Subspecialist training programme in

Gynaecological oncology.

POSTGRADUATE TRAINING AND ASSESSMENT
WORKING PARTY

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

EBCOG notes with approval the development of subspecialty practice in a number of countries in particular the USA, and some European countries and consideres that Gynaecological Oncology should be recognised as subspecialty.

In several European countries breast cancer is not treated by gynaecological oncologist. In these countries trainees should not include this component in their training programme, but it is highly recommended they become familiar with the principles and practice of management of breast diseases.

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 with that of the specialist in Obstetrics and gynaecology.
Training in Gynaecological Oncology Subspecialty:

1-Definition.
   The gynaecological oncologist is a specialist in Obstetrics and gynaecology who in addition is able to:
   - to provide consultation on and comprehensive management of patients with gynaecological or breast cancer;
   - Manage the medical and/or surgical treatment of malignant diseases of the female genital tract and breast\(^1\) 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.\(^2\)

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\(^1\) Only in those countries where this is part of gynaecological pratice. 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.

EBGOG. Gynaecological Oncology training.
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.

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 subspecialists 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 breast
- Urology
- Radiotherapy
- Medical oncology
- Cytological diagnosis and pathology
- Tumour biology

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3 Only in those countries where this is part of gynaecological practice.
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 an another( 1 or 2) center(s) recognised by EBCOG after approval by the national committee.

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 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 , fellow ship training and research .
  Additionally ,minimum 60 new cases of breast cancer are required in countries where breast cancer s 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 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 another discipline (such as 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 included 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 techniques involving heat, light, sound and electromagnetism.

1-9 Immunology.
   Knowledge of immune mechanisms involved in 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 of 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 of 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 and interpretation.

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

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

2-5. Non surgical management.
Detailed knowledge and experience in the use in gynaecological oncology in chemotherapy, hormonotherapy, radiotherapy, immunotherapy and 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.