ESGO European Society of Gynaecological Oncology	**ESGO Accreditation in Training SOPs**	
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1.Purpose

1.1. The aim of ESGO accreditation of centres in training in Gynaecological Oncology is to unify education of fellows in order to improve the quality of care of patients with gynaecological malignancies. The accreditation process is strictly defined, structured, controlled and individualized. As a consequence, next to clearly defined qualitative and quantitative requirements (lead down in the ESGO Curriculum) the ESGO accreditation process includes individual assessment of centres in the context of specific national circumstances (as are number of inhabitants, national organization of care, national quality control systems, etc).

1.2. ESGO seeks to ensure equitable access to accreditation for training by proactively reaching out to underrepresented regions or centres that may have fewer resources or may encounter impairments due to their local situation but still potentially meet the necessary training standards.

1.3. To be eligible for subspecialty training, a centre should comply with qualitative and quantitative criteria, as defined in the ESGO Curriculum that enable the fellows to be exposed to all aspects of care of patients with gynaecological malignancies (diagnostics, planning of treatment, surgical treatment, systemic treatment, radiologic treatment, follow-up, supportive and palliative care, publications and research).

*The **quantitative criteria** for a centre to be eligible for subspecialty training are:*

- *At least 150 new genital cancer cases per year*
- *At least 10 new vulvar cancer cases per year*
- *At least 100 radical surgery cases per year (all cancers), at least one (1) type of radical procedure performed by a minimally invasive approach, and at least 40 cytoreductive procedures per year. At least 60% of early endometrial cancers undergo minimally invasive surgery (MIS)*
- *Have at least 3 full-time equivalent (fte) gynaecological oncological consultants for the first fellow and at least 1 additional consultant for each additional fellow.*

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

- ***Availability of***
  - *a data manager,*

- *designated and qualified educational supervisor,*
- *radiotherapy,*
- *all cancer patients discussed at the MDT,*
- *MDT should include radiotherapy specialist, chemotherapy specialist, radiologist, pathologist,*
- *theatres equipped for teaching open and MI surgery,*
- *specialized oncology nurse(s),*
- *hospital-wide post-graduate teaching programme,*
- *internal quality control and audit system, mortality and morbidity registration and meetings,*
- *chemotherapy unit (or unit for systemic treatment),*
- *psycho-oncological care,*
- *nuclear medicine,*
- *access to plastic and reconstructive surgery,*
- *access to vascular surgery,*
- *palliative care,*
- *lymphoedema treatment,*
- *the department is part of regional and/or national network.*

- ***Provide adequate library, laboratory and other resources*** *to support subspecialty work, training and research.*

- ***Following organizational services are provided:***
  - *regular multidisciplinary consultations and tumour board meetings,*
  - *regular educational staff meeting,*
  - *participation in clinical trials,*
  - *yearly report of activity,*
  - *agreed evidence based and documented clinical policy of the management of gynaecological cancers, with regular revision of treatment protocols.*

- ***Provide the resources for a research*** *programme related to the subspecialty*

As proof of meeting the minimal requirements the **latest year report** or, if no year reports are published, a summary of the case load, staffing and research activities over the past year should be provided as per the relevant REDCap items.

For centres that provide the possibility for fellows to follow an **extended module** (currently 'Diagnostic & Interventional Ultrasound') additional requirements will need to be met, as defined for these modules in the ESGO Curriculum.

Of course at least one of the gynaecological oncological staff should be **member of ESGO**, if only to be able to access the Curriculum requirements and the REDCap on-line system.

1.4. The accreditation process will take into account the different resource levels. To ensure that lower-resource environments will not be disadvantaged compensatory solutions may be acceptable. If a centre **cannot comply** with some specific qualitative or quantitative criteria, two or more centres **in geographical proximity** may combine to provide a programme with all the required experience. In such case there should be a structured and established rotation of fellows to associated centres with mentors being available on all participating sites. Participating centres should all individually comply with the requirements for a centre and should be visited. Those centres should follow the same protocols and the same training program. Exceptionally non-compliance with some of the requirements may be compensated by excellence in other requirements, up to the discretion of the Working Group.

1.5. It is strongly recommended that the centre's positions for fellows are associated with **salary** or other forms of financial support for the fellows.

1.6. The centre should have a **local Training Programme** (provided in English at the time of application) that follows the ESGO Curriculum and is adapted to the local situation. If a national Training Programme is available, the minimal requirement remains that the local Training Programme is in compliance with the ESGO Curriculum. Thus, the ESGO Curriculum should always be implemented and adapted to the local situation, detailing e.g. a schematic summary of the local training schedule with rotations, the staff involved, tasks assigned to staff, and local rules for assessment.

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

1.7. In any case the use of the **ESGO eLogbook** is mandatory and should be completed by both the fellow and educational staff. Although the fellow is personally responsible for correct completion of the logbook, the Educational Supervisor should monitor this and direct the fellow, e.g. through the summative assessments.

1.8. All fellows in the centre applying for the accreditation should be **registered** at ESGO with the eLogbook. Centres that apply for re-accreditation should provide a list of ESGO fellows that have been trained in the period after first accreditation. Lack to produce such a list, e.g. in case no ESGO fellows were trained, immediately results in a refusal of the application. In this latter case a centre might opt for a new first time application.

2. Application

The Working Group on Accreditation in Training of the ESGO's Centre Accreditation Committee deals with the application process. The Working Group presents a report at each of the plenary meetings of the Accreditation Committee. In turn, the chair of this Committee presents a report to the ESGO Council on a regular basis. A list of accredited centres (as well as of trained certified fellows) is published at the ESGO web page.

Applications from all types of health care institutions are welcomed, including private and public hospitals, provided they comply with ESGO requirements.

In planning and conducting on-site visits, ESGO is committed to ensuring that all stakeholders can fully participate, regardless of language proficiency, technological resources, or financial limitations. ESGO encourages centres from low-resource settings to communicate any barriers they may face so that appropriate accommodations can be made to facilitate equal participation.

Applicants should use the REDCap on-line application facilities, accessible through the ESGO web site.

> *Applicants should ensure to complete fully the on-line application form and provide all required documents, notably a copy of the local Training Programme. The latter should contain details specifically applying to the applicant's institute, such as names and functions of staff involved, weekly working schedule, specification and planning (schedules) of modules and timing and tools for assessments.*
> *Incomplete submission will extend or even abort the application process.*

Applicants are strongly recommended to provide some additional information on training in their country in an optional section in REDCap:

- Is Gynaecological Oncological are specialized in your country?
- Is it expected that Gynaecological Oncological Care will be centralized soon?
- In how many centres are Gynaecological Oncological patients treated in your country?
- By which organisation are gynaecological oncology fellowships organized in your country?
- Name of board which recognizes Gynaecological Oncology training in your country?
- Is subspecialty training in your country organized by a professional society or by the government?

2.1. Initiation of an application

- Applicant provides the (Re)Application electronically via the ESGO webpage through the REDCap platform
- Applicants should fill out the Application form and all requested details. The local Training programme (including details of tutorship) and Latest Year Report or equivalent data, reflecting the quantitative requirements should be submitted through the REDCap platform.

2.2. Application for Re-accreditation

- Re-application follows the same procedures as the first application.
- Accredited centres should apply for re-accreditation at least 6 months before validation of the accreditation expires
- Applicant provides the re-application electronically via the ESGO webpage through the REDCap platform. In addition to standard requirements, the centre should specify actions taken to fulfil recommendations and improvements since the last accreditation visit.
- The re-applying centre should provide a list of ESGO fellows trained during the accredited period with dates of their training

2.3. Checking of formal eligibility and review of application

- At completion of the on-line application form the on-line system will automatically alert the chair and/or the co-ordinator of the Working Group that the application is ready for preview.
- The chair and/or co-ordinator of the Working Group will review the completeness and quality of the application by means of the on-line form destined for this purpose.
    - *The review will specifically take into account all ESGO requirements, incl. the minimal requirements on activity and appropriate medical staffing. Irrespective of the conclusion of the preview, the reviewer may add comments and suggestions that should be taken into account in the further process, including the actual site-visit.*
    - *Failure to provide all required documents and data or non-compliance with minimal ESGO requirements will lead to either a request for additional information or rejection.*
- The system will automatically alert the ESGO Office of the result of the preview.
- In case the reviewer has concluded to ACCEPTATION of the application, the system will automatically alert the ESGO Office that organisation of the site-visit can be started.
- In case of an INCOMPLETE or NON-COMPLIANT application, the system will automatically alert the ESGO Office that the application is:

- SUSPENDED and that the office should request additional information. After such information will have been received the reviewer will be alerted in order to reconsider the preview,

  or

- REJECTED, in which case the application should be discussed in the meeting of the Working Group. If the Working Group indeed decides to reject the application, this will communicate to the centre in writing by both the chair of the Working Group and the chair of the Accreditation Committee.

3. Hospital On-Site Visits

3.1. Appointment of visitors

- The visit is run by 2 visitors chosen and appointed by the Working Group on Accreditation in Training.
- Visitors are usually chosen between current or former members of the ESGO Council/Accreditation Committee (senior visitor) and the ENYGO Executive Group members or current/past ESGO fellow (early career visitor), but any ESGO/ENYGO member from a centre accredited for training may be appointed as a visitor.
- Visitors should be from other countries then the visited centre. (Only exceptionally, one of two visitors may be from the same country).

3.2. Coordination of dates

- The visit is coordinated by the ESGO Office and may be combined with any other ESGO audit.
- 2-3 dates proposed by visitors are consulted and coordinated with the applicant centre.
- If circumstances beyond control of either the hosting institute and/or ESGO do not allow a live, on-site visit to be conducted within 6 months of application a virtual pre-visit may be planned that may result in a temporary accreditation until such time that an on-site visit will be possible or for a shorter period to the discretion of the Working Group for Accreditation in Training.
- Recommended schedule of the on-site visit is:
- 1st day: evening: arrivals of visitors, stay overnight
  - 2nd day: 8:00-16:00: hospital visit, departures

- Recommended schedule of the tele-visit is:

- 13:00-16:30 Tele-visit
- 16:30-17:00 Drafting of the report by the visiting team

- The visited centre is responsible for booking the flight tickets and the accommodation of the visitors in case of an on-site visit. In case of a tele-visit the hosting centre will send a link of the platform to the ESGO Office and all participants to log in (once or multiple times), together with an explanation how to use the link. A private room for visitors' discussion should be provided.

3.3. Agenda and working papers

- ESGO Office provides these SOP's, including the visit schedule template (see 3.4):
- Visited centre provides the following documents to ESGO Office at the latest 2 weeks prior to the visit:
  - Agenda of the visit
  - Confirmation of hotel booking for visitors
  - Travel details (address of the hospital, how to get there etc.)
- One week prior to the visit, the ESGO Office provides:
  - Visitor's Package to visitors
  - Agenda of the visit
  - Hotel booking + travel information
  - Travel Expense Claim form (to be sent to centre after the visit)
  - Copy of first Visit report (in case of re-accreditation visit and if first visit report is not available in REDCap)

3.4. On-Site Audit

- In general, visitors are required to check for the availability and implementation of the requirements as outlined in the ESGO Curriculum. Specifically, attention will be paid to a healthy, encouraging and safe training environment. Also, equity, diversity and inclusivity efforts should be evaluated.
- The meeting should start in time and be prepared such that all programme requirements are being met.

  In the rare case that the visiting team will conclude that meeting circumstances and/or preparations are insufficient to start and complete the visiting programme the meeting will be cancelled. In such rare case the applicant centre will be responsible for all extra costs or arrangements for the visiting team. They will also need to re-apply for accreditation at a later date. In such case of a second delayed visit, the visiting team should and will take special notice of organisational skills of the centre's team.

- Typically seven hours is the minimum for an on-site hospital visit, 4 hours for a tele-visit, to go through all the necessary steps and details.
- The official language will be English. A translation service is recommended if communication barriers are to be expected between (particular) members of the centre and the visiting team.
- The visit should be attended by the head of the Gynaecological Oncology department and the majority of the oncological staff and fellows.
- During an on-site visit it is recommended to meet the Postgraduate Dean or Hospital Director.
- Presentations should provide details on the facilities, the training programme, tutorship and future plans. It is recommended to address equity, inclusivity and diversity efforts as well as efforts to provide mentorship opportunities from diverse backgrounds.
- Presentations during the visit should at least contain details about all requirements as laid down in the Curriculum, including protocols and key numbers.
- The fellow(s) should be interviewed separately and confidentially. If there is no current fellow, (senior) residents/trainees should be interviewed.
- Interview with at least three members of the extended team (anaesthetist, surgeon, urologist, pathologist, psychologist, head nurse and general manager) in case of a first visit, at least one member in case of a re-visit.
- Presentation and assessment of ESGO recommendations and subsequent improvements is part of the re-visit schedule.
- The Visiting report should be a clear outcome, including number of training positions and recommendations for improvements.
- Preliminary conclusions and recommendations should preferably be presented to the Head of the Centre and senior staff at the end of the visit. It is recommended to discuss the entire report and conclusions/ recommendations at that time in order to avoid misunderstandings or misinterpretations.
- The Visiting report should be finalized by the visitors preferably at or immediately after the visit but at least within a week. Signing in REDCap finalises the report.
- Suggested **visiting schedule**, to be adapted for on-site and tele- visits:

  Here we suggest the mandatory elements to be included in the visiting schedule. The order may vary according to the local situation and preferences. Typically an on-site visit will take from 09:00-16:00 and a tele-visit will usually be conducted between 13:00-17:00, but times may be adapted to local needs.

- In case of a tele-visit: preparatory meeting.
  About half an hour before the start of the meeting the visitors may log in and discuss the upcoming visit before the hosts will enter the (virtual) room.
  (visiting team)
- Meeting and introduction with head and staff, including fellows.
  Brief introduction by the visiting team, highlighting the purpose and format of the visit and – in case of a re-visit - outstanding issues at or since the last visit.
  (Visiting team)
- Introduction of centre including key numbers and a summary of the fellowship programme.
  (Head of centre or fellowship/Training Programme Director)
- Introduction and amendments (if necessary) of the visit programme.
  (Head of centre)
- Overview of clinical protocols and guidelines.
  (Member of staff)
- Overview of trials and research protocols, incl. recruitment data.
  (Member of staff/data manager)
- Tour of the centre (may be virtual in case of a tele-visit), including at least:
  (Head of centre)

  - Presentation of the facilities (in case of re-visit only new or altered facilities)
  - Facilities for fellows
  - Facilities at other hospitals in case training takes place on more than one site
- Interview with members of the MDT. For a first visit these should include at least three other members of the MDT (at least a medical oncologist, radiation oncologist and a pathologist), and in case of re-visit at least one other member of the MDT:
  (Visiting team and specialist(s)

  - medical oncologist
  - radiation oncologist
  - pathologist/molecular biologist
  - surgeon
  - urologist/vascular surgeon?
  - oncology nurse
- Interview with Head of centre/Training Programme Director and Educational Supervisor(s):
  (Visiting team + educational staff)

  - points that the centre wants to highlight
  - inclusivity and diversity efforts
  - in case of a re-visit: discussion of implementation of recommendations after first visit
  - points raised during the visit until now
- Interview with current fellow(s). In case of first accreditation also final year residents/trainees may be interviewed.
  (Visiting team and fellow(s))

  - the interview should be organised such that the confidentiality of the fellows is guaranteed

  - in the interview a fixed number of items should at least be addressed:
    - the logbook (timely assessments using appropriate assessment tools, experience according to schedule, learning targets)

- availability of didactic lectures (theoretical) within fellowship program
- access to dedicated ultrasound facilities
- access to a surgical training program, including minimal invasive surgery and a robotic platform
- opportunity for research
- inclusivity and diversity efforts
- mentorship reflecting diverse backgrounds
- the overall training climate and relation between fellows and staff

- Closing of the visit:
  - At the end of the visit at least half an hour should be planned for the visiting team to draft their report (at a tele-visit the visitors only will stay on-line)
  - The visiting team will summarize their findings (on-site after drafting the report, at a tele-visit this will be a preliminary summary as it will typically take place before drafting the final report) and ask for feedback from the hosts.
    (visiting *team + at least the educational staff, all others welcome)*

4. Approval Process

- The Visiting Report is automatically submitted by REDCap to the members of the Working Group, who may suggest adjustments. The office (without decision rights in REDCap) and the Chair of the Working Group will specifically assess completeness of the Visiting report.
- At least 5 Working Group members should assess the Visiting report. If it is approved by an absolute majority of reviewers the Visiting report and its conclusions are considered to be approved.
- In case of APPROVAL of accreditation, the decision and access to the Visiting report will be provided by the office to the centre by means of a letter signed by the Working Group chair and the chair of the Centre Accreditation Committee. Together with this letter a copy of the Certificate will be sent, clearly stating the period of validity, signed the Chair of the Centre Accreditation Committee and the President of ESGO.
- In case of REFUSAL of or DISAGREEMENT on accreditation, this decision will be presented and motivated by the Working Group Chair in the Centre Accreditation Committee's meeting. If confirmed by the Centre Accreditation Committee, the decision of refusal will be communicated to the centre in writing by the Working Group Chair together with the Chair of the Centre Accreditation Committee.

  In case of rejection the centre should be motivated to re-apply any time after having solved all issues and shortcomings and having met the criteria.

5. Administration & Accreditation Fee

- Accreditation fee is invoiced for the ESGO hospital accreditation.

- In case of an on-site visit travel, expenses and accommodation costs of the visitors are paid by the hosting visited centres.

6. Validity of Accreditation

6.1. Validity of Accreditation

- ESGO accreditation is unconditionally granted for 5 years. Exceptionally conditional accreditation (with mandatory recommendations) may be granted for a shorter period.
- In case of accreditation for less than 5 years, usually an online tele-visit will be done to ensure that all requirements and recommendations from the accreditation visit are met. If this will be the case, accreditation for additional 3 years will be granted.
- In case circumstances dictate a tele-visit instead of a regular on-site first visit (a so-called pre-visit), the decision on whether to grant (re-)accreditation will be provisional and temporary until the required on-site visit can be conducted, or for a shorter period to the discretion of the Working Group. A final decision can only be taken after an on-site visit.
- It is of note that the actual and final on-site visit can be conducted in a more efficient format, particularly addressing issues that have come up during the pre-visit.

6.2. Validity of Re-accreditation

- Re-accreditation will be considered after 5 years following the previous accreditation.
- Re-accreditation can be requested between 6 months prior to and 6 months after expiration of the accreditation period. The REDCap platform will circulate notifications 6, 3 and 1 month before the validity of accreditation expires, as well as a final reminder 5 months after expiration, and challenge the Centre to renew the accreditation. Any application outside this period will be regarded as a first application.
- In case of re-accreditation after 5 years since the first accreditation, usually an on-line tele-visit will be done and if all requirements are met, including fulfilment of recommendations from the first accreditation visit, accreditation may be granted again for 5 years. However, ESGO may decide to require an on-site visit, e.g., based on earlier recommendations. After another 5 years (so 10 years since the previous on-site visit) the re-accreditation will again be done by a physical on-site re-visit.
- In case circumstances dictate a tele-visit instead of a regular, mandatory on-site visit (a so-called pre-visit), the decision on whether to grant (re-)

accreditation will be *provisional* and temporary until the required on-site visit can be conducted, or for a shorter period to the discretion of the TCC.

7. Accreditation of Training Centres in countries with a national training programme and accreditation system.

Although ESGO's Accreditation system explicitly also targets European countries that lack such system, any health institute in any country can apply for ESGO Accreditation. This specifically applies for Accreditation in Training. ESGO does not (anymore) endorse national accreditations for training. As a consequence training centres are invited to individually apply for ESGO recognition and in addition to local requirements centres need also to comply with ESGO requirements.

8. Accreditation of Training Centres in countries outside Europe.

ESGO Accreditation is open to any country. The rules as dictated by the ESGO Curriculum and in these SOPs obviously also apply to centres outside Europe, including the requirement to be responsible for travel and accommodation expenses of the visiting team.

9. Associated documents

Title	Identifier/Location
Training Requirements for the Subspecialty of Gynaecological Oncology	Version 3.0

10. Signature

This document will be electronically signed. The signatories acknowledge that electronic signature is legally binding and equivalent to a handwritten signature.

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