

SITM : Oncology (O)

SECTION 1: CAPABILITIES IN PRACTICE

O CiP 1: The doctor assesses and manages patients referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.

Key Skills	Descriptors
Counsels on and directs appropriate tests for gynaecological pre-malignancy	<ul style="list-style-type: none"> • Differentiates between the general and high-risk populations • Counsels patients appropriately regarding screening of the female reproductive tract. • Arranges appropriate tests, interprets the results and counsels patients accordingly. • Recommends appropriate action independently, or as part of a multiprofessional team.
Performs initial assessment of a patient with suspected gynaecological cancer	<ul style="list-style-type: none"> • Takes an appropriate history including symptoms, co-morbidities and relevant family history. • Performs an examination adequate for the diagnosis and clinical assessment of gynaecological cancers and borderline ovarian tumours. • Is confident to exclude the clinical appearances of malignancy on examination. • Arranges appropriate radiological and non-radiological staging investigations. • Interprets and actions relevant oncology results in a timely manner. • Distinguishes gynaecological cancer from other malignancies.
Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up	<ul style="list-style-type: none"> • Assesses the need for radiological procedures. • Requests ultrasound scans, cross sectional imaging and nuclear medicine techniques appropriately. • Takes informed consent for radiological tests. • Liaises with radiology to ensure the most appropriate radiology investigations are safely performed. • Recognises and manages complications relating to interventional radiological procedures in conjunction with allied specialties as appropriate.
Anticipates results of investigations, acts on results and plans definitive care	<ul style="list-style-type: none"> • Anticipates likely results and begins planning care involving the multiprofessional team where indicated.

	<ul style="list-style-type: none"> Recognises when to involve other colleagues including clinical nurse specialists, clinical and medical oncologists and palliative care. Awareness of referral pathways for supporting services e.g. weight loss / fertility services / genetics. Liaises effectively with multiprofessional team colleagues.
Counsels patients with suspected gynaecological malignancies	<ul style="list-style-type: none"> Communicates the results of investigations to patients and family, and counsels on treatment options and prognosis. Recognises and manages the dynamics of consultations e.g. when 'bad news' is broken. Offers patients time and support to make decisions. Awareness of clinical trials that may be relevant to a patient's diagnosis.

Evidence to inform decision

<ul style="list-style-type: none"> Mini-CEX CbD NOTSS TO2 (Including SO) Reflective Practice OSATs Attendance at suspected cancer clinics MDT Attendance BGCS webinars eLearning courses Evidence of attendance at relevant course 	<p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> Time in Colposcopy clinics/MDT Time with radiology team <p><u>Relevant compulsory courses</u></p> <ul style="list-style-type: none"> Communication course BGCS / RCOG theoretical course Good Clinical Practice Training
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Procedures requiring evidence

(demonstrating the required entrustability level).

Procedure	Level by end of training
Arranges insertion and manages an ascitic drain	5

Knowledge criteria

Gynaecological Cancer Screening

- National cancer screening programmes and the cervical screening programme
- When to involve a multidisciplinary team

Cancer pathways and patient assessment at presentation and relapse

- Risk factors for developing gynaecological cancers
- Patterns of presentation of gynaecological malignancies
- Investigations required to accurately confirm or exclude a diagnosis of gynaecological malignancy

- Role in the investigation and initial management of suspected gynaecological cancer, as directed by current national cancer strategy and guidance
- Assessment of patient referred through the suspected cancer referral pathway
- Knowledge of care pathways for suspected gynaecological cancer
- Disease relapse: patterns of relapse, specific investigations.

Diagnostic tests, investigations and staging procedures

- Serum tumour markers in presentation and follow up
- Histopathology: tumour types and relevance of tumour grade, lymph vascular space invasion
- Genetic evaluation of tumour biopsies
- Cytology: basic utility of cytology in cervical smear and fluids
- Specific imaging requirements for each cancer type including role of PET-CT Scanning
- Disease staging (FIGO & TNM)

Radiology

- Main imaging modalities in gynaecological oncology
- Limitations and side effects relating to the use of ultrasound scans, cross-sectional imaging and nuclear medicine techniques
- Interpret imaging in conjunction with radiologist
- Indications and limitations of interventional radiological procedures
- Role of radiology investigations in follow-up and relapse

- **O CiP 2: The doctor manages the surgical pathway for patients with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early stage gynaecological cancer**

Key Skills	Descriptors
Prepares patients for surgery	<ul style="list-style-type: none"> • Ensures that the right operation is performed by the right team, at the right time, in the right place. • Counsels patients on surgical treatment options and the risks involved. • Peri-operative risk calculation with risk/benefit analysis, for and against surgery, in conjunction with anaesthetic and care-of-the-elderly colleagues • Interprets preoperative investigations and liaises with anaesthetic and radiology departments where relevant. • Takes procedural consent. • Is able to set up combined operating with other specialties where required. • Arranges peri-operative ICU/HDU support as appropriate.
Recognition, diagnosis and management of surgical complications	<ul style="list-style-type: none"> • Takes steps to minimise the risk of complications. • Is able to control major haemorrhage. • Manages unexpected findings including inoperability. • Recognises injury to relevant structures including bowel, bladder, ureters and vessels. • Recognises and manages wound complications such as infection, dehiscence and incisional hernia. • Undertakes repair of injury and /or involves other specialties when required or appropriate. • Audits surgical practice.
Delivers perioperative supportive care	<ul style="list-style-type: none"> • Undertakes or delegates appropriate inpatient postoperative assessment and follow-up of patients. • Recognises and manages immediate, early and late post-operative complications in conjunction with allied specialties as appropriate.
Surgical management of gynaecological pre-invasive disease or genetic predisposition to gynaecological cancer	<ul style="list-style-type: none"> • Wide local excision of confirmed VIN. • Simple hysterectomy for persistent pre-malignant cervical histology. • Risk reducing surgery for patients with a genetic predisposition to gynaecological cancer.
Surgical and post operative management of early stage gynaecological cancer	<ul style="list-style-type: none"> • Wedge biopsy of suspected vulval malignancy. • Simple hysterectomy for early stage uterine / cervical cancer including minimal access surgical techniques.

- Staging laparoscopy for ovarian cancer +/- biopsy.
- Surgical staging of low malignant potential adnexal masses.
- Communicates discharge information accurately.
- Formulates appropriate follow-up schedules.
- Assesses and arranges management of physical and holistic side effects of treatment.
- Considers all management options and determines when palliative or best supportive care options are appropriate.

Evidence to inform decision

- Mini-CEX
- CbD
- NOTSS
- TO2 (Including SO)
- Reflective Practice
- OSATS
- Surgical Logbook
- MDT Attendance
- BGCS webinars
- Evidence of attendance at relevant course
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Experience with allied specialties

- Time with anaesthetics/ ICU team
- Attendance at genetics clinics/counselling sessions

OSATS

3 Summative OSATS demonstrating competence in the following procedures

- TLH and BSO for low-risk endometrial cancer
- Laparoscopic assessment of ovarian cancer +/- biopsy
- Infracolic omentectomy
- Appendicectomy

Additional procedures requiring evidence

(demonstrating the required entrustability level).

Procedure	Level by end of training
Cystoscopy	5
Wedge biopsy suspected vulval cancer	5
Wide local excision of VIN	5
Ureterolysis	4



Knowledge criteria

- Role of surgical and non-surgical interventions, complications, sequelae
- Fertility preservation procedures available in cervical / ovarian / endometrial cancer
- Preoperative investigation of patients, including radiology, assessment of fitness for surgery
- What constitutes a high-risk surgical patient
- Type of surgery appropriate for each gynaecological cancer
- Selecting the appropriate surgical route of management
- Complication risks of relevant surgeries (including anaesthesia)
- Anatomy of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system and course of the ureter
- Relevant surgical equipment and knowledge of electrosurgical devices
- Principles and management of major haemorrhage
- Principles of fluid balance
- Prevention, recognition and management of wound complications such as surgical site infection, wound dehiscence and incisional hernia
- Recognise initial and late complications, including but not limited to damage to adjacent viscera, haemorrhage, thromboembolic disease

O CiP 3: The doctor manages the patient pathway as an active participant of the gynaecological cancer multi-disciplinary team.

Key Skills	Descriptors
Manages gynae oncology patient pathways	<ul style="list-style-type: none"> • Manages rapid access pathways for suspected gynaecological cancer. • Makes appropriate use of external protocols and guidelines. • Stages gynaecological cancers correctly. • Is able to contribute effectively to cancer centre multidisciplinary team meetings, including chairing when appropriate. • Collaborates with consultants and colleagues in other specialties and departments, when appropriate. • Engages in quality improvement activities.
Investigates and manages patients with a genetic predisposition to gynaecological cancer	<ul style="list-style-type: none"> • Identifies patients and families with a family history suggestive of a genetic predisposition to gynaecological cancer • Takes a genetic history, performs appropriate physical examination and orders appropriate investigations • Liaises with specialist genetic services to assess the risk of developing cancer • Counsels patients on subsequent management of a genetic predisposition to gynaecological cancer, including implications for family members
Works within the Multidisciplinary Team (MDT) to assess the need for chemotherapy or radiation therapy in gynaecological cancers	<ul style="list-style-type: none"> • Involvement in MDT discussion and patient selection for radiotherapy. • Partakes in MDT discussions in planning neoadjuvant or adjuvant chemotherapy.
Management of women with non-gynaecological cancers in pregnancy	<ul style="list-style-type: none"> • Individualised care following MDT review, including liaison with the primary oncology/surgical team, the subspecialist gynae oncology team, consultant obstetrician and neonatologist
Manages the holistic needs of patients with terminal gynaecological malignant disease	<ul style="list-style-type: none"> • Counsels patients and relatives and communicate information about disease including prognosis. • Uses holistic approach (physical/psychological/social/spiritual) in the assessment of symptoms and anxieties of the patient and their relative. • Involves members of specialist palliative care team in hospital, hospice and community settings. • Implements and manages appropriate pain relief strategies and therapies for the relief of nausea and vomiting, oedema and nutrition management. • Recognises anxiety, depression and psychosexual problems in patients with gynaecological malignant disease and seeks specialist input where necessary.



Evidence to inform decision

- Mini-CEX
- CbD
- NOTSS
- TO2 (Including SO)
- Reflective Practice
- Surgical Logbook
- MDT Attendance (local and regional)
- BGCS webinars
- Evidence of attendance at relevant course

Experience with allied specialties

- Time with Palliative Care Team
- Attendance at genetics clinics / counselling sessions
- Time with Gynae Oncology CNS

Knowledge criteria

Management issues in the provision of gynaecological cancer unit services:

- Staffing, facilities and equipment
- Referral patterns and triage
- Managing a rapid access clinic
- Patient pathways and time constraints
- Clinical protocols
- Risk management
- Audit and research

Genetic predisposition to gynaecological cancer

- Epidemiology, aetiology, clinical features and behaviour of familial ovarian cancer syndromes, including BRCA and Lynch Syndrome
- Implications of genetic screening
- Counselling and complications of subsequent management of patients with a genetic predisposition to gynaecological cancer
- Role of risk reducing 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 and reproductive sequelae

Chemotherapy

- Indications for chemotherapy
- Concept of adjuvant and neoadjuvant therapy

Radiotherapy

- Different types of radiation
- Principles of radiotherapy, effects on organs and radio sensitivity of different cancers

Palliative Care

- Role of specialist palliative care team within in the MDT in hospital, hospice and community settings
- Role of the general practitioner, district nurse, cancer specialist nurse, family, religion, cancer support groups/ Macmillan and social services in the support of patients
- How to break bad news to a patient
- Symptoms associated with terminal malignancy
- Pain services available
- Support for management of anxiety and depression

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 1</i>	<i>CIP 2</i>	<i>CIP 3</i>
Arranges insertion and manages an ascetic drain	5	X		
Laparoscopic assessment of ovarian cancer +/- biopsy *	5		X	
TLH and BSO for low-risk endometrial cancer *	5		X	
Infracolic omentectomy *	5		X	
Appendicectomy *	5		X	
Cystoscopy	5		X	
Wedge biopsy suspected vulval cancer	5		X	
Wide local excision of VIN	5		X	
Ureterolysis	4		X	

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
- Professional requirements
 - National legislative structure
 - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO O CIPs

O CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor assesses and manages patients referred to the gynaecological oncology service (with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer)	X	X	X	X	X	X
2: The doctor manages the surgical pathway for patients with gynaecological pre-invasive disease, , early stage gynaecological cancer, or a genetic predisposition to gynaecological cancer	X	X	X	X	X	X
3: The doctor manages the patient pathway as an active participant of the gynaecological cancer multi-disciplinary team		X	X	X	X	X