
10. Histological sampling (Tru-cut biopsy/incisional biopsy).
11. Assessing and planning management of gynaecological tumours.
12. Knowledge of cancer genetics.
13. Knowledge of palliative care.
14. General knowledge of oncological pathology.

9. Assessment

Training should be structured with clearly defined targets throughout to be met after specified intervals. An educational plan should be drawn up in consultation with the trainee at the beginning of each new training setting or post, and progress should be monitored regularly by means of the logbook.

Multi-source feedback (MSF), including a self-assessment of the trainee as well as MSF of the training team, is required at least once a year.

Evaluation of the skills and knowledge of the fellow and their compliance with the curriculum is evaluated, taking into account both:

- **Competency-based assessments**
  - The domains of core competencies for the purpose of the ESGO curriculum will be defined according to ACGME (6 competence domains). There is at least one (1) assessment required per year, but it is recommended to perform the assessment at least once every half year.
  - OSATS are required for the assessment of surgical skills. Other validated assessment tools may also be used to complete the portfolio (see addendum 12.2 for assessment tools). There should be at least three (3) formative assessments of surgical skills per complex procedure with at least two (2) summative assessments confirming that the fellow has achieved the required competence for the specific procedure.
- **Volume criteria assessment**
  - This assessment is defined for performed surgical cases and other skills (see 1.5.2. Quantitative criteria certifying for a fellow/trainee). Volume criteria may not be universally sustainable; therefore, for certification, training should include a defined number per the limited number of procedures.
- **Additional courses**

All of the above must be documented in the *logbook, including the portfolio*, which must be *completed within four (4) years* from the start of training**.**

Note that within modular training, the deconstruction of procedures is essential; therefore, assessment should not only take place per procedure but also for segments of (the selected) procedures separately (e.g., ureteric tunnel dissection).

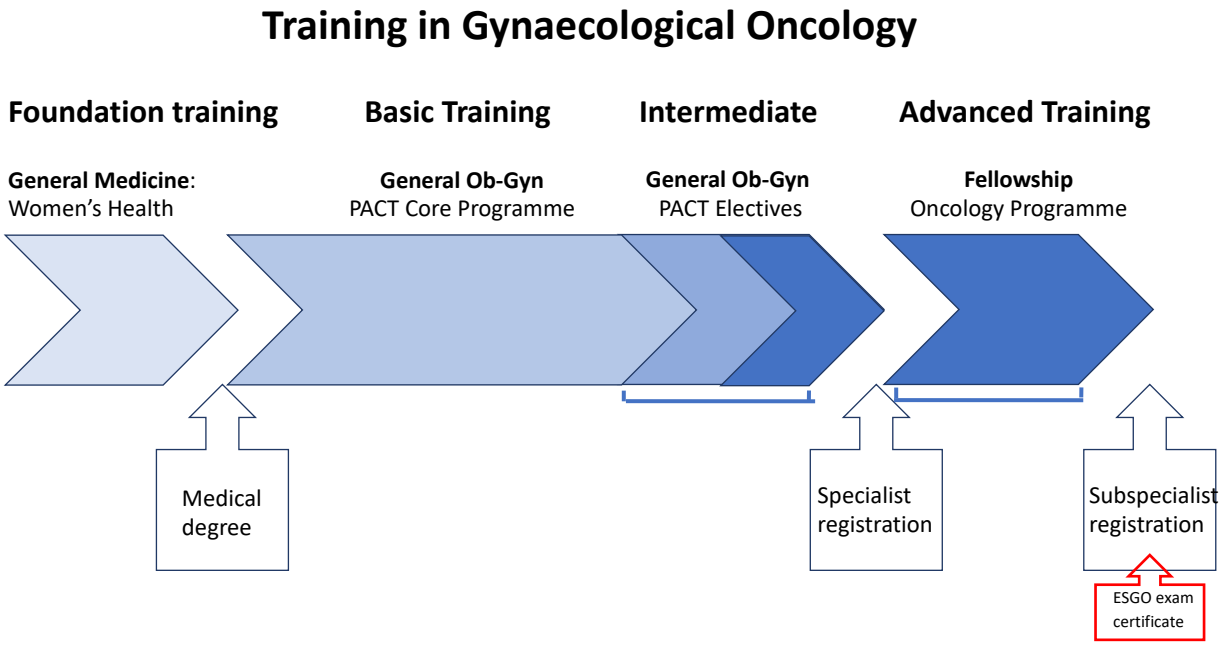
During the fellowship, a *real-time portfolio* (i.e., completed after each element/procedure and not only at the end of the training) must be kept documenting the modules followed and cases performed together with the assessments. The portfolio will be accessible online through ESGO's website. The logbook will contain *documentation of summative assessments. At least once a year, the trainee's current levels of proficiency/competency should be set out***,** marked as follows: 1 (passive assistance/knowledge of); 2 (can perform under direct supervision); 3 (can perform with some supervision); 4 (can perform without supervision); 5 (can perform and supervise/teach).

The use of a portfolio implies that the time to acquire the necessary elements may vary between individuals, depending on exposure, skills, personal circumstances, and employment.

10. Matrices

10.1 Matrix of training years

10.1.1 Diagram of gynaecological oncology training
For details, see matrix 10.2.



10.1.2 Matrix of the gynaecological oncology training programme

Action	Place in timeline	Responsible person
Centre accreditation	At least one year before the end of the fellowship	Head of Department
Choosing the training centre	Before registration of the fellowship	Fellow candidate
Registration of fellowship	Before start of fellowship	Fellow candidate
Registration of portfolio and submitting required personal information	At the start of fellowship	Fellow
Systematic and structured formative assessment of procedures. At least three (3) per radical procedure (of which at least 2 at the required level of competency)	Along the training period.	Fellow
Structured summative assessment: Multiple Source Feedback	At least once a year. Twice yearly is recommended	Fellow
Structured summative assessment: Evaluation by the Educational Supervisor	At least once a year. Twice yearly is recommended	Educational Supervisor
Completion of portfolio	Within 4 years of starting the fellowship	Fellow
Successfully passing ESGO Exam	Within 6 years of starting the fellowship	Fellow
Application for certification with the ESGO Diploma	Within 1 year after portfolio completion or passing the ESGO exam (whichever comes last)	Fellow
Issuing ESGO Diploma	At the yearly ESGO meeting	Chair WG Fellowship and Observership & ESGO Council
Re-certification	Not yet available	

10.2 Matrix of learning objectives

Schematic overview of required competence levels per stage of training

Medical skills		**Competence level** Per stage of training			**Number** If required at levels 4–5
Module	*Learning target*	*Core*	*Elective*	*Fellowship*	
ORGAN-SPECIFIC					
Uterine cancer	Diagnostic and therapeutic plan	3	4	5	
	Surgery for low-risk cancer	2	4	5	
	Radical surgery for high-risk cancer	1	2	5	
	Weighing treatment options and morbidity	2	3	5	
	Fertility-sparing treatment	1	1	4	
Ovarian & tubal cancer	Diagnostic and therapeutic plan	3	4	5	
	Systematic use of US and tumour markers	1	3	5	
	Surgical radical treatment	1	2	5	
	Organising MDT	1	3	5	
	Follow-up	2	3	5	
Cervical cancer	Knowledge of prevention	3	4	5	
	Colposcopy	1	4	3	
	Diagnostic and therapeutic plan	3	3	5	
	Surgical (radical) treatment	1	2	5	
Vaginal cancer	Diagnostic and therapeutic plan	1	3	4	
	Radical surgical treatment	1	1	4	
Vulvar cancer	Diagnostic and therapeutic plan	3	4	5	
	Description and drawing of vulvar situation (disease mapping)	2	4	5	
	Excision biopsy	3	4	5	
	Local excision	1	4	5	
	Radical surgery for vulvar cancer	1	2	5	
GTD	Recognition and diagnosis of GTD/GTN	3	4	5	
	Surgical and medical treatment of GTD	3	4	5	
	Treatment plan for GTN	1	3	5	

Medical skills		Competence level Per stage of training			Number If required at levels 4–5
GENERIC					
Gyn.onc. surgery	Gyn.onc anatomical knowledge	2	4	5	
	Recognition and treatment of surgical complications	1	4	5	
	Specific surgical skills:				
	- hysterectomy for uterine cancer	2	4	5	
	- radical hysterectomy	1	2	5	10
	- radical trachelectomy	1	1	3	
	- (radical) parametrectomy	2	4	5	
	- pelvic lymph node dissection (open)	1	3	5	30
	- pelvic lymph node dissection (laparoscopically)	1	3	5	
	- pelvic sentinel node procedure (open)	1	3	5	
	- pelvic lymph node procedure (laparoscopically)	1	3	5	
	- lumbo-aortic lnd (open)	1	1	5	10
	- lumbo-aortic lnd (laparoscopically)	1	1	4	
	- local wide/radical excision vulva	1	2	5	5
	- inguino-femoral lnn evaluation	1	2	4	10
	- (radical) colpectomy	1	1	4	
	- creation neovagina	1	1	3	
	- infra+supracolic omentectomy	1	3	5	
	- cytoreductive surgery	1	2	5	30
	- laparoscopic assessment ovarian cancer	1	2	5	
	- laparoscopic insertion IP catheter	1	2	4	
	- exenteration	1	1	4	
	- LLETZ/LEEP of cervix	2	4	3	
	- enterotomy	1	2	3	
	- cytologic biopsy (FNA)	2	3	5	
	- histologic biopsy (Tru-cut)	1	3	5	
Urologic surgery	- urinary deviation	1	1	2	
	- recognition and dissection of the ureter	2	4	5	
Reconstr. surgery	Recognising need for plastic surgery	1	3	5	
	Treatment of wound complications	1	2	5	
Systemic therapy	Pharmacological knowledge of cytostatic and cytotoxic agents	1	2	4	
	Knowledge of mechanisms of targeted therapy	1	2	4	
	Knowledge of indications	1	3	5	
	Acquaintance with clinical trials	1	3	5	
Radiotherapy	Knowledge of radiation and nuclear medical principles	1	3	4	
Palliative & supportive care	Indications for palliative care	2	4	5	
	Prescribing pain medication	1	3	5	

	Holistic approach of symptoms and worries of the cancer patient and family	2	4	5	

Medical skills		**Competence level** Per stage of training			**Number** If required at levels 4–5
Genetics	Knowledge of familial cancer syndromes	3	4	5	
	Counselling mutation carriers	2	2	5	
	Knowledge of preventive measures and their consequences	2	4	5	
	Knowledge of genes involved in oncogenesis	2	4	5	
	Knowledge of molecular targets for treatment	1	3	4	
Pathology	Knowledge of pathophysiology	2	3	4	
	Knowledge of gynaecological tumour classification and staging	2	4	5	
Peri-operative care	Knowledge and application of ERAS principles	1	4	5	
Research	Peer-reviewed publication	0	2	5	2
Medical Core Competencies (cf. ACGME)					
Domain	*Learning target*				
Practice-based learning and improvement	Identify personal limits	2	3	5	
	Set learning goals	2	3	5	
	Identify and perform appropriate learning activities	2	3	5	
	Incorporate formative evaluation feedback into daily practice	2	3	5	
	Adequate use of scientific evidence	2	3	5	
	Adequate use of information technology	2	3	5	
	Participation in education	2	3	5	
Patient care and procedural skills	Adequate gathering of information	2	3	5	
	Adequate synthesis of findings	2	3	5	
	Partnership with patients and family	2	3	5	
Systems-based practice	Work effectively in health care system	2	3	5	
	Consider cost-effectiveness	2	3	5	
	Consider quality of care	2	3	5	
	Consider and identify patient safety issues, including identifying system errors	2	3	5	

Medical skills		Competence level Per stage of training			Number If required at levels 4–5
Medical Knowledge	Knowledge and application of EBM	2	4	5	
	Knowledge about principles of clinical trials	1	3	5	
	Knowledge of protocols/guidelines, patient info sheets (being responsible for one of these as end target)	1	4	5	1
	Papers and/or presentations	0	2	5	2
	Successfully attended courses:				
	- teach-the-teacher course*	0	0	3	
	- course for leadership/management	0	0	3	
	Attendance at national conference/meetings	2	4	5	
	Attendance at international meetings	1	2	4	
	Membership of ENYGO/ESGO	no	no	yes	
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	1	3	5	
	Communication with patients and family	2	4	5	
	Discussing bad news/resuscitation	1	3	5	20
	Work effectively as a member or leader of a team	2	4	5	
	Act in a consultative role	2	4	5	
	Maintain comprehensive, timely and legible medical record	3	4	5	
Professionalism	Handling oncological patients	1	3	5	
	Handling grief and emotions	2	3	5	
	Recognition of pathological grief	1	3	5	
	Handling religious and other convictions	2	4	5	
	Monitoring and comparing results of clinical care, up to responsible for clinical audit (latter end target)	1	3	5	2
	Knowledge and use of complication and mortality register	1	4	5	
	Self-reflection	2	4	5	

* Numbers (not level)

Competence level scores

1 = passive assistance/knowledge of
2 = can perform under direct supervision
3 = can perform with some supervision
4 = can perform without supervision
5 = can perform and supervise/teach

Core competences in PACT training

The elements that are part of the EBCOG PACT core curriculum are indicated in light blue. The elements that are part of the PACT electives are indicated in dark blue (corresponding to figure 10.1.1)

Abbreviations

EBM	Evidence-based Medicine
ENYGO	European Network of Young Gynaecological Oncologists
ERAS	Enhanced Recovery After Surgery
ESGO	European Society of Gynaecological Oncology
GTD	Gestational Trophoblastic Disease
GTN	Gestational Trophoblastic Neoplasm
IP	Intra-peritoneal
FNA	Fine needle aspiration
LND	Lymph node dissection
LN(N)	Lymph node(s)
MDT	Multidisciplinary Team

11. Portfolio

PORTFOLIO

for

Training in Gynaecological Oncology

Introduction

The ESGO accreditation and certification programme ("Curriculum') describes, prescribes, and accredits the training in gynaecologic oncology.

The Curriculum describes qualitative and quantitative criteria to be met for certification. After having signed up for the fellowship programme, it is the responsibility of the *subspecialty trainee for gynaecological oncology*, also called 'the fellow', to document all training details, make sure the appropriate documents are completed and signed off by the appropriate parties, and, finally, submit them to ESGO.

The Curriculum requires modular training with systematic and structured assessments, and these should be recorded prospectively, i.e., continuously updated throughout the training. At the same time, these assessments should be evaluated according to the principles of competence-based training in order to provide immediate feedback to both the fellow and the training supervisors for appropriate corrections if required.

The online portfolio allows adequate monitoring of progress in competence-based training. As such, it is not only an indispensable instrument to guide the fellow as objectively as possible through the training programme, it also ensures patient safety because deficits in training can immediately be detected and corrected.

Use of the portfolio

In order to evaluate training progress properly, it is essential that the portfolio will be systematically and continuously (prospectively) completed, starting from the very beginning of training. It is part of summative assessments to check and discuss adequate completion of the portfolio. Missing items should be noticed and added.

Descriptive data can be entered by the fellow and corrected at any time. Assessments, on the other hand, are to be signed off by an Educational Supervisor.

Access

Depending on national regulations, the portfolio contains information that will be available at any time for both the fellow as well as the Educational Supervisor(s) and the Educational Programme Director. To this end, all that require access will be able to log in to the portfolio using their personal login data. If the online portfolio is not available, the fellow needs to keep a paper version available at all times.

LOG IN DETAILS

Login name: ……..

Login code: ……..

TRAINEE DETAILS

Personal Details

Last name: ……..
Given name: ……..
Date of birth: DD/MM/YY
Gender: M/F/other

Contact details

Home address:
- street, house number: ……..
- town: ……..
- postal code: ……..
- country: ……..

Mobile phone number: ……..
Email: ……..

Training history

Curriculum vitae: to be uploaded here
National medical registration number: .....
General Ob/Gyn training
Institution(s)
Hospital Name: .....
Department: .....
Town: .....
Country: .....
Period (DD/MM/YY): from ..... till.....
(add more if necessary)

Specialist registration date (DD/MM/YY): ..... (upload certificate here)

Colposcopy course (not mandatory), date of certification (DD/MM/YY): …… (upload certificate here)

SUBSPECIALTY TRAINING FOR GYNAECOLOGICAL ONCOLOGY DETAILS

Hospital Name: .....
Department: .....
Town: .....
Country: .....

Training Programme Director
Name: .....
Email address: .....

Educational Supervisor(s)
Name: .....
Email address: .....
(add more supervisors if needed)

Training Programme: to be uploaded here
Training period (DD/MM/YY): From: ..... To: .....
(add more institutions if needed)

ESGO Exam date (DD/MM/YY): ..... (upload certificate here)

TRAINING ASSESSMENTS: Summative assessments

Summative assessments should be performed at least yearly and evaluated by the Educational Supervisor together with the fellow. However, it is strongly recommended that these assessments be held every half year.

Self-assessment:
This assessment should be completed PRIOR to the evaluation with the Educational Supervisor and should be completed by the fellow him/herself.

SELF ASSESSMENT *Competence-based assessment*		
Date (DD/MM/YY)		
ACGME Outcome	**Learning target**	**Competence level:** 1.None 2. Some 3. Full competence
Practice-based learning and improvement	Identify personal limits	
	Set learning goals	
	Identify and perform appropriate learning activities	
	Incorporate formative evaluation feedback into daily practice	
	Adequate use of scientific evidence	
	Adequate use of information technology	
	Participation in education	
Patient care and procedural skills	Adequate gathering of information	
	Adequate synthesis of findings	
	Partnership with patients and family	
Systems-based practice	Work effectively in health care system	
	Consider cost-effectiveness	
	Consider quality of care	
	Consider and identify patient safety issues, including identifying system errors	
Medical knowledge	Knowledge and application of EBM	
	Knowledge about the principles of clinical trials	
	Knowledge of protocols/guidelines. Patient info sheets (being responsible for one of these as end target)	
	Papers and/or presentations	
	Successfully attended courses:	
	- teach-the-teacher course	
	- course for leadership/management	
	Attendance of national conference/meetings	
	Attendance of international meetings	
	Membership of ENYGO/ESGO	yes/ no
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	
	Communication with patients and family	
	Discussing bad news/resuscitation	
	Work effectively as a member or leader of a team	
	Act in a consultative role	
	Maintain comprehensive, timely and legible medical record	

ACGME Outcome	Learning target	**Competence level:** 1.None 2. Some 3. Full competence
Professionalism	Handling oncological patients	
	Handling grief and emotions	
	Recognition of pathological grief	
	Handling religious and other convictions	
	Monitoring and comparing results of clinical care, up to being responsible for clinical audit (latter end target)	
	Knowledge and use of the complication and mortality register	
	Self-reflection	
Points for improvement		

(add up to at least three assessments during the training)

Multi-source feedback by the training team:

Evaluation *by at least two (2) wider multidisciplinary team members* other than the Educational Supervisor (nurses, surgeons, anaesthetists, medical or radiation oncologists, etc.) to be completed either directly by the team member or by the fellow or copying a printed version. In order for the team member to complete it directly, the fellow must log in to the online system first for them.

Circle the number that indicates how characteristic each behaviour below is of the resident.

MULTI-SOURCE FEEDBACK (MSF)									
Name of member									
Role in team									
Date (DD/MM/YY)									
	NOT AT ALL CHARACTERISTIC			CHARACTERISTIC			HIGHLY CHARACTERISTIC		
Professionalism									
Responsibility	Accepts responsibilities willingly; follows through on tasks carefully and thoroughly; is dependable and industrious; responds to requests in a helpful and prompt manner								
	1	2	3	4	5	6	7	8	9
Scope of practice	Recognises limits of his/her abilities; asks for help when needed; refers patients when appropriate; exercises authority accorded by position and /or experience								
	1	2	3	4	5	6	7	8	9
Patient needs	Responds to each patient's unique needs and characteristics by being sensitive to issues related to patient culture, age, gender and disabilities; provides equitable care regardless of patient culture or socioeconomic status								
	1	2	3	4	5	6	7	8	9
Integrity and ethical behaviour	Takes responsibility for actions; admits mistakes; puts patient needs above own interests; recognises and addresses ethical dilemmas and conflicts of interest; maintains patient confidentiality								
	1	2	3	4	5	6	7	8	9
Interpersonal & Communication Skills									
Relationship-building	Establishes rapport with patients and their families; demonstrates care and concern; is respectful and considerate; provides reassurance; manages difficult patient/family situations								
	1	2	3	4	5	6	7	8	9
Team interaction	Demonstrates courtesy to and consideration of consultants, therapists, physicists, & other team members; provides timely updates; invites others to share their knowledge and opinions; negotiates & compromises when disagreements occur								
	1	2	3	4	5	6	7	8	9

Remarks									
	UNSATISFACTORY			SATISFACTORY			SUPERIOR		
Overall rating	1	2	3	4	5	6	7	8	9
Please explain "not at all characteristic" ratings:									
The fellow and Supervisor will discuss this evaluation and the fellow's overall performance in the programme, and ways to improve performance if and as needed.									

(More evaluations to be added according to the number of assessors; completed paper versions to be uploaded here)

Evaluation by the Educational Supervisor

The summative evaluation should be performed at least yearly, but preferably half yearly or more often if necessary, and should at least entail:

- *A competency-based assessment*
- *An assessment of level of proficiency*
- *An evaluation of educational activities*
- *An evaluation of research activities*
- *Identification of specific training objectives for the next phase*

EVALUATION BY EDUCATIONAL SUPERVISOR *Competency-based assessment*		
Name of Supervisor		
Date (DD/MM/YY)		
ACGME Outcome	**Learning target**	**Competence level** 1.None 2.Some 3. Full competence
Practice-based learning and improvement	Identify personal limits	
	Set learning goals	
	Identify and perform appropriate learning activities	
	Incorporate formative evaluation feedback into daily practice	
	Adequate use of scientific evidence	
	Adequate use of information technology	
	Participation in education	
Patient care and procedural skills	Adequate gathering of information	
	Adequate synthesis of findings	
	Partnership with patients and family	
Systems-based practice	Work effectively in the health care system	
	Consider cost-effectiveness	
	Consider quality of care	
	Consider and identify patient safety issues, including identifying system errors	
Medical knowledge	Knowledge and application of EBM	
	Knowledge about the principles of clinical trials	
	Knowledge of protocols/guidelines/patient info sheets (being responsible for one of these as end target)	
	Papers and/or presentations	
	Successfully attended courses:	
	- teach-the-teacher course	
	- course for leadership/management	
	Attendance of national conference/meetings	
	Attendance of international meetings	
	Membership of ENYGO/ESGO	yes/ no

ACGME Outcome	Learning target	**Competence level** 1.None 2.Some 3. Full competence
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	
	Communication with patients and family	
	Discussing bad news/resuscitation	
	Work effectively as a member or leader of a team	
	Act in a consultative role	
	Maintain comprehensive, timely, and legible medical records	
Professionalism	Handling oncological patients	
	Handling grief and emotions	
	Recognition of pathological grief	
	Handling religious and other convictions	
	Monitoring and comparing results of clinical care, up to being responsible for a clinical audit (latter end target)	
	Knowledge and use of the complication and mortality register	
	Self-reflection	

(add at least up to three assessments)

EVALUATION BY EDUCATIONAL SUPERVISOR *assessment of level of proficiency*			
Name of supervisor			
Date (DD/MM/YY)			
Medical skills		**Competency level** 1. Passive 2. Direct supervision 3. Some supervision 4. Without supervision 5. Supervises/ teaches	**Cumulative Number** At levels 4–5
Module	*Learning target*		
ORGAN-SPECIFIC			
Uterine cancer	Diagnostic and therapeutic plan		
	Surgery for low-risk cancer		
	Radical surgery for high-risk		
	Weighing treatment options and morbidity		
	Fertility-sparing treatment		
Ovarian & tubal cancer	Diagnostic and therapeutic plan		
	Systematic use of US and tumour markers		
	Surgical radical treatment		
	Organising MDT		
	Follow-up		
Cervical cancer	Knowledge of prevention		
	Diagnostic and therapeutic plan		
	Surgical (radical) treatment		
Vaginal cancer	Diagnostic and therapeutic plan		
	Radical surgical treatment		
Vulvar cancer	Diagnostic and therapeutic plan		
	Description and drawing of vulvar situation		
	Excision biopsy		
	Local excision		
	Radical surgery for vulvar cancer		
GTD	Recognition and diagnosis of GTD/GTN		
	Surgical and medical treatment of GTD		
	Treatment plan for GTN		
GENERIC			
Gyn.onc. surgery	Gyn.onc anatomical knowledge		
	Recognition and treatment of surgical complications		
	Specific surgical skills:		
	- hysterectomy for uterine cancer		
	- radical hysterectomy		
	- radical trachelectomy		
	- (radical) parametrectomy		
	- pelvic lnd (open)		
	- pelvic lnd (laparoscopically)		
	- pelvic SN (open)		
	- pelvic SN (laparoscopically)		
	- lumbo-aortic lnd (open)		
	- lumbo-aortic lnd (laparoscopically)		
	- local wide/radical excision vulva		
	- inguino-femoral lnn evaluation		
	- (radical) colpectomy		

	- creation neovagina		
	- infra+supracolic omentectomy		
Medical skills		**Competency level** 1. Passive 2. Direct supervision 3. Some supervision 4. Without supervision 5. Supervises/ teaches	**Cumulative Number** At levels 4–5
Gyn.onc. surgery	- cytoreductive surgery		
	- laparoscopic assessment ov.ca.		
	- laparoscopic insertion IP catheter		
	- exenteration		
	- LLETZ/LEEP of cervix		
	- enterostomy		
	- cytologic biopsy (FNA)		
	- histologic biopsy (Tru-cut)		
Urologic surgery	- urinary deviation		
	- recognition and dissection ureter		
Reconstr. surgery	Recognising need for plastic surgery		
	Treatment of wound complications		
Systemic therapy	Pharmacological knowledge of cytostatic agents		
	Knowledge of indications		
	Acquaintance with clinical trials		
	Knowledge of mechanisms of targeted therapy		
Radiotherapy	Knowledge of radiation and nuclear medical principles		
Palliative & supportive care	Indications for palliative care		
	Prescribing pain medication		
	Holistic approach to the symptoms and worries of the cancer patient and family		
Genetics	Knowledge of familial cancer syndromes		
	Counselling mutation carriers		
	Knowledge of preventive measures and their consequences		
	Knowledge of genes involved in oncogenesis		
	Knowledge of molecular targets for treatment		
Pathology	Knowledge of pathophysiology		
	Knowledge of gynaecological tumour classification and staging		
Peri-op. care	Knowledge and application of ERAS principles		

EVALUATION BY EDUCATIONAL SUPERVISOR *Assessment of educational activities*	
Name of supervisor	
Date (DD/MM/YY)	
Verdict	**Issues**
What went well?	
What could be improved?	

EVALUATION BY EDUCATIONAL SUPERVISOR *Assessment of research activities*	
Name of supervisor	
Date (DD/MM/YY)	
Verdict	**Issues**
What went well?	
What could be improved?	

EVALUATION BY EDUCATIONAL SUPERVISOR *Summary and training plan*	
Name of supervisor	
Date (DD/MM/YY)	
	Verdict/Issues
Summary 1. Below expected level 2. At expected level 3. Above expected level	
Specific training objectives for the next phase	
Final remark(s) by fellow	
Agreement with summary of evaluation (both the fellow and the Educational Supervisor sign to witness that this summary is correct)	
Electronic signature fellow	Log in here
Electronic signature Supervisor	Log in here

(more assessments to be repeated as required)

TRAINING ASSESSMENTS: Formative assessments

Per module and procedure, the required number of structured assessments need to be performed and approved by both the fellow and the Educational Supervisor/assessor.

ESGO recommends:
- Evaluating *knowledge* using the ACGME competency assessment
- Evaluating *surgical skills* using OSATS

These recommended and validated assessment tools are available online within this portfolio and these are supported by real-time evaluation algorithms allowing progress to be followed. Other validated assessment tools may also be used, but they need to be uploaded or recorded in an open field and the assessment forms (either in print or digital) need to be uploaded.

COMPETENCY ASSESSMENT *ACGME outcomes checklist*		
Name assessor		
Date (DD/MM/YY)		
Module/ tumour type		
ACGME Outcome	**Learning target**	**Competence level** 1. None 2. Some 3. Full competence
Practice-based learning and improvement	Identify personal limits	
	Set learning goals	
	Identify and perform appropriate learning activities	
	Incorporate formative evaluation feedback into daily practice	
	Adequate use of scientific evidence	
	Adequate use of information technology	
	Participation in education	
Patient care and procedural skills	Adequate gathering of information	
	Adequate synthesis of findings	
	Partnership with patients and family	
Systems-based practice	Work effectively in the health care system	
	Consider cost-effectiveness	
	Consider quality of care	
	Consider and identify patient safety issues, including identifying system errors	
Medical knowledge	Knowledge and application of EBM	
	Knowledge about the principles of clinical trials	
	Knowledge of protocols/guidelines/patient info sheets (being responsible for one of these as end target)	
	Papers and/or presentations	
	Successfully attended courses:	
	- teach-the-teacher course	
	- course for leadership/management	
	Attendance of national conference/meetings	
	Attendance of international meetings	
	Membership of ENYGO/ESGO	no/yes

ACGME Outcome	Learning target	Competence level 1. None 2. Some 3. Full competence
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	
	Communication with patients and family	
	Discussing bad news/resuscitation	
	Work effectively as a member or leader of a team	
	Act in a consultative role	
	Maintain comprehensive, timely, and legible medical records	
Professionalism	Handling oncological patients	
	Handling grief and emotions	
	Recognition of pathological grief	
	Handling religious and other convictions	
	Monitoring and comparing results of clinical care, up to being responsible for a clinical audit (latter end target)	
	Knowledge and use of the complication and mortality register	
	Self-reflection	
Agreement with assessment (both the fellow and the Educational Supervisor sign to witness that the assessment has correctly been documented)		
Signature fellow	Log in here	
Signature assessor	Log in here	

(more assessments to be repeated as required)

SKILLS ASSESSMENT *(using principles of OSATS, Mini CEX, or CBD)*						
Supervisor's name						
Supervisor's role						
Date (DD/MM/YY)						
Clinical setting	Outpatient/inpatient/acute admission/theatre/other					
Procedure/case						
Relevant clinical details						
Focus	Technical skill/record keeping/clinical assessment/management/ professionalism					
Complexity	Basic/intermediate/advanced					
Overall performance						
If another specific type of assessment tool has been used upload (and discard following items)	Here					
ASSESSMENT	**SCORE** (tick appropriate box) On a scale from 1 (inadequate) to 5 (up to standards), or not applicable					
	1	2	3	4	5	n.a.
Safety considerations						
Documentation						
Tissue handling						
Dealing with problems/difficulties						
Economy of movement						
Forward planning						
Selection of instruments/equipment						
Communication with staff						
Technical ability						
Use of assistants						
Peri-operative planning (e.g. positioning)						
Communication with patients/relatives						
Checking equipment/environment						
Verdict	**Issues**					
What went well						
What could have gone better						
Fellow's reflection						
Learning plan						
Overall performance	Competent/working towards competency					
Agreement with assessment (both the fellow and the Educational Supervisor sign to witness that the assessment has correctly been documented)						
Signature fellow	Log in here					
Signature supervisor	Log in here					

(Add more lines as needed)

DOCUMENTATION OF SURGICAL PROCEDURES

Procedure:	Access: - open - minimally invasive	Date of surgery:	Tumour type: - vulva - cervix - endometrium - ovary/tube - trophoblast - metastatic - other	Surgical role: - surgeon - assistant - observer	Supervisor:	Structured assessment: (e.g., OSATS) - yes - no

(Add more lines as needed)

DOCUMENTATION OF PROFESSIONAL POSTGRADUATE EDUCATION

Starting date: (DD/MM/YY)	Title: Course/ Symposium/Congress/Lecture	Venue:	Role: - participant - oral presenter - poster presenter - organiser - other	CME: No. of points	Certificate: Upload
					here
					here
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					here
					here
					here

(Add more lines as needed)

DOCUMENTATION OF PUBLICATIONS

Position in authorship: - first author - co-author - senior (last) author	Journal:	Day of first pub. (DD/MM/YY)	Title: + DOI

(Add more lines as needed)

12. Addenda

12.1 Abbreviations

ABOG	The American Board of Obstetrics and Gynaecology
ACGM	Accreditation Council for Graduate Medical Education: Six core competencies: 1. Practice-Based Learning and Improvement, 2. Patient Care and Procedural Skills, 3. Systems-Based Practice, 4. Medical Knowledge, 5. Interpersonal and Communication Skills, 6. Professionalism
APSS	Assessment of Procedural and Surgical Skills
CanMEDS	Canadian College of Physicians score: Core competencies in seven roles: 1. Medical Expert (the integrating role), 2. Communicator, 3. Collaborator, 4. Leader, 5. Health Advocate, 6. Scholar, 7. Professional
CBD	Clinically Based Discussion
EBCOG	European Board & College of Obstetrics and Gynaecology
EBM	Evidence-Based Medicine
ENYGO	European Network of Young Gynaecological Oncologists
ERAS	Enhanced Recovery After Surgery
ESGO	European Society of Gynaecological Oncology
FNA	Fine-needle aspiration
GRITS	Global Rating Index for Technical Skills (Doyle, Am J Surg 2007)
GTD	Gestational Trophoblastic Disease
GTN	Gestational Trophoblastic Neoplasm
IP	Intra-peritoneal
LMIC	Low- and middle-income countries (according to the World Bank)
LND	Lymph node dissection
LN(N)	Lymph node(s)
MDT	Multidisciplinary Team
Mini-CEX	Mini-Clinical Evaluation Exercise
NVOG	Nederlandse Vereniging voor Obstetrie en Gynaecologie
OSATS	Objective Structured Assessment of Technical Skill (Martin e.a., Br J Surg 1997)
PACT	Project for Achieving Consensus in Training
PBLI	Practice-based learning and improvement
RANZOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RCOG	The Royal College of Obstetricians and Gynaecologists
SOP	Standard Operational Procedure
STSAF	Structured Technical Skills Assessment Form (Winckel e.a., Am J Surg 1994)
TPN	Total Parenteral Nutrition

12.2 Assessment tools

12.2.1 OSATS

Structured assessments:			
Objective Structured Assessment of Technical Skills (OSATS)			
Fellow's name: Year of training: *1/2/3*	Supervisor's name: Supervisor's function:	Date:	Procedure: Clinical details and complexity: Degree of difficulty: *Basic/intermediate/advanced*

This assessment is tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed:
competent or working towards competence.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed at the end of this section.

For the trainee to be considered **competent** in the observed procedure, it would generally be expected that:

- The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

For the trainee considered to be **working towards competence** it would generally be expected that:

- The trainee required significant help throughout or with the majority of steps.
- The trainee was unable to perform any of the necessary procedures to be safe and competent at this stage.

This trainee performed this observed procedure competently*

This trainee is working towards competence in this procedure*

*Delete as appropriate

Please provide written feedback for the trainee regarding their performance in the box provided at the end of this section in addition to your direct verbal feedback.

The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning, e.g., positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

Feedback:

What went well?
What could have gone better?
Learning plan:

Fellow's signature: **Supervisor's signature:**

12.2.2 Case-based discussion

Structured assessments:			
Case-based discussion (CBD) supervised learning event			
Fellow's name: Year of training: *1/2/3*	Supervisor's name: Supervisor's function:	Date:	Brief case description: Clinical setting: *Outpatient / acute admission / inpatient / other* Focus of clinical encounter: *Record keeping / clinical assessment / management / professionalism* Complexity: *Basic/intermediate/advanced*

This is a **formative** tool to provide feedback to the fellow about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in the box below) that you feel will enhance training and future learning. There is **NO** overall judgement relating to competence for this event.

Areas to consider:

1. Clinical record keeping (completeness, legibility, information sharing)
2. Clinical assessment (interpretation of clinical findings, "putting it all together")
3. Investigation and referrals (appropriate tests and referrals for case, rationale demonstrated)
4. Management (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate advice sought)
5. Follow-up and future planning (linking current problem to future needs, rationale for follow-up)
6. Professionalism (respectful, logical approach to problem-solving, diligent and self-directed approach to patient and learning needs)

Feedback

What went well?

What could have gone better?

Learning Plan

Fellow's signature: **Supervisor's signature:**

Fellow's Reflection:

12.2.3 Mini clinical evaluation exercise

Structured assessments:			
Mini Clinical Evaluation Exercise (CEX) Supervised Learning Event – Gynaecology			
Fellow's name: Year of training: *1/2/3*	Supervisor's name: Supervisor's function:	Date:	Brief case description: Clinical setting: *Outpatient / acute admission / inpatient / other* Focus of clinical encounter: *Record keeping / clinical assessment / management / professionalism* Complexity: *Basic/intermediate/advanced*

Areas to consider (there may be others as well):

1. History-taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient-friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback

What went well?

Learning Plan:

What could have gone better?

Fellow's signature: **Trainer's signature:**

Fellow's Reflection:

12.3 Application form for certification

APPLICATION FORM

Certification of European Gynaecological Oncologist

PART I

Application Form

To be filled in before the start of accredited training

1. Fellow:

Name of Fellow		
Date of Birth (dd/mm/yy)		
Date of medical degree		
Date of recognition as an Ob/Gyn specialist		
Private telephone:		**Email:**

2. Institution:

Institution/Hospital		
Department of training		
Full address institution:		
Website of the institution:		
Nr of ESGO accredited training positions in the department:		
National accreditation:		
Telephone institution:		**Email**
Head of the Department (name):		
Telephone		**Email**
Training Programme Director:		
Telephone		**Email**

Intended period of fellowship:

From:	To:

Declaration that the fellow will follow the proposed programme:

Place: Date: Place: Date:

_____ _____

Signature of fellow Signature of supervisor

PART II

Fellow's report and application for recognition

To be filled after completing the accredited training

Period of fellowship:

From:	To:

List any changes in the original programme:
Please separately include a copy of the eLogbook.

Declaration that the fellow has fully attended the fellowship programme:

Place: Date: Place: Date:

_____ _____

Signature of fellow Signature of supervisor

12.4 Members of the Curriculum Revision Committee

Prof. emer. René H.M. Verheijen, gynaecological oncologist, France (Committee Chair)
Dr. Kamil Zalewski, fellow in gynaecological oncology, Poland
Dr. Annamaria Ferrero, gynaecological oncologist, Italy
Dr. Rasiah Bharathan, gynaecological oncologist, United Kingdom
Dr. Jordi Ponce, gynaecological oncologist, Spain
Dr. Angela Mělo, fellow in gynaecological oncology, Italy
Dr. Dimitrios Haidopoulos, gynaecological oncologist, Greece
Dr. Gloria Cordeiro Vidal, fellow in gynaecological oncology, Spain
Prof. Ranjit Manchanda, gynaecological oncologist, United Kingdom
Dr. Annalisa Tancredi, gynaecologist, representative of EBCOG, Italy

12.5 Delphi questions

To start the new Curriculum development, Delphi rounds of questionnaires were held among the existing training centres. Questions were based on the existing curriculum and on the basis of other available national curricula (the abbreviations behind the answers refer to the curricula where these alternatives constituted a consensus).

The results of their answers formed the basis for the new curriculum. Briefly, an 80% consensus amongst the centres was necessary for a consensus in yes/no questions. Where more alternatives were possible, those chosen in at least 60% of answers were deemed to constitute a consensus. Questions where no consensus was reached during the first round were sent again.

QUESTION 1
Next to teaching on each of the specific gynaecological oncological diseases and their (surgical) treatment, the fellowship program should instruct in at least the areas of
1. (General and colorectal) surgery [RCOG, RANZOG, ABOG]
2. Urologic surgery [RCOG, RANZOG, ABOG]
3. Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]
4. Radiotherapy [RCOG, RANZOG, ABOG]
5. Palliative care [RCOG]
6. Clinical cancer genetics [RCOG]
7. Pathology (including immunology) [RANZOG]

QUESTION 2
Although instruction in many fields adjacent to gynaecological oncology may take place during and as part of the training in gynaecological oncology, modules of a maximal three (3) months [RANZOG] are COMPULSORAY for (more than one answer possible):
- (General and colorectal) surgery [RCOG, RANZOG, ABOG]
- Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]

QUESTION 3
Duration of modules in adjacent subspecialties should be:
- At least a total of six (6) months for the total of the electives

QUESTION 4
Although instruction in many fields adjacent to gynaecological oncology may take place during and as part of the training in gynaecological oncology, electives of a maximal three (3) months [RANZOG] are OPTIMAL [RANZOG] for (more than one answer possible):
1. General/generic surgery [RCOG, RANZOG, ABOG]
2. Colorectal surgery [RCOG, RANZOG, ABOG]
3. Vascular surgery [ABOG]
4. Urologic surgery [RCOG, RANZOG, ABOG]
5. Plastic surgery and wound care [RCOG]
5. Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]
6. Radiotherapy [RCOG, RANZOG, ABOG]
7. Radiology [(including nuclear medicine) RCOG]
8. Palliative care [RCOG]
9. Clinical cancer genetics [RCOG]
10. Pathology (including immunology) [RANZOG]
11. Management and leadership
12. None

QUESTION 5
Within modular training deconstruction of procedures is essential; therefore, assessment should not only take place per procedure, but also for segments of (selected) procedures separately (e.g., ureteric tunnel dissection) [RANZOG]
- Yes, modules should be defined, described and assessed within selected complex procedures separately (details t.b.d.).

QUESTION 6
The portfolio system implies that parts of the training program may take place outside the period of formal fellowship, e.g., as part of an elective within the general training. [EBCOG-PACT], as long as those parts have been followed inside an accredited facility.
- Yes, modules that may be passed before the actual start of a fellowship (but within an oncological elective) will be defined

QUESTION 7
In order to be eligible for recognized training (i.e., obtain the ESGO-EBCOG Certificate), the training programme should be followed:
- For at least a period of one (1) year in an ESGO-accredited centre [ESGO] and the remainder in either another European ESGO-recognised centre or an otherwise nationally recognised accredited centre outside Europe

QUESTION 8
All assessment should be competence-based, i.e., on competency roles or domains (e.g., CanMEDS/ACGME) and on competence levels (1–3/5) [RCOG].
- Yes

QUESTION 9
The domains of core competencies for the purpose of the ESGO curriculum will be defined according to:
- ACGME (Accreditation Council for Graduate Medical Education)
  i.e., six (6) core competencies
  1. Practice-based learning and improvement
  2. Patient care and procedural skills
  3. Systems-based practice
  4. Medical knowledge
  5. Interpersonal and communication skills
  6. Professionalism

QUESTION 10
Competence levels for the purpose of the ESGO Curriculum should be divided into:
- five (5) levels, i.e.,
  - 1 (passive assistance/knowledge of)
  - 2 (perform under direct supervision)
  - 3 (perform with some supervision)
  - 4 (perform without supervision)
  - 5 (perform and supervise/teach)

QUESTION 11
OSATS are required for assessment of surgical skills [RCOG]?
- Yes, but other validated assessment tools may also be used to complete the portfolio (e.g., APSS [RANZOG], GRITS, STSAF)

QUESTION 12
A minimal total number of formal assessments of surgical skills (such as OSATS) on complex procedures should be required. [RCOG]. This minimal number should be per:

- Any type of radical/complex procedure (t.b.d.), with at least two (2) assessments on the required end-level (summative assessment) for each of these procedures
(Q: index procedures should be defined and we should consider whether there is also a spatial/time limit within which assessments should be accomplished (see also Q. 14) and finally reached the end-level)

QUESTION 13
The minimum number of (formative) assessments required per year is:
- At least three (3) formative assessments for each of the procedure-defined modules

QUESTION 14
The minimum number of assessments required per (selected) procedure is:
-At least two (2) summative assessments should be made for all procedures by two (2) assessors

QUESTION 15
A multi-source feedback (MSF), including a self-assessment of the trainee, is required at least once a year [RANZOG]
- Yes

QUESTION 16
A multi-source feedback (MSF) of the training team is required at least once a year.
- Yes

QUESTION 17
The curriculum describes the clinical training [RANZOG, RCOG] (as opposed to research training [ABOG])
-Yes

QUESTION 18
The formal established curriculum program should cover at least two (2) years of training and at the most:
- Three (3) years of full-time equivalent training

QUESTION 19
The use of a portfolio implies that the time to acquire the necessary elements may vary between individuals, depending on exposure, skills, personal circumstances and employment.
The portfolio/training of an individual trainee should be completed within:
- Four (4) years

QUESTION 20
Research should be part of the training programme to the extent of at least one (1) peer-reviewed paper as first or senior author.
- Yes

QUESTION 21
Modules/issues that may be covered (expected level of competence 'can manage/perform independently') during an elective as European-wide defined for general training [EBCOG-PACT] are [NVOG]:
1. General assessment of an oncological patient
2. Peri-operative care
3. Diagnostic laparoscopy
4. Ovarian cystectomy
5. Hysteroscopy
6. Small vulvar procedures
7. Loop excision/conisation of the cervix

8. Hysterectomy for early stage endometrial cancer
10. Histological sampling (Tru-cut biopsy/incisional biopsy)
11. Assessing and planning management of gynaecological tumours
12. Knowledge of cancer genetics
13. Knowledge of palliative care
14. General knowledge of oncological pathology

QUESTION 22
Minimal invasive surgery is part of the armamentarium of the gynaecological oncologist. At the end of training, a gynaecological oncologist should be able to perform independently.
-In principle only selected radical procedures, i.e., pelvic lymph node dissection (t.b.d.)

QUESTION 23
Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for training in complex laparoscopic procedures.
- Yes

QUESTION 24
Simulation training (virtual, animal model, cadaver) should also form part of surgical training for open procedures (as it is for laparoscopic procedures).
- Yes

QUESTION 25
A written exam, i.e., the ESGO Exam, is part of the Curriculum and should be:
- Compulsory

QUESTION 26
An oral exam is part of the Curriculum and should be:
- Not required

QUESTION 27
Next to competence-based assessment, volume criteria need to be defined.
- For both surgical and other skills

QUESTION 28
If volume criteria are important, they should be defined for (more than one answer possible):
- Selected specific procedures (e.g., debulking, radical hysterectomy, etc.)

QUESTION 29
Volume criteria may not be universally sustainable, therefore:
- For certification, training should include a defined number per a limited number of procedures.

QUESTION 30
Pre-malignancies should be part of the training spectrum of a gynaecological oncologist and is not compulsory for general gynaecological training.
- Yes

QUESTION 31
During the fellowship, a real time portfolio (i.e., not completed only at the end of the training, but after completion of each element/procedure) must be kept of modules followed and cases performed together with the assessments. The portfolio should preferably be accessible online.
- Yes

QUESTION 32
The logbook should contain documentation of levels of proficiency/competency (see question 9) at least once a year.
- Yes

QUESTION 33
Criteria for training centres should be defined on basis of the curriculum and ensure adequate exposure by also defining a minimal number of trainers and procedures.
- Yes

QUESTION 34
Volume criteria for centres should include a minimal case load:
- Of at least 150 new patients with a gynaecological cancer diagnosis per year [ESGO-EBCOG]

QUESTION 35
Volume criteria for centres should include a minimal number of radical procedures:
- Of at least 100 per year [ESGO-EBCOG]

QUESTION 36
If a centre cannot fulfil the criteria, specified procedures or skills may be learned in an affiliated hospital (which then needs also to be assessed):
- Yes

QUESTION 37
The minimal number of radical procedures should include both open and laparoscopic cases for at least all pelvic procedures.
- Yes

QUESTION 38
Qualitative criteria for accreditation should include:
1. Availability of data-managers
2. All staff has at least once in the five (5) years prior to accreditation participated in a train-the-trainers course
3. Radiotherapy should be available in the hospital
4. Radiotherapy should be available in the or in a affiliated hospital
5. All new cases should be discussed in a multidisciplinary team
6. Availability of theatres equipped for teaching both open and minimal invasive surgery.
7. Specialized oncology nurses should be part of the clinical (ward) as well as out-patient team.
8. The hospital should have a post-graduate teaching programme across all oncological specialties.

QUESTION 39
Accreditation of a centre should be valid for:
- Five (5) years (ESGO-EBCOG)

QUESTION 40
Re-accreditation of a centre can be on paper (without an onsite visit):
- Twice, each time after five (5) years (ESGO)

QUESTION 41
Assessment at re-accreditation of a centre should include:
1. Review of the number and performance of fellows in the past period
2. Structured feedback on paper from the fellows and trainers (details t.b.d.)

QUESTION 42
The accreditation committee can decide to grant conditional accreditation (e.g., if recommendations are being made that should be fulfilled within the normal period of validation) for a period less than the normal period of validation:
- Yes

QUESTION 43
Re-accreditation may take place
- After review of an on-paper application

QUESTION 44
The accreditation committee can decide to advise the Council to withdraw accreditation due to exceptional circumstances before the normal expiration date of the accreditation
- Yes

13. Recommended resources

Aim:
To list resources which will be useful to the trainee during his/her fellowship

Societies	E-learning	Journals	Textbook
ENYGO European Network of Young Gynae Oncologists (ENYGO) https://enygo.esgo.org/	ESGO eAcademy https://www.esgo.org/explore/eacademy/ LiFE report on literature https://enygo.esgo.org/discover/publications/		ESGO, Textbook of Gynaecological Oncology
ESGO www.esgo.org	ESGO Masterclass	International Journal of Gynaecological Cancer	
	ESGO Webinars and lectures		
	ESGO Guidelines		
ESMO European Society of Medical Oncology www.esmo.org	ESMO Guidelines		
BGCS British Gynaecological Cancer Society www.bgcs.org.uk	BGCS Webinars		
IGCS International Gynaecologic Cancer Society www.igcs.org			
SGO Society of Gynaecologic Cancer www.sgo.org		Gynaecologic Oncology	
SERGS Society Of European Robotic Gynaecological Surgery www.sergs.org			
	Braat NG & Veldhuis WB. Gynaecologic Cancer, Staging Atlas. (application)		Bereck J & Hacker N, Textbook – Practical Gynaecological Oncology
		Journal of Gynaecologic Oncology	
		Journal of Clinical Oncology	
		JAMA Oncology	
		Lancet	
		New England Journal of Medicine	
		British Medical Journal	
		British Journal of Obstetrics & Gynaecology	
		American Journal of Obstetrics & Gynaecology	
		European Journal of Gynaecological Oncology	