



Training in Gynaecological Oncology

LOG BOOK

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

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITHIN THREE MONTHS THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION BOARD)

Surname (in capitals), first name of trainee :

.....
.....

Dates of beginning and end of year of training:

...../...../..... (day/mo/yr) -/...../..... (day/mo/yr).

Name and address of department :

Year :

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Year :

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.....

Optional year :

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.....

CONTENT OF THE TRAINING PROGRAMME

1- Definition

The gynaecological oncologist is a specialist in Obstetrics and gynaecology who in addition is able to:

- provide consultation on and comprehensive management of patients with gynaecological and breast cancer;
- manage the medical and /or surgical treatment of malignant diseases of the female genital tract and breast¹ which may involved relevant surgery of abdominal organs,
- practice gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available. This includes comprehensive management of gynaecological cancer including screening, diagnostic, therapeutic procedures and follow up.

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

2- Aim of training

To improve the care of patients with gynaecological malignancies in collaborations with others care providers.

3- Objectives of training

To train a subspecialist to be capable of:

- improving knowledge, practice, teaching, research and audit.
- co-ordinating and promoting collaboration in organising the service.
- providing leadership in the development and in research within subspecialty.

4- Organisation of training

- the number of subspecialists should be strictly controlled by the relevant national body in order to provide a sufficient expertise.
- training programme should be in a multidisciplinary center and should be organised by a subspecialist or an accredited subspecialist.²
- center should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals. These guidelines will define cases for which it is necessary to refer a patient to a subspecialist.
- A completed training in gynaecological oncology does not imply that a subspecialist cannot practice in the generalist field of obstetrics and gynaecology.

¹ Only in those countries where this is part of gynaecological practice. In EU gynaecologist usually take in charge breast diseases except in Denmark, Finland, Ireland, Netherlands, UK.

² Initially there will be a transitional period when accreditation for training will be given by the national appointing authority or if not by a professional or scientific body to a Specialist in Obstetrics and gynaecology with proven scientific and clinical expertise in Gynaecology Oncology. Subsequently only individuals with training in the subspeciality should hold such a position.

5- Means of training

5.1 Entry requirements:

- a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme in OB/GYN.
- the availability of a recognised training post.

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

5.3 The estimated number of training post should reflect the national need for sub specialists in gynaecology oncology as well as the facilities and finances available for specialist training.

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

5.5 Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave and compulsory military service.

5.6 Duration of training

This should include **a minimum of two years** in an approved programme and should cover the following areas:

- Surgical training in a gynaecological oncology unit,
- General surgical training
- Training in surgery of the breast³
- Urology
- Radiotherapy
- Medical oncology
- Cytological diagnosis and pathology
- Tumour biology

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

5.8 A trainee may spent some training time in another (1 or 2) center(s) recognised by EBCOG after approval by the national committee.

³ Only in those countries where this is part of gynaecological practice.

6- Assessment of training

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

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

- Annual statistics
- Internal quality control and audit
- Organised teaching sessions
- Availability of:
 - Radiotherapy unit
 - Chemotherapy unit
 - Cyto pathology unit
 - Multidisciplinary team regularly involved in the management of gynaecological cancer
- Fulfilment of defined criteria for minimum activity:
100 new invasive genital cancer cases per year for a first trainee, 60 more for a second etc. would be the minimum number necessary to provide quality care, fellowship training and research.
Additionally, minimum 60 new cases of breast cancer are required in countries where breast cancers are treated by the gynaecological oncologist.

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

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

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

6.5 EBCOG in conjunction with European Society of Gynaecological Oncology is willing to organise an evaluation visit to a subspecialist unit, if requested.

TARGETS FOR THE FIRST YEAR OF TRAINING

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

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

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

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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DATE:

NAME OF THE TUTOR:

SIGNATURES: TUTOR: ----- TRAINEE: -----

TARGETS FOR THE SECOND YEAR **OF TRAINING**

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

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

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

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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DATE:

NAME OF THE TUTOR:

SIGNATURES: TUTOR: ----- TRAINEE: -----

TARGETS FOR ADDITIONAL YEAR OF TRAINING

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

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

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

KNOWLEDGE:

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TECHNICAL SKILLS:

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TASKS:

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DATE: NAME OF THE TUTOR:

SIGNATURES: TUTOR: ----- TRAINEE: -----

ON CALL DUTIES

FREQUENCY OF ON CALL DUTIES: (e.g.: 1/4)

Year	1	2	3
Frequency			

BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL:

Year 1:

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Year 2:

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Year 3:

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EVALUATION OF CLINICAL AND TECHNICAL SKILLS

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

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the trainee to be level 5 (Independent). These are identified by a black box.

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

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

The general aim is to get at least mark 4.

GYNAECOLOGICAL CANCER ASSESSMENT

Target	Expected competence level Trainee ticks when achieved					Trainer signs when competence level achieved	
	1	2	3	4	5	Sign	Date
♦ Clinical diagnostic skills							
♦ Interpretation of laboratory, cytologic and pathologist results							
♦ Interpretation of imaging: US, Tscan, RMI, Mammography							
♦ Knowledge of staging procedures							
♦ Appropriate definition of prognosis and risks factors							
♦ Choice of proper cancer treatment approach							

Signature to confirm completion of the module:

Name of the trainer:

Date:

Hospital:

MEDICAL PROCEDURES

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Colposcopy +biopsy							
Prescribing appropriate staging procedures							
Prescribing hormonotherapy							
Indication to radiotherapy							
Indication to brachytherapy							
Indication to chemotherapy							
Management of side effects							
Prescribing appropriate follow up procedures							
Clinical evaluation of the response to treatment							
Counselling							

Signature to confirm completion of the module:

Name of the trainer:

Date :

Hospital:

Imaging

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Interpret Abdominal US							
Interpret Vaginal US							
Interpret Scan							
Interpret IRM							
Interpret mammography							
Interpret pielograms							
Interpret Scintigraphy							

Signature to confirm completion of the module:

Name of the trainer:

Date :

Hospital:

SURGICAL PROCEDURES

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Hysteroscopy + biopsy							
Diagnostic Laparoscopy							
Laparoscopic pelvic lymphadenectomy							
Total abdominal hysterectomy							
Vaginal hysterectomy							
Radical abdominal hysterectomy							
Radical vaginal hysterectomy							
Pelvectomy (ant , post , total)							
Urinary diversion after pelvic exenteration							
Cytoreductive surgery in ovarian cancer							
Lombo aortic lymphadenectomy							
Intensive surgical staging for ovarian cancer							
Second look laparotomy in ovarian cancer							
Bowel resection							
Pelvic lymphadenectomy							
Vulvectomy							
Inguinal lymphadenectomy							
Total colpectomy							

Breast tumorectomy							
Axillary lymphadenectomy							
Mastectomy							
Breast reconstructive surgery							

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

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Hysteroscopy + biopsy				
Diagnostic Laparoscopy				
Laparoscopic pelvic lymphadenectomy				
Total abdominal hysterectomy				
Vaginal hysterectomy				
Radical abdominal hysterectomy				
Radical vaginal hysterectomy				
Pelvectomy(ant , post , total)				
Urinary diversion after pelvic exenteration				
Cytoreductive surgery in ovarian cancer				
Lombo aortic lymphadenectomy				
Intensive surgical staging for ovarian cancer				
Second look laparotomy in ovarian cancer				
Bowel resection				
Pelvic lymphadenectomy				
Vulvectomy				
Inguinal lymphadenectomy				
Total colpectomy				

Breast tumorectomy				
Axillary lymphadenectomy				
mastectomy				
Breast reconstructive surgery				

Date:

...../...../..... (day/mo/yr)

Name and signature of trainee:

.....

¹ Add extra page(s) if space provided is insufficient.

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

PROCEDURES	YEAR 1	YEAR 2	YEAR 3	TOTAL
Hysteroscopy + biopsy				
Diagnostic Laparoscopy				
Laparoscopic pelvic lymphadenectomy				
Total abdominal hysterectomy				
Vaginal hysterectomy				
Radical abdominal hysterectomy				
Radical vaginal hysterectomy				
Pelvectomy(ant , post , total)				
Urinary diversion after pelvic exenteration				
Cytoreductive surgery in ovarian cancer				
Lombo aortic lymphadenectomy				
Intensive surgical staging for ovarian cancer				
Second look laparotomy in ovarian cancer				
Bowel resection				
Pelvic lymphadenectomy				
Vulvectomy				
Inguinal lymphadenectomy				
Total colpectomy				
Breast tumorectomy				
Axillary lymphadenectomy				
mastectomy				
Breast reconstructive surgery				

Date:

...../...../..... (day/mo/yr)

Name and signature of trainee:

.....

¹Add extra page(s) if space provided is insufficient.

ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

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

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

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

Date: /...../..... (day/ mo / yr)

Signature of Trainee:

Signature of Trainer:

CUMULATIVE LIST OF SCIENTIFIC MEETINGS AND COURSES ATTENDED BY THE TRAINEE (entire duration of training; to be up-dated yearly)⁴

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

The number is not limited

1.

2.

3.

4.

5.

⁴ Certificate of attendance as to be provided

CUMULATIVE LIST OF PAPERS PRESENTED AT SCIENTIFIC MEETINGS

**(entire duration of training; to be up-dated yearly)
(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)⁵**

EXAMPLE: R. LEGAS: "T lymphocyte activity in advanced ovarian cancer» Ovarian cancer Symposium, Besançon, France, 17-18.06.2000.

The number is not limited

1.

2.

3.

4.

5.

⁵ Abstracts as to be provided

**CUMULATIVE LIST OF PEER REVIEWED
PUBLISHED PAPERS IN INTERNATIONAL
JOURNALS**

(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)⁶

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

⁶ Published manuscript should be provided

CUMULATIVE LIST OF PEER REVIEWED
PUBLISHED PAPERS IN NATIONAL JOURNALS
(entire duration of training; to be up-dated yearly)
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)⁷

The number is not limited

- 1.
- 2.
- 3.
- 4.
- 5.

⁷ Published manuscript should be provided

SURGICAL REPORTS

Each trainee will keep in a separate book copies of all reports pertaining to acts performed as first assistant, as surgeon or as super visor.

FELLOWSHIP PROGRAM CURRICULUM

MINIMUM SURGICAL CURRICULUM:

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

RESEARCH AND TEACHING:

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