UEMS - OB/GYN SECTION

EUROPEAN BOARD AND COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Subspecialist training programme in

Gynaecological oncology.

POSTGRADUATE TRAINING AND ASSESSMENT
WORKING PARTY

PARIS FRIDAY 27th February 1998

Chairman: J LANSAC (France)

Members: JJ AMY (Belgium) W DUNLOP (UK) P.Bösz (Hungary -ESGO) F NUNES (Portugal) V UNZEITIG (Czech R)

Apologise for absence: G SCHLAEDER (France) HG. Bender (Germany)

50% of cancers which affect women are located in breast or genital organs. Gynaecological and breast cancer treatment are inter disciplinary and requires a good surgical training as well as knowledge on radiotherapy, chemotherapy, hormonotherapy, immunotherapy, genetics....

EBCOG noted with approval the development of subspecialty practice in a number of countries and considered that Gynaecological Oncology should be recognised as subspeciality in Europe.

In several European countries breast cancer is not treated by gynaecological oncologist. In these countries trainees can not expect to receive complete training but it is highly recommended they should become familiar with the principles and practice of management.

Educational objective and requirements for training in these subspecialist areas have been defined with acknowledged experts from the European Society of Gynaecological Oncology and defined in the syllabus (Annexe I). The role of a subspecialist is complementary and not competitive of the specialist in Obstetrics and Gynaecology.

I-Definition of Gynaecological Oncology Subspecialty:
1-1 Definition.
The gynaecological oncologist is a specialist in Obstetrics and gynaecology who after a theoretical and practical training:
- is prepare to provide consultation on and comprehensive management of patients with gynaecological or breast cancer;
- Manage the medical or surgical treatment of malignant diseases of the female genital tract and breast. This may involved relevant surgery of abdominal organs.

1 Only in those countries where this is part of gynaecological practice.
Whose present activity include the practice of gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available; Comprehensive management of Gynaecological cancer include screening, diagnostic, therapeutic procedures and follow up.

1-2- Aim
Aim of the training: to improve the care of patients with gynaecological malignancies in collaborations with others care providers.

1-3- Objectives:
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.

1.4- Organisation:
• the number of subspecialists should necessarily be strictly restricted 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.
• training as a specialist in oncological gynaecology does not imply an exclusive activity in that field.

II-Means:
2.1 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.
2.2 An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed tutor for guidance and advice.

2.3 For each country, the number of training posts should reflect the national need for subspecialists in gynaecological oncology as well as the facilities and finance available for specialist training.

2.4 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.

\(^2\) Initially there will be a transitional period when accreditation for training will be given by the national appointing authority to a Specialist in Obstetrics and gynaecology with proven scientific and clinical expertise in reproductive medicine. Subsequently only individuals with training in the subspecialty should hold such a position.
2.5 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.

2.6 Duration of training

Duration of subspecialty training should include a minimum of two years in a approved programme and should cover the following areas:

- Surgical training in a gynaecological oncology unit
- General surgical training
- Training in breast surgical \(^1\)
- Urology
- Radiotherapy
- Medical oncology
- Cytological diagnosis and pathology
- Tumour biology

2.7 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.

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

3-Assessment of training

3.1 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.

3.2 Approval of institutions as training centres should be based on:

- Annual statistics
- Internal quality control and audit
- Organised teaching sessions
- Availability of:
  - Radiotherapy unit
  - Chemotherapy unit
  - Cytology pathology unit
  - Multidisciplinary team regularly involved in the management of gynecological 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.

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\(^1\) Only in those countries where this is part of gynaecological practice.
3-3-Assessment of the trainee should be carried out by a national or federal 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.

3-4. A representative from the EBCOG post graduate training and assessment working party may be an observer on the national or federal assessment committee.

3.5 - EBCOG in conjunction with European Association of Gynaecological Oncology is willing to organise an evaluation visit to a subspecialist unit if requested.

Annexe I.

Definitions:
- Knowledge: basic understanding of topics not commonly used in the clinical practice of gynaecological oncology.
- Detailed knowledge: Understanding of important aspects of topics which may be more comprehensively understood by a specialist in other discipline (e.g. geneticist).
- Comprehensive knowledge: Complete understanding of topics which are important in the clinical practice of gynaecological oncology.

1-BASIC SCIENCES

1-1 Anatomy.
Comprehensive knowledge of the regional anatomy of the pelvis, abdomen, thorax, breast, thigh, endocrine glands, particularly in relation to surgical procedures undertaken by the gynaecological oncologist.
Detailed knowledge of the gross anatomy and histology of relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply.
Comprehensive knowledge of the histology of the pelvic organs and breast.
Knowledge of cell structure.

1-2 Oncology
Comprehensive knowledge of carcinogenesis, invasion, metastasis.
Detailed knowledge in cellular and molecular biology.

1-3 Genetics
Detailed knowledge of cancer genetics including inherited risk factors.
1-4 Pathology.
Detailed knowledge of the cytology and histology of gynaecological and breast cancers and precancer states.

1-5 Statistics and epidemiology
Detailed knowledge of statistical analysis and the collection of data in gynaecological oncology.
Detailed knowledge of setting up and interpreting of clinical trials.
Detailed knowledge of environmental factors in relation to Gynaecological oncology.

1-6 Microbiology
Comprehensive knowledge of the role of infective agents in carcinogenesis.

1-7 Biochemistry
Detailed knowledge of nutrition in relation to gynaecological oncology.

1-8 Biophysics
Knowledge of the physical principles and biological effects underlying imaging and therapeutic technic involving heat, light, sound and electromagnetism.

1-9 Immunology
Knowledge of immune mechanisms of host defence in cancer.

1-10 Pharmacology
Comprehensive knowledge of the properties, pharmacodynamics, actions, interactions and hazards of pharmacological agents which are used in gynaecological oncology.

2-CLINICAL SCIENCES.

2-1- Gynaecological oncology
Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of gynaecological tumours and their management including primary and secondary prevention.
Comprehensive knowledge epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of trophoblastic diseases and management including primary and secondary prevention.

2-2 Breast cancer
Comprehensive knowledge epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of breast cancer and management including primary and secondary prevention.

2-3 Imaging
Detailed knowledge of all image technics including computer assisted tomography, ultrasound, magnetic resonance imaging (MRI) used in gynaecological oncology including indications, interpretation.

2-4 Surgical management.
Comprehensive knowledge and skill in all surgical procedures used in gynaecological oncology including breast surgery.

Detailed knowledge and skill of all reconstructive surgical procedures including breast used in gynaecological oncology.

Comprehensive knowledge of the complications of surgery on gynaecological oncology and of the postoperative care.

Knowledge of the applications, techniques and complications of anaesthesia and intensive care, expertise in the practice of adult resuscitation.

Comprehensive Knowledge and experience in preoperative assessment and preparation for surgery in gynaecological surgery.

2-5. Non surgical management.

Detailed knowledge and experience in the use in gynaecological oncology in chemotherapy, hormonotherapy, radiation therapy, immunotherapy, genetherapy.

Detailed knowledge of the causes and management (including surgical) of chronic pelvic pain.

2-6. Psychology

Comprehensive knowledge and experience of psychological management of patients treated for a gynaecological or breast cancer.

Detailed knowledge of the principles and management of sexual dysfunction of patients treated for a gynaecological or breast cancer.

2-7. Palliative and Terminal care

Comprehensive knowledge and experience in palliative and management of terminal care of patients treated for a gynaecological or breast cancer.

\[\text{Comentario [C1]}:\]

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