Royal College of Obstetricians & Gynaecologists

Curriculum 2024

Subspecialty Training Gynaecological Oncology

Definitive Document

March 2024 – V3.0

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1.0	Final – GMC Submission	18 September 2023
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Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

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Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ

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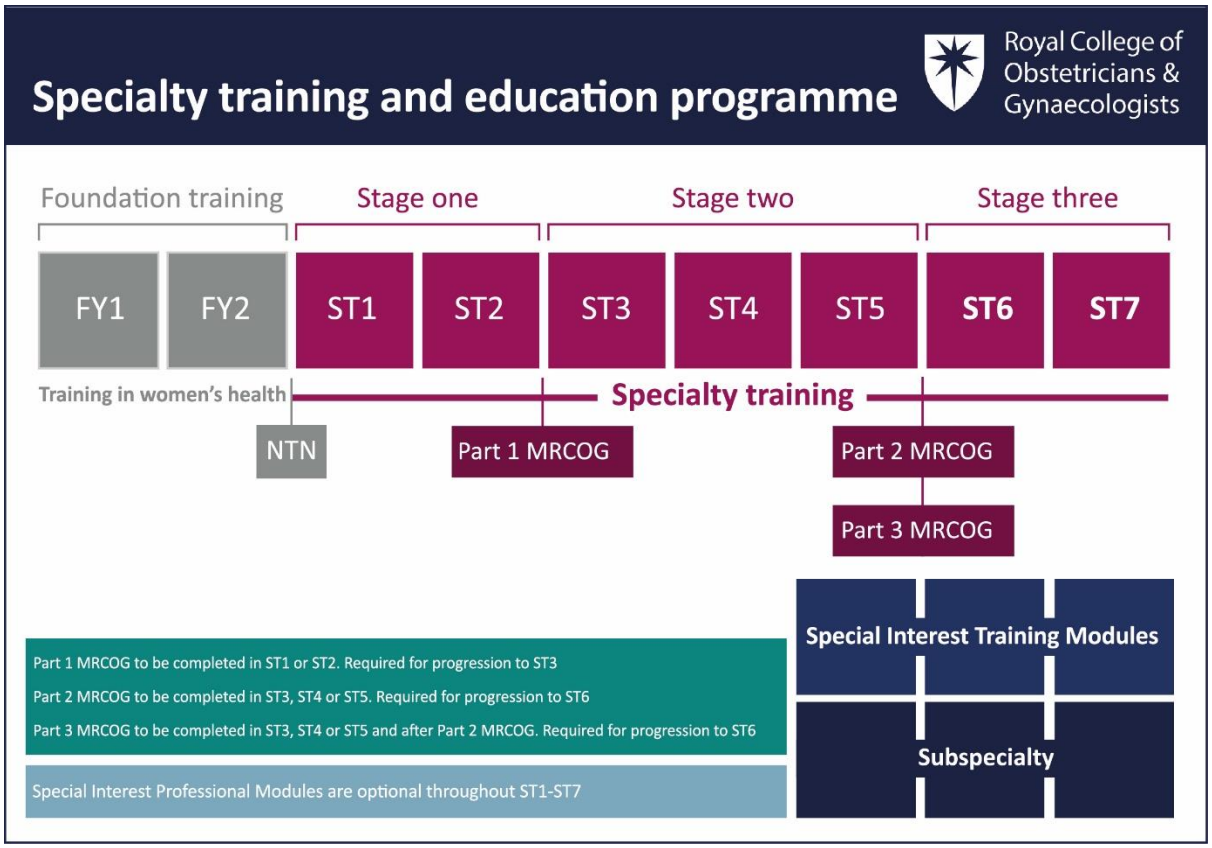
1 Introduction

This Definitive Document relates to the subspecialty of Gynaecological Oncology (GO) and addresses the purpose, learning outcomes, content of learning, process of training and the programme of assessment for GO, which is in addition to the Curriculum 2024 requirements for CCT. The Curriculum 2024 covers ST1-7 as detailed in the Curriculum 2024 Definitive Document.

All of these documents are available on the RCOG website.

O&G is a run-through training programme with an indicative time of seven years. The fundamental training structure and waypoints remain the same in the Curriculum 2024. In the final three years of training, trainee doctors have to complete two Special Interest Training Modules (SITM) OR one of the four subspecialty programmes Urogynaecology (UG), Gynaecological Oncology (GO), Maternal and Fetal Medicine (MFM) and Reproductive Medicine (RM) to be eligible for CCT. The curriculum acknowledges that the specialist will manage female, transgender and non-binary individuals of all age groups and ethnicities, including young people, and vulnerable adults.



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2 Purpose of the Gynaecological Oncology subspecialty training programme

2.1 Background

Over recent years, the RCOG has published a number of strategic reports highlighting the training needs and challenges that surround the O&G workforce. The most recent report, the O&G Workforce Report (2022), highlights the complexity of workforce planning in ensuring the training of the right people with the right skills in the right place at the right time, to provide person-centred care. Population demographics and requirements differ across the UK, and so there is regional variation in the services required to ensure equity of care. For workforce planning to be successful, training opportunities and the skillset of the workforce must be driven by current and predicted patient needs. The Advanced Training Review of 2023 builds on the curriculum reviews in 2013 and 2019 to design and deliver a revised curriculum, fit for our future workforce and able to meet the needs of clinical services across the UK.

In 2015, the RCOG Curriculum Review Group was set up to take forward the recommendations made in the RCOG document '*Becoming Tomorrow's Specialist*'. This Working Party report identified the deficiencies in the curriculum in place at that time, with its undue emphasis on technical skills and lack of focus on the non-technical and professional skills required by a modern consultant. Most importantly, and for the first time, the Review Group developed a definition of the required characteristics of an O&G consultant and, providing the basis for future work.

The aim of the GO subspecialty curriculum is to produce doctors with the generic professional and subspecialty-specific capabilities needed to advise and treat people presenting with a wide range of suspected or confirmed gynaecological cancers in tertiary referral centres. GO subspecialists should have the skills to organise and supervise services at a local and regional level, contribute to relevant research and academia, lead on the translation of new research findings into clinical practice, be providers of support and guidance to non-subspecialist colleagues, and be active in teaching and quality management. The GO curriculum recognises these clinical and non-clinical skills and provides a framework for training by defining the standards required to work at consultant subspecialist level. It also encourages the pursuit of excellence in all aspects of clinical and professional practice, and expects the trainee to take responsibility for their own learning, as they will need to do as a consultant. The curriculum acknowledges that the specialist will manage female, transgender and non-binary individuals of all age groups and ethnicities, including young people, and vulnerable adults.

2.2 General description of the GO curriculum

GO subspecialty training consists of three years of clinical training, which includes clinical and non-clinical subspecialty skills, such as leadership and research. It can be commenced from the start of ST5, or any point of training thereafter. This curriculum is designed so that skills and competencies already achieved during training in the SITMs, which may precede commencement

of subspecialty training, will be recognised and need not be repeated, in turn meaning that this indicative training time of three years may be reduced. The trainees must be at ST5 of their training to be eligible to commence SST and will be appointed following a competitive interview process.

To be awarded CCT all subspecialty trainees must complete the generic and specialty-specific CiPs detailed in the curriculum 2024, and the subspecialty specific clinical and research CiPs detailed in this document.

The revised GO curriculum consists of 8 Capabilities in Practice (CiPs) (high-level statements outlining the expectations of a doctor at the end of training), all of which fall into the Clinical Expert Professional Identity (PI). The Professional Identities are a fundamental concept of the Curriculum 2024, divided into generic (developing the doctor) and specialty-specific (developing the obstetrician & gynaecologist). The CiPs require a judgement to be made by both trainee and trainer, of the trainee's overall capability at the end of training. They support a move away from a 'disease-based' structure to encourage a more person-centred approach that prioritises the needs and complexities of each individual.

The revised GO curriculum builds on the modular approach detailed in the RCOG submission for the gynaecology SITMs. The gynaecology SITM Oncology (O) acts as a foundation and must be completed before, or during, GO subspecialty training. It is expected that most trainees entering subspecialty training during the later years of training will have completed some or all of these CiPs, meaning their subspecialty training time will be shortened. In addition to the four SITM CiPs, subspecialty trainees in GO will also need to complete four further subspecialty-specific clinical CiPs that take these skills and competencies to the highest level, and one further CiP which addresses the high-level research skills and understanding expected of a subspecialist managing patients within the NHS.

Table 1 – Professional Identity and CiPs for GO

Developing the Obstetrician & Gynaecologist: SST-GO	
PROFESSIONAL IDENTITY: CLINICAL EXPERT	
O CiP 1	**The doctor assesses and manages patients referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.**
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.**

O CiP 3	**The doctor manages the patient pathway as an active participant of the gynaecological cancer multi-disciplinary team.**
SST GO CIP 1	**The doctor assesses and manages patients with suspected vulval or vaginal cancer and initiates appropriate interventions for all stages and contexts of disease.**
SST GO CIP 2	**The doctor assesses cervical cancer and, initiates appropriate interventions for all stages and contexts of disease.**
SST GO CIP 3	**The doctor assess uterine corpus cancer and gestational trophoblastic disease and initiates appropriate interventions for all stages and contexts of disease.**
SST GO CIP 4	**The doctor assesses ovarian cancer and initiates appropriate interventions for all stages and contexts of disease.**
SSTR CiP	**The doctor is able to engage with research and promote innovation within their subspecialty.**

Our programme of assessment will include a broad range of evidence drawn from different formats and environments to ascertain minimal standards and competencies, regarding both expectations and attainments, at critical progression points and on completion of training. The programme of assessment will be based on robust and fair assessment principles and processes.

2.3 The Advanced Training Review process

High-quality women's healthcare relies on an integrated approach to service and care, to fully meet the needs of women. Therefore, a fundamental aim of this curriculum is to develop consultants who work on and lead multidisciplinary teams, from a range of professional groups in a variety of hospital and community settings. RCOG commissioned the Advanced Training Review in 2020 in direct response to feedback from the General Medical Council (GMC) on the 2019 curricula submission and approvals process.

Following this feedback, we have substantially reviewed and updated the ATSMs/APMs training component and aligned the Stages of Training for the structured training programme.

The review of the 2019 advanced training component was conducted by an Advanced Training Steering Group, under the governance of the RCOG Education Board. This group determined the direction of travel and comprised Chairs of the relevant RCOG curriculum committees (Curriculum Committee, Advanced Training Committee, Subspecialty Committee, Specialty Education Advisory

Committee (SEAC), Trainees' representatives and Vice Presidents for Education and Professionalism & Workforce).

O&G subgroups and subgroups for each subspecialty, bringing together relevant clinicians, trainees and lay representatives, undertook the development of the SITM curricula and revision of the subspecialty curricula. Particular effort was made to engage consultants working in both smaller district general hospitals and larger tertiary hospitals, in both special interest and subspecialty posts. The subgroups met on a monthly basis until the revised modules had been finalised.

The development of the revised curricula and recommended training pathway changes have been produced collaboratively with educationalists, trainees, Heads of School and specialist societies.

The Steering Group reported to the Advanced Training Project Board. The outputs from the project have been reported to the Curriculum Committees, SEAC and RCOG Council via the Education Board.

We enabled RCOG Fellows, Members, Associates, Trainees, Specialist Societies, Service Users, other Royal Colleges and Faculties, related charities and employers to feedback views during the consultation period from March to April 2023. The consultation process has resulted in invaluable feedback and has helped to further shape the curriculum.

The training programme aims to develop obstetricians & gynaecologists who work in and lead multidisciplinary teams, and who can work with colleagues from a range of professional groups in a variety of hospital and community settings. This emphasis can be seen in the GO CiPs. The combination of the GO subspecialty CiPs with the other specialty and generic CiPs in the training programme will provide a more integrated approach to service and care, to fully meet the needs of the people using our clinical services.

2.4 Flexibility and the transferability of learning

Embedding generic CiPs that are high-level statements setting out the general professional skills that all doctors should have at the end of training. Embedding them within the curriculum enables easier transfer between specialties, as the CiPs have also been mapped to the GMC's Generic Professional Capabilities (GPCs). Evidence can be acquired by experiences in a wide range of posts and environments, allowing flexibility to meet the needs of the service and the individual trainee.

Pre-CCT subspecialty trainees will be following and completing the Curriculum 2024 at the same time as their subspecialty training, and are required to display a wide range of behaviours and attributes, in addition to their specialist GO clinical skills and knowledge, reflecting the broad nature of this specialty in practice. Subspecialists in GO attaining CCT will also be skilled in managing both the labour ward and acute gynaecological emergencies, as well as caring for people requiring high level subspecialist skills in suspected or confirmed gynaecological cancers. They will have expertise in practical procedures related to the clinical care of women and will be

expert communicators with strong interpersonal skills, strong emotional awareness and adept at the management of emotionally complex situations. These areas ensure that doctors in training and beyond CCT can provide safe care whilst working on a range of challenging and diverse rotas, balancing acute and non-emergency service provision, and encouraging trainees to experience a wide range of hospital and other healthcare environments. Trainees following the GO subspecialty curriculum will also need to demonstrate that they have achieved thorough anatomical knowledge and surgical skills appropriate for a GO subspecialist, and that they have the knowledge, skills and attributes to manage the full range of gynaecological oncology conditions affecting their patients.

O&G doctors achieving the CCT regardless of their SITMs or subspecialty training will therefore have demonstrated achievement of a range of generic and specialty-specific capabilities. Doctors achieving CCT with subspecialist accreditation will also have demonstrated achievement of a set of subspecialist CiPs. These CiPs fully incorporate the GPCs, meeting the requirements set out by the GMC.

All CCT holders will:

- Be able to develop and apply innovative approaches to teaching in women's health and research.
- Place the principle of informed decision making with women and their families at the heart of their practice.
- Be advocates for women's health.
- Be up to date in their practice and promote and implement evidence-based medicine.
- Be a role model for the highest standards of care and professional behaviours within the specialty and across the medical profession as a whole.

3 The organisation and content of the GO curriculum

The practice of O&G requires the generic and specialty knowledge, skills and attitudes to advise and treat people presenting with a wide range of gynaecological and obstetric conditions and symptoms. It involves particular emphasis on woman-centred care, diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when specialty opinion or care is required. The modern consultant is defined by four Professional Identities in the Curriculum 2024 that incorporate all of these elements, as demonstrated in Figure 1 below.

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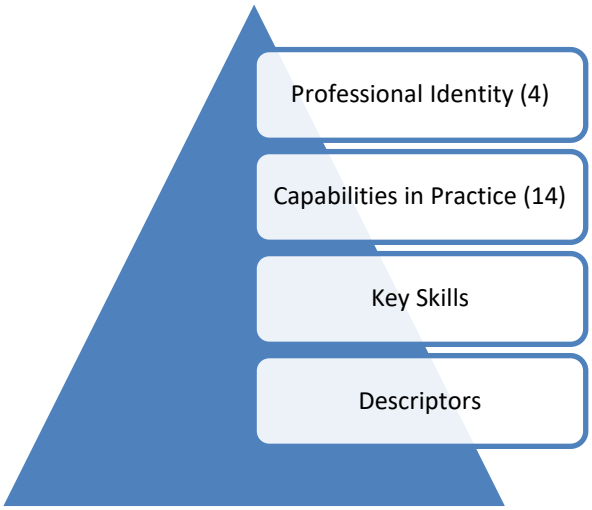
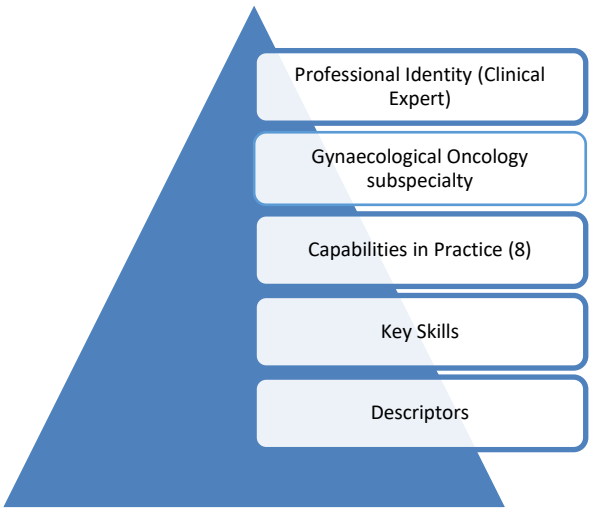
Figure 1 – Curriculum 2024 design structure



All the CiPs in the GO curriculum are in the Clinical Expert Professional Identities. This is because the trainee is also completing the Curriculum 2024 that contains all the necessary generic professional skills a CCT-holder will need.

Figure 2 – GO curriculum design structure



3.1 Curriculum framework features

The curriculum content is structured as follows:

Section 1 Capabilities in Practice

CiPs are the high-level learning outcomes within each of the Professional Identities. Each CiP is supported by the key skills expected to be demonstrated by an accredited GO subspecialist. Each key skill has a set of descriptors associated with that activity or task. These are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes that should be demonstrated by O&G doctors in the GO subspecialty. Descriptors can be used to provide guidance to trainees when they self-assess their performance against the minimum expected standards for their year of training. They are not a comprehensive list, and there are many more examples that would provide equally valid evidence of performance. Many of the descriptors refer to person-centred care and informed decision-making. This is to emphasise the importance of exploring and discussing care or treatment options, including their risks and benefits, with women and their families.

Each CiP gives guidance for the variety of evidence that will be required to demonstrate progress, including a list of the summative OSATS.

Each CiP lists the knowledge criteria relevant to that CiP.

Section 2 Procedures

All the procedures that are expected to be experienced during the GO subspecialty training programme are listed, with an indication of the final level expected by the end of training, and which CiP they belong to. There are a number of procedural skills in the GO subspecialty in which a trainee must become proficient to the level expected by the end of training, and there are a variety of ways in which the acquisition of these procedural skills can be evidenced. A number of these procedural skills that must be achieved to level 5 competency must be evidenced by three summative competent OSATs (Objective Structured Assessments of Training) and these are clearly marked in the procedure table. Trainees must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting for help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Trainees will be able to record their procedures in the new ePortfolio.

When a trainee has been signed-off as being able to perform a procedure independently, and where three summative OSATs are mandated for competency sign-off, they are not required to have any further assessment (OSATS) of that procedure, unless they or their Educational Supervisor think that this is required (in line with standard professional conduct).

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Section 3 GMC Generic Professional Capabilities

Appropriate professional behaviour should reflect the principles of the GMC's Good Medical Practice and the GPCs. Therefore, all subspecialty curricula have been mapped to the GMC GPC domains.

Section 4 Mapping of assessments to CiPs

The mapping shows the possible formal methods of assessment for each CiP. Section 3.2 outlines more detail on the mapping.

Assessment of the CiPs are underpinned by the descriptors and judged against the requirements articulated in the GO Curriculum Guide(s). The Subspecialty Training Programme Supervisor (STPS) will carry out an annual global judgement, and satisfactory sign-off will indicate that there are no concerns before the trainee can progress to the next assessment point.

To complete training and be recommended to the GMC for the award of CCT and entry onto the specialist register, the doctor must demonstrate that they are capable of unsupervised practice (level 5) in all CiPs except where otherwise indicated, as well as meet the requirements of the O&G Curriculum. This does not mean that all procedural competencies need to be acquired to level 5 (as described above).

3.2 Gynaecological Oncology subspecialty curriculum

Subspecialty curriculum framework in Gynaecological Oncology consists of:

- **Oncology (O) SITM (O CiPs 1, 2 and 3)**
- **Four subspecialty specific CiPs (SST GO CiP 1, 2, 3 and 4)**
- **One subspecialty specific research CiP (SSTR CiP)**

These 8 CiPs are outlined below.

The subspecialty trainee will need to complete all 8 CiPs to achieve subspecialty accreditation. The subspecialty-specific CiPs can only be completed as part of an accredited subspecialty training programme in Gynaecologal Oncology. A doctor who has completed part or all of the SITM (O CiPs 1-3) prior to commencing subspecialty training in GO does not need to repeat any part of the SITM CiPs already completed.

Trainees with previous research experience, such as SIPM Clinical Research, can use it as evidence for the Research (SSTR) CiP and does not need to be repeated.

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GO Subspecialty Programme Summary

SITM Oncology (O)– x3 CiPs	3
Subspecialty training – x4 CiPs	4
Subspecialty specific Research CiP	1

SITM: Oncology (O)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

O CiP 1: The doctor assesses and manages people who are referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.	
Key skills	**Descriptors**
Can counsel people on and arranges appropriate tests for gynaecological pre-malignancy	• Differentiates between general and high-risk populations. • Can counsel patients appropriately about screening of the female reproductive tract. • Arranges appropriate tests, interprets the results and can counsel patients accordingly. • Recommends appropriate action independently, or as part of a multidisciplinary team (MDT).
Performs an initial assessment of a patient with suspected gynaecological cancer	• Takes an appropriate history, including someone's 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.

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	• 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	• 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 make sure 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	• Anticipates likely results and starts to plan someone's care, involving the MDT, as appropriate. • 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. ones dealing with weight loss, fertility or genetics. • Liaises effectively with MDT colleagues.
Can counsel people with suspected gynaecological malignancies	• Communicates the results of investigations to patients and family, and can counsel them about 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 someone's diagnosis.

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Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Attendance at suspected cancer clinics • MDT attendance • British Gynaecological Cancer Society (BGCS) webinars • eLearning courses • Evidence of attendance at relevant course	<u>Experience with allied specialities</u> • Time in colposcopy clinics/MDT • Time with radiology team <u>Recommended courses</u> • Communication course • NIHR Good Clinical Practice training

Mandatory requirements

No mandatory evidence

Knowledge criteria

Gynaecological cancer screening:

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

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 the current national cancer strategy and guidance
- Assessment of a patient who has been 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 and lymph-vascular space invasion (LVSI)
- Genetic evaluation of tumour biopsies
- Cytology: basic use of cytology in cervical smear and fluids
- Specific imaging requirements for each cancer type, including the role of PET-CT scanning

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- Disease staging: Federation Internationale de Gynecologie et d'Obstetrique, (FIGO) and TNM Classification of Malignant Tumors(TNM))

Radiology:

- Main imaging modalities in gynaecological oncology
- Limitations and side effects of using ultrasound scans, cross-sectional imaging and nuclear medicine techniques
- Interpreting imaging, in conjunction with a 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 people with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early stage gynaecological cancer.	
Key skills	**Descriptors**
Prepares patients for surgery	• Makes sure that the right operation is performed by the right team, at the right time, in the right place. • Can counsel patients about surgical treatment options and the risks involved. • Can carry out a perioperative risk calculation with risk/benefit analysis, for and against surgery, in conjunction with colleagues working in anaesthetics and physicians who care for elderly people. • Interprets preoperative investigations and liaises with anaesthetic and radiology departments, where relevant. • Gets patient's consent for procedures. • Can set up combined operating with other specialities, where required. • Arranges perioperative intensive care unit(ICU)/high dependency unit (HDU) support, as appropriate.
Recognition, diagnosis and management of surgical complications	• Takes steps to minimise the risk of complications. • Is able to control major haemorrhage. • Manages unexpected findings, including inoperability of gynaecological cancer. • Recognises injury to relevant structures, including bowel, bladder, ureters and blood vessels. • Recognises and manages complications with wounds, such as infection, dehiscence and incisional hernia.

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	• Undertakes repair of injury and involves other specialities, when required or appropriate. • Audits surgical practice.
Delivers perioperative supportive care	• 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 specialities, as appropriate.
Surgical management of gynaecological pre-invasive disease or genetic predisposition to gynaecological cancer	• Wide local excision of confirmed vulval intraepithelial neoplasia (VIN). • Can carry out a simple hysterectomy for persistent pre-malignant cervical histology. • Can carry out risk reducing surgery for patients with a genetic predisposition to gynaecological cancer.
Surgical and post-operative management of early stage gynaecological cancer	• Can carry out wedge biopsy of suspected vulval malignancy. • Can carry out a simple hysterectomy for early stage uterine/cervical cancer, including minimal access surgical techniques. • Can carry out staging laparoscopy for ovarian cancer (+/-) biopsy. • Can carry out surgical staging of low malignant potential adnexal masses. • Communicates discharge information accurately. • Formulates appropriate follow-up schedules. • Assesses and arranges to manage the physical and holistic side effects of treatment for patients. • Considers all management options and determines when palliative, or best supportive care options, are appropriate.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars	• Evidence of attendance at a relevant course <u>Experience with allied specialities</u> • Time with anaesthetics/ICU team • Attendance at genetics clinics/counselling sessions

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Mandatory requirements

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

Knowledge criteria
• Role of surgical and non-surgical interventions, complications and sequelae • Procedures that preserve fertility in cervical, ovarian and endometrial cancer • Preoperative investigation of patients, including radiology and assessment of fitness for surgery • Identifies a high-risk surgical patient • Type of surgery appropriate for each gynaecological cancer • Selecting an appropriate surgical route to manage gynaecological cancers • 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, dehiscence and incisional hernia • Recognise initial and late complications, including but not limited to, damage to adjacent viscera, haemorrhage and thromboembolic disease

O CiP 3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.	
Key skills	**Descriptors**
Manages **gynaecological** oncology patient pathways	• Manages rapid access pathways for suspected gynaecological cancer. • Makes appropriate use of external protocols and guidelines for gynaecological cancer. • Stages gynaecological cancers correctly. • Is able to contribute effectively to cancer centre MDT meetings, including chairing them, when appropriate. • Collaborates with consultants and colleagues in other specialities and departments, when appropriate. • Takes part in quality improvement activities.

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Investigates and manages patients with a genetic predisposition to gynaecological cancer	• 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 for patients with a genetic predisposition to gynaecological cancer. • Liaises with specialist genetic services to assess the risk of someone developing cancer. • Can counsel patients about managing a genetic predisposition to gynaecological cancer, including implications for family members.
Works within the MDT to assess the need for chemotherapy or radiation therapy in gynaecological cancers	• Is involved in MDT discussions and selecting patients for radiotherapy. • Takes part in MDT discussions to plan neoadjuvant or adjuvant chemotherapy.
Management of women with non-gynaecological cancers in pregnancy	• Providing individualised care, following a review by the MDT, including liaising with the primary oncology/surgical team, subspecialist gynaecological oncology team, consultant obstetrician and neonatologist.
Manages the holistic needs of people with terminal gynaecological cancer	• Can counsel patients and relatives and communicate information about disease, including someone's prognosis. • Uses a holistic approach (physical/psychological/social/spiritual) to assess symptoms and anxieties of the patient and their family members. • Involves members of the 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 to manage nutrition. • Recognises anxiety, depression and psychosexual problems in patients with gynaecological malignant disease and seeks specialist input, where necessary.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook	<u>Experience with allied specialities</u> • Time with the palliative care team • Attendance at genetics clinics/counselling sessions • Time with gynaecological oncology clinical nurse specialist

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• MDT attendance (local and regional) • BGCS webinars • Evidence of attendance at relevant course	

Mandatory requirements

No mandatory evidence

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 gynaecological cancer syndromes, including BReast CAncer gene (BRCA) and Lynch syndrome
- Implications of genetic screening
- Counselling and complications of managing patients with a genetic predisposition to gynaecological cancer
- Role of risk-reducing surgery in managing people who have 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 radiosensitivity of different cancers

Palliative care:

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

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*
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	

Subspecialty trainees in Gynaecological Oncology will be expected to acquire the procedural skills listed in this table and those listed in the GO SST-specific procedures table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working

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Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

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 people who are 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 people with gynaecological pre-invasive disease, early stage gynaecological cancer, or a genetic predisposition to	X	X	X	X	X	X

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O CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
gynaecological cancer						
3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT		X	X	X	X	X

GO SST specific CiPs

SECTION 1: CAPABILITIES IN PRACTICE

SST GO CIP 1: The doctor assesses and manages patients with suspected vulval or vaginal cancer and initiates appropriate interventions for all stages and contexts of the disease.	
Key skills	**Descriptors**
Manages pre-invasive vulval disease	• Conducts an appropriate examination of the vulva and vagina. • Undertakes diagnostic biopsies.
Can counsel patients on surgical and non-surgical treatment options	• Communicates results and can counsel patient on: diagnosis, symptom control, surgical options, non-surgical options, the adverse effects of treatment and prognostic factors at initial presentation and recurrence.
Performs surgery for vulval cancer and vaginal cancer	• Performs appropriate surgery. • Knowledge of options for perineal wound closure and reconstruction and manages in conjunction with plastic surgery as required. • Organises and performs cross-speciality operating. • Identifies patients that are not suitable for surgery. • Recognises and manages perioperative complications.

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Provides ongoing care after someone has completed primary treatment	• Understands the role and potential complications of non-surgical treatment options. • Organises discharge and follow-up arrangements. • Manages complications of treatment. • Investigates, diagnoses, and manages recurrent disease.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (Including SO) • Reflective practice • Surgical logbook • MDT attendance • British Gynaecological Cancer Society (BGCS) webinars • Evidence of attendance at relevant courses	<u>Experience with allied specialties</u> • Dedicated time with plastic surgical team, including time spent in theatre • Time with psychosexual counsellor • Time with lymphoedema specialist <u>Relevant compulsory courses</u> • Relevant scientific meeting

Mandatory requirements

- OSATS
  - Radical Vulvectomy
  - Groin node dissection
  - Sentinel lymph node dissection for vulval cancer

Knowledge criteria

- Anatomy of vagina, vulva, perineum, femoral triangle and lower abdominal wall
- Epidemiology and aetiology of vaginal and vulval cancer (including melanoma, basal cell carcinoma, Paget's, Bartholin's gland carcinoma and metastatic lesions)
- Pathophysiology of vulval and vaginal cancer
- Treatment of all stages of vulval and vaginal cancer
- Indications for different flaps and able to organise and administer in conjunction with plastic surgery
- Recognition and management of complications of treatment including, but not limited to: flap breakdown, lymphocyst, lymphoedema and neuralgia
- Diagnosis and management of recurrent disease
- Psychosexual morbidity and management

SST GO CIP 2: The doctor assesses cervical cancer and initiates appropriate interventions for all stages and contexts of the disease.	
Key skills	**Descriptors**

Manages pre-invasive disease of the cervix	• Interprets screening and investigation results and communicates these to the patient. • Performs a colposcopy and treatment of pre-invasive disease.
Can counsel someone on surgical and non-surgical treatment options	• Communicates results and can counsel patients on: diagnosis, symptom control, surgical options (including options for fertility-sparing surgery), non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence or cervical cancer.

Performs surgery for cervical cancer	• Identifies patients suitable for:
	  ○ fertility-sparing surgery
	  ○ radical surgery
	  ○ exenterative surgery
	• Is able to observe, assist and perform relevant surgery for cervical cancer, as listed in the procedure table and according to their level of training.
	• Identifies patients unsuitable for surgery.
	• Recognises and manages perioperative complications.

Investigates and diagnoses urinary tract disorders in a gynaecological oncology setting	• Orders investigations, interprets them and liaises with urology and Interventional Radiology (IR) teams, as appropriate.
Performs relevant procedures to facilitate the investigation and management of urological complications	• Selects appropriate patients for surgical/IR intervention involving the urinary tract (i.e. urinary diversion, ureteric stenting, fistula repair and exenterative surgery). • Can counsel patients about the effects of gynaecological malignancy and its treatment on the urinary system. • Recognises and manages urinary tract injuries, in conjunction with allied specialities, as appropriate. • Manages pre- and post-operative care of patients undergoing urology procedures, in conjunction with allied specialties, as appropriate.
Understands the role of radiotherapy in managing gynaecological cancers	• Aware of the basics of radiotherapy and treatment schedules. • Understands the adverse effects of radiotherapy on tissues, including, but not limited to, skin, urinary tract, gastrointestinal tract, and the vagina. • Understands the difference between curative and palliative treatment scenarios.

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	• Understands the role for chemotherapy as an adjuvant treatment. • Manages the long term effects of radiotherapy, such as: vaginal stenosis, ovarian failure, oedema, osteopenia and fistulae, in conjunction with relevant teams.
Provides ongoing care after someone has completed their primary treatment	• Understands the role and potential complications of non-surgical treatment options. • Organises discharge and follow up arrangements. • Manages complications of treatment. • Investigates, diagnoses, and manages recurrent disease.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (Including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • BSCCP accreditation certificate • Evidence of attendance at relevant course	<u>Experience with allied specialties</u> • Dedicated time with Urology team • Dedicated time with Clinical Oncology team, including radiation planning sessions/delivery <u>Recommended courses</u> Competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.) • Relevant scientific meeting

Mandatory requirements

- OSATS:
  - Radical hysterectomy
  - Open pelvic lymphadenectomy

Knowledge criteria

- The anatomy of the female pelvis
- The role of human papillomavirus (HPV) in the aetiology and development of cervical intraepithelial neoplasia (CIN) and cervical cancer (as evidenced by the British Society for Colposcopy and Cervical Pathology (BSCCP) Accreditation)
- The histological types of cervical cancer and the implications this has on prognosis
- The pathology, presentation, and diagnosis of cervical cancer
- Staging of cervical cancer
- Management options for all stages of disease
- The principles of fertility-sparing treatment, including radical trachelectomy

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• Management of post treatment complications, including, but not limited to, urinary tract sequelae of radiotherapy and surgery • Principles of radiotherapy, effects on organs and radiosensitivity of different cancers • Complications of radiotherapy in: gastrointestinal tract, urinary tract, skin, bone marrow, central nervous system and genital tract • Diagnosis and management of recurrent disease • Management of treatment-induced menopause Psychosexual morbidity and management

SST GO CIP 3 The doctor assesses uterine corpus cancer and gestational trophoblastic disease and initiates appropriate interventions for all stages and contexts of disease.	
Key skills	**Descriptors**
Can counsel on surgical and non-surgical treatment options for uterine cancer	• Communicates results and can counsel patients on: diagnosis, symptom management, surgical options, non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.
Performs correct surgery for uterine corpus cancer	• Provides appropriate surgical management and staging for endometrial cancer and uterine sarcomas in the primary setting, with minimal access surgery the default option. • Identifies patients suitable for fertility-sparing treatment. • Determines when palliative surgery is appropriate. • Determines when surgery for recurrent disease is appropriate. • Identifies patients that are not suitable for surgery. • Is able to observe, assist and perform relevant surgery for uterine corpus cancer, as listed in the procedure table and according to their training level. • Recognises and manages perioperative complications.
Provides ongoing care after someone has completed primary treatment	• Understands the role and potential complications of non-surgical treatment options. • Organises discharge and follow up arrangements. • Manages complications of treatment. • Investigates, diagnoses, and manages recurrent disease.

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Performs assessment, investigations and management of gestational trophoblastic disease (GTD)	• Carries out appropriate staging of gestational trophoblastic neoplasia. • Can counsel patients on diagnosis and liaises with supra-regional centre.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • Evidence of attendance at relevant courses	<u>Recommended courses</u> Competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.) • GTD course or webinar • Relevant scientific meeting

Mandatory requirement

- OSATS:
  - MIS hysterectomy (laparoscopic or robotic)
  - MIS pelvic lymphadenectomy (systematic lymphadenectomy or sentinel lymph node dissection)
  - Open pelvic lymphadenectomy
  - Open parp-aortic lymph node dissection

Knowledge criteria

- The aetiology and presentation of uterine cancer
- Histopathological classification of uterine cancer, including interpretation of immunophenotyping, implementation of genetic testing and impact of results on treatment options
- Contributes effectively to MDT discussions planning care for women with uterine cancer, including timing of surgery
- Perioperative surgical planning, including selection of cases to be performed in conjunction with surgical specialty colleagues, as appropriate
- Medical management of the sequelae of uterine cancer
- Management of post-treatment complications
- Diagnosis and management of recurrent disease
- Definition, classification and histopathology of GTD
- Epidemiology, aetiology and clinical features of GTD
- Principles of investigation and treatment for, and follow-up of women with, GTD

SST GO CIP 4: The doctor assesses ovarian cancer and initiates appropriate interventions for all stages and contexts of the disease.

Key skills	Descriptors
Can counsel patients on surgical and non-surgical treatment options	• Communicates results and can counsel patients on: diagnosis, symptom management, surgical options (including options for fertility-sparing surgery), non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.
Performs correct surgery for ovarian cancer	• Assesses cases laparoscopically and safely retrieves biopsy material. • Selects cases, within MDT discussions, for maximal effort cytoreductive surgery, with the aim of achieving no macroscopic residual disease in the primary, interval and recurrent setting. • Determines when palliative surgery is appropriate. • Identifies and can counsel patients who will benefit from bowel surgery. • Identifies patients unsuitable for surgery. • Formulates and modifies surgical plan, in conjunction with allied specialties, as appropriate. • Performs upper abdominal disease resection, in conjunction with allied specialties, as appropriate. • Manages serosal and full thickness small and large bowel injuries. • Recognises and manages perioperative complications.
Manages the postoperative care of women who have had maximal effort cytoreductive surgery	• Identifies patients who need t*otal parenteral nutrition* (TPN), in conjunction with nutritional team. • Manages a critically ill surgical patient. • Manages the postoperative care of patients who have undergone bowel surgery, in conjunction with allied specialties, as appropriate. • Manages complications of surgery. • Manages enteric fistulas, in conjunction with allied teams, as appropriate.
Understands the role of chemotherapy in managing gynaecological cancers	Aware of the basics of chemotherapy, including: • the adverse effects and complications of chemotherapy. • Concept of adjuvant and neoadjuvant therapy. • Guidelines and definitions for evaluation of response to chemotherapy. • Understands the role of maintenance therapy.

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	• Recognises, investigates and involves relevant teams in managing chemotherapy toxicity. • Non-surgical therapeutic options for recurrent disease. • Limitations of chemotherapy.
Provides ongoing care after completing primary treatment	• Understands the role and complications of non-surgical treatment. • Organises discharge and follow up arrangements for patients. • Appreciates the role of genetic testing. • Manages complications of treatment. • Investigates, diagnoses, and manages recurrent disease. • Recognises and seeks advice/manages: ascites, pleural effusion, nutritional deficiencies, bowel obstruction and urinary obstruction in patients with terminal gynaecological malignant disease.

Evidence to inform decision – examples of evidence (not mandatory requirements)

• Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • Evidence of attendance at relevant courses	<u>Experience with allied specialties</u> • Dedicated time with colorectal team, including: in elective theatre lists, with the emergency surgical team and in clinic • Dedicated time with Medical Oncology team, including chemotherapy administration • Dedicated time with Palliative Care team • Time spent with the Hepato-Pancreatico-Biliary team • Time spent with a stoma therapist • Time spent with dietician/Nutrition team • Time spent on High Dependency Unit (HDU)/Intensive Care Unity (ITU) ward rounds and/or MDT • Attendance at anaesthetic pre-assessment clinic <u>Recommended courses</u> (Competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.)

	• Anastomosis course • Care of the Critically Ill Surgical Patient • Relevant scientific meeting

Mandatory requirements

- OSATS:
  - Open pelvic lymphadenectomy
  - Total omentectomy
  - Open para-aortic lymph node dissection
  - Small bowel resection & anastomosis #
  - Large bowel resection and colostomy formation #
  - Diaphragmatic peritoneal resection with liver mobilisation

Knowledge criteria

- The aetiology and presentation of ovarian cancer
- Histopathological classification of ovarian cancer, including interpretation of immunophenotyping, implementation of genetic testing and the impact of results on treatment options
- The anatomy and physiology of the gastrointestinal tract
- Contributes effectively to MDT discussions planning care for women with ovarian cancer, including timing of surgery
- Perioperative surgical planning, including selection of cases to be performed, in conjunction with allied specialties, as appropriate
- Medical management of the sequelae of ovarian cancer, including: ascites, pleural effusions and bowel obstruction
- Indications, benefits and limitations of single agent and combin ation chemotherapy and maintenance therapy
- Short- and long-term toxicity of systemic therapy, both general and drug-specific
- Diagnosis and management of recurrent disease
- The diagnostic and management pathway for pseudomyxoma peritonei
- Principles of nutritional support pre- and post-operatively, including both enteral and parenteral nutrition
- The principles of repair, resection, anastomosis and stoma formation of the GI tract
- Care of critically ill patient, in conjunction with allied specialties, as required

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS.

At least one of these OSATS, completed by the named colorectal surgeon who will be responsible for the colorectal training of RCOG GO Subspecialty Trainee, in accordance with the following BGCS statement: "Governance models to support patient safety when undergoing maximal effort cytoreductive surgery for advanced ovarian/fallopian tube/primary peritoneal cancer – A joint

statement of ACPGBI, ASGBI, AUGIS and BGCS". Available at: https://www.bgcs.org.uk/wp-content/uploads/2021/12/Joint-statement-Version-1.9_NJW_final.pdf

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CiP 4*
Radical vulvectomy*	5	X			
Groin node dissection*	5	X			
Sentinel lymph node dissection for vulval cancer*	5	X			
Vulvoscopy	5	X			
Vulval reconstruction with flap	1	X			
Radical hysterectomy*	5		X		
Open pelvic lymphadenectomy*	5		X	X	X
Colposcopy	5		X		
Cervical biopsy	5		X		
Large loop excision of the transformation zone	5		X		
Cystoscopy and bladder biopsy	5		X		
Rigid sigmoidoscopy	5		X		
Repair of injury to the bladder	5		X		
MIS sentinel pelvic lymph node biopsy	2		X		
Radical trachelectomy	1		X		
Ureteric stenting	1		X		
Ureteric reimplantation	1		X		
Ureteroscopy	1		X		
Primary ureteric anastomosis	1		X		
Cystectomy	1		X		
Ileal conduit formation	1		X		
Continent urinary diversion	1		X		
Post radiation exenteration	1		X		
MIS hysterectomy (laparoscopic or robotic)*	5			X	
MIS pelvic lymphadenectomy (systematic lymphadenectomy or sentinel lymph node dissection)*	5			X	
Open para-aortic lymph node dissection*	5			X	X
Total abdominal hysterectomy and bilateral salpingo-oophorectomy	5			X	X
MIS sentinel lymph node biopsy for endometrial cancer	2			X	
MIS para-aortic lymph node dissection	1			X	
Total omentectomy*	5				X

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CiP 4*
Small bowel resection and anastomosis*#	5				X
Large bowel resection and colostomy formation*#	5				X
Diaphragmatic peritoneal resection with liver mobilisation*	5				X
Appendicectomy	5				X
Enbloc oophorectomy with pelvic peritonectomy and rectosigmoid resection (Hudson en bloc resection)	5				X
End/loop ileostomy	4				X
Splenectomy	3				X
Full thickness diaphragm resection	3				X
Repair of incisional hernia without mesh	2				X
Colorectal anastomosis	2				X

Subspecialty trainees in Gynaecological Oncology will be expected to acquire the procedural skills listed in this table, and those found in the Oncology SITM procedures table.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

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SECTION 4: MAPPING OF ASSESSMENTS TO SST GO CiPs

SST GO CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor assesses and manages patients with suspected vulval or vaginal cancer and initiates appropriate interventions for all stages and contexts of the disease	X	X	X	X	X	X
2: The doctor assesses cervical cancer and, initiates appropriate interventions for all stages and contexts of the disease	X	X	X	X	X	X
3: The doctor assesses uterine corpus cancer and gestational trophoblastic disease and initiates appropriate interventions for all stages and contexts of disease	X	X	X	X	X	X
4: The doctor assesses ovarian cancer and initiates appropriate interventions for all	X	X	X	X	X	X

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SST GO CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
stages and contexts of the disease						

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Research - Subspecialty Training

SECTION 1: CAPABILITIES IN PRACTICE

SSTR CiP: The doctor is able to engage with research and promote innovation within their subspecialty.	
Key skills	**Descriptors**
Demonstrates research skills	• Is able to demonstrate practice in healthcare research and the different methodologies within their subspecialty. • Shows continued engagement in Good Clinical Practice (GCP) and Research and Development (R&D) processes. • Engages in ethics and governance processes within research, demonstrating they are able to follow guidelines on ethical conduct and consent for research. • Demonstrates involvement in informatics, statistical analysis and emerging research areas within their subspecialty. • Shows engagement with national trials within their subspecialty, including patient recruitment, trial monitoring and adverse event reporting. • Shows understanding of the role of public and patient involvement within clinical trials. • Is able to discuss clinical trials with, and facilitate recruitment of, patients within their subspecialty. • Has the ability to translate research into clinical practice within their subspecialty.
Demonstrates critical thinking	• Is able to develop and critically appraise a research protocol. • Is able to critically evaluate clinical trial data to establish the clinically significant outcomes and relevance for clinical practice within their subspecialty. • Is able to interpret research findings, reflect on the potential impact on their clinical practice and share this with colleagues and patients. • Can develop and critically appraise a patient information leaflet. • Is able to interpret research findings within their subspecialty and discuss these when taking informed consent for treatment.

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Innovates	• Demonstrates how their clinical practice has developed from innovative research within their subspecialty. • Is able to demonstrate engagement with the introduction of any innovations within their subspecialty, including governance and costs.

Evidence to inform decision – examples of evidence (not mandatory requirements)	
• National teaching and courses • Critical appraisal of protocols/papers • Subspecialty journal club presentations • GCP re-certification • Participation, including recruitment for national multicentre trials • Preparation of research protocol/grant applications • Oral, and/or poster presentations at national/international subspecialty meetings	• SIPM in Clinical Research • Peer reviewed original research publications relevant to their subspecialty • A higher degree such as a PhD or research MD

SECTION 2: PROCEDURES

There are no procedures in this SST Research CiP.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

Mapping to GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training

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Domain 9: Capabilities in research and scholarship

4 The research component of subspecialty training

The subspecialty research CiP (SSTR CiP) builds on the Curriculum 2024 research requirements. It trains the sub-specialist to interpret and contribute to clinical research within their subspecialty, and to discuss and introduce new evidence to improve clinical outcomes for patients within their subspecialty.

Trainees who have completed the SIPM in Clinical Research or have had OOP research experience can use this evidence towards this CiP meaning those key skills and descriptors will not be repeated. Leading to the shortening of training time.

5 Learning and teaching

5.1 Stages 1-3 training programme

The organisation and delivery of postgraduate training is the responsibility of the National Health Service England (NHSE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA). A Training Programme Director will be responsible for coordinating the O&G training programme in each deanery. The local organisation and delivery of training is overseen by a school of O&G.

Progression through the programme will be determined by the annual review of curriculum progression (ARCP) process and the training requirements for each indicative year of training are summarised in the O&G ARCP decision aid. The successful completion of each stage of training will be dependent on achieving the expected level in all CiPs and procedural skills. The programme of assessment will be used to monitor and determine progress through the programme. Training will normally take place in a range of settings, e.g. community, District General Hospitals and Teaching Hospitals.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire syllabus is covered and unnecessary duplication and educationally unrewarding experiences are avoided. The sequence of training should ideally be flexible enough to allow the trainee to develop a special interest which can be taken forward during the advanced training period.

5.2 The general training environment

To fulfil the GO curriculum requirements, trainees need to train and work in high quality training environments. The GMC has clear standards in its Promoting excellence document - which specifies that employers must provide trainers with the support and resources they need to meet their education and training responsibilities. Employers should also protect time for training and produce rotas that help deliver that goal. Where the GMC survey shows this is not happening, employers are expected to take action to ensure their training environments meet GMC standards.

The RCOG annual trainee evaluation form (TEF) and subsequent analyses also provides longitudinal data for schools and units to use to drive improvements in the education they provide. The TEF data is specialty-specific, and so can provide detailed feedback on specific areas of training and education that support curriculum delivery.

The RCOG has produced a quality criteria, based on GMC and RCOG standards and good practice noted through the TEF exercise, which will enable individual training placements to benchmark the education and training they provide and further develop high-quality placements. These will detail how we can enable trainees to:

- Provide safe and effective care.
- Have a supportive working environment.
- Enjoy a better educational experience.

The quality criteria provide guidance regarding the range and access to informal, formal and experience-based learning that will be required to fulfil the curriculum requirements. The curriculum will provide a balance of different learning methods for trainees to progress through, from formal teaching programmes to learning 'on the job'. The proportion of time allocated to each method may vary depending on the nature of the attachment within a rotation. Rotations should be constructed to enable the trainee to experience the full range of educational and training opportunities.

Informal learning methods will include:

- **Learning with peers** - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.
- **Work-based experiential learning** - The content of work-based experiential learning is decided by the local faculty for education within a unit.

Formal postgraduate teaching sessions

The content of other formal postgraduate teaching sessions and access to other more formal learning opportunities are determined by the local faculty of O&G education. GO trainees will attend those that are of interest or relevance to them. There are many opportunities throughout the year for formal teaching locally and at regional, national and international meetings. Many of these are organised by the RCOG.

Independent self-directed learning

Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including journals and web-based material such as e-Learning for Healthcare (e-LfH) and the RCOG's Learning platform.
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan).
- Audit, quality improvement and research projects.
- Achieving personal learning goals beyond the curriculum.

5.3 The subspecialty training environment

Subspecialty training can only be followed in a centre that has been accredited by the RCOG Subspecialty Committee.

A centre should have sufficient caseload to support the trainee in completing the approved subspecialty curriculum within the required timeframe.

Recognition may be granted for more than one trainee per centre, where there is supporting evidence that there is sufficient workload within the centre for given number of trainees.

6 Programme of assessment

6.1 Purpose of assessment

The purpose of the programme of assessment is to:

- Assess trainees' actual performance in the workplace.
- Encourage the development of the trainee as an adult responsible for their own learning.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.

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- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of good medical practice.
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes in career direction.

6.2 Programme of assessment

Our overall programme of assessment as outlined in the Curriculum 2024 Definitive Document refers to the integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training. The purpose of the programme of assessment is to clearly communicate the expected levels of performance and ensure these are met on an annual basis and at other critical progression points, and to demonstrate satisfactory completion of training as required by the Curriculum 2024.

The programme of assessment for the GO subspecialty curriculum comprises the use of a number of individual assessment tools which are the same as those for the O&G curriculum, apart from the MRCOG which must have already been achieved. These include summative and formative workplace-based assessments. A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments are linked to the relevant learning outcomes stated in the curriculum.

The programme of assessment emphasises the importance of professional judgement in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curriculum. It also focuses on the learner as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made according to a learner's self-assessment. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for trainees. Assessment tools, which are well established in O&G training, will be both formative and summative, and have been selected on the basis of their fitness for purpose and their familiarity to trainees and trainers.

Trainees will be assessed throughout the training programme, allowing them to continually gather evidence of learning and provide formative feedback. Those assessment tools that are not identified individually as summative will contribute to global judgements about a trainee's

progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component of all workplace-based assessments. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently – and as soon as possible after any event to maximise benefit for the trainee. Feedback should be of high quality and include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

6.3 Assessment of CiPs

A global judgement by the educational supervisor is the fundamental basis of assessment of progression through the learning aims and requirements of a Capability in Practice. Assessment of CiPs involves looking across a range of key skills and evidence to make a judgement about a trainee's suitability to take on particular responsibilities or tasks appropriate to their stage of training. It also involves the trainee providing self-assessment of their performance for that stage of training.

Clinical Supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance throughout the training year. Evidence to support the global rating for the CiP will be derived from workplace-based assessments and other evidence, e.g. TO2.

6.4 The global judgement process

Toward the end of the training year, trainees will assess their own progression for each CiP (Figure 3a) and record this in the ePortfolio, signposting to the evidence that supports their rating. The Subspecialty Training Programme Supervisor (STPS) will review the evidence in the ePortfolio including workplace-based assessments, the TO2 and the trainee's self-assessment and record their global judgement of the trainee's performance in the Subspecialty Educational Supervisor Report (SST ESR), with commentary. Figure 3b shows how the trainee's self-assessment, and the evidence feed into the global judgement by the STPS.

Figure 3a – Trainee self-assessment of a CiP

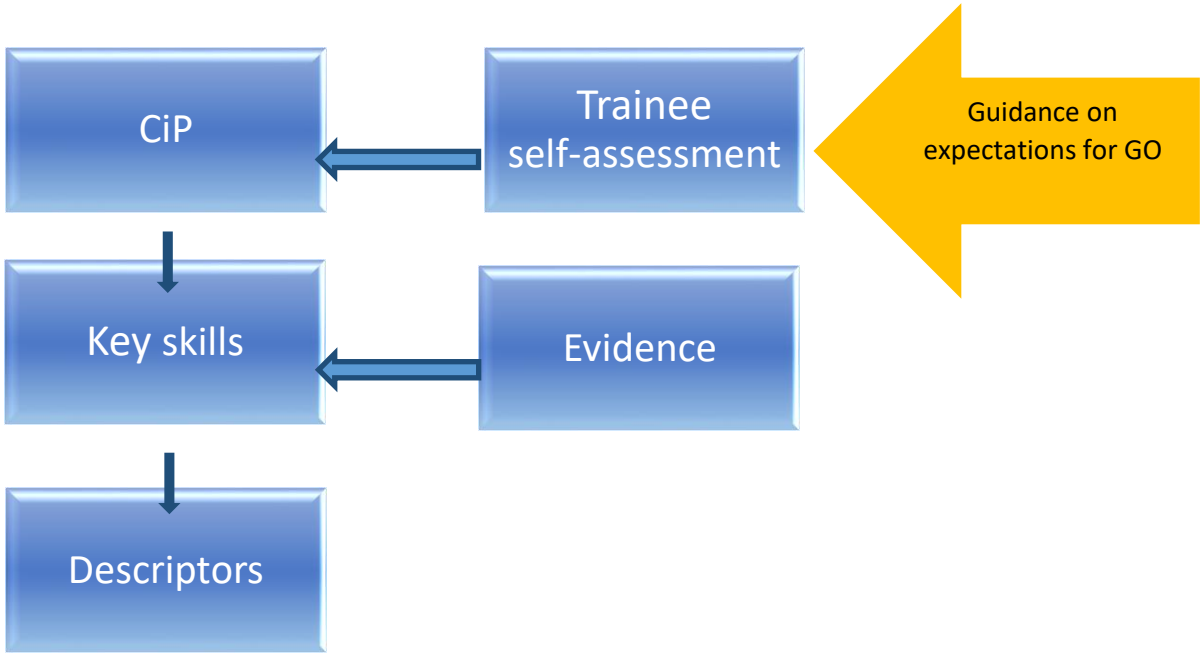
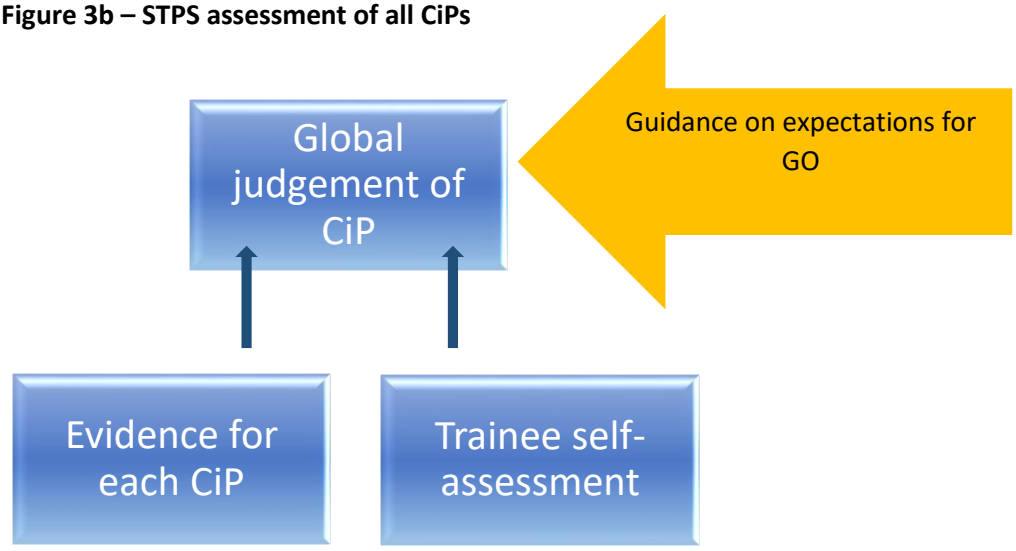


Figure 3b – STPS assessment of all CiPs



The trainee will make a self-assessment to consider whether they meet expectations for the GO subspecialty as a whole, using the five supervision levels listed in Table 3 and highlighting the

evidence in the ePortfolio. The STPS will indicate whether the trainee is meeting expectations or not by assigning one of the five supervision levels, as in the template below.

Table 2 shows the five supervision levels that are based on an entrustability scale that are behaviourally anchored ordinal scale based on progression to competence and reflects judgements that have clinical meaning for assessors[1].

Table 2 – Levels of supervision

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

[1] Entrustability Sales: Outlining their usefulness for competency-based clinical assessment

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Global judgement to be used for each CiP

Trainee self-assessment

FOR EACH CiP

Statement of what level of supervision is required.

Link to evidence on the ePortfolio.

SST Educational Supervisors assessment

I agree with the trainee's self-assessment and have added my comments to each CiP.

I do not agree with the trainee's self-assessment for the following reasons:

SST Educational Supervisors global judgement of the CiPs

I consider that the trainee's performance overall meets the clinical entrustability scale of 1-5 (specify) and that the trainee is:

- Not meeting expectations for the subspecialty training in GO; may not meet the requirements for critical progression point
- Meeting expectations for the subspecialty training in GO; expected to progress to next stage of training

The generic skills for subspecialty training, i.e. communication, team working, leadership, good medical practice and maintaining trust, teaching, research, governance and risk management, administrative skills and service management, information use and management will be evidenced and assessed through the generic CiPs in the Curriculum 2024. The evidence will need to be at an appropriate level for a subspecialist. The expectations for the GO curriculum as a whole for generic CiPs will be specified in the GO curriculum guidance. Those subspecialty trainees who are undertaking subspecialty training post-CCT will be signposted to the relevant generic CiPs and advised in the guidance that they will need to include evidence within their ePortfolio for these.

6.5 Assessment of progression

Subspecialty trainees will be formally assessed on an annual basis prior to their ARCP by a subspecialty assessment panel as to whether the trainee is making sufficient progress to complete the GO curriculum and acquired the procedural competence required. The recommended outcome of the SST assessment will feed into the Educational Supervisor Report (ESR). The ESR will make a recommendation to the ARCP panel on progress to complete the GO curriculum. The ARCP panel will make the final decision on whether the trainee can be signed-off and progress to the next year.

6.6 Evidence of progress

Many trainees work less than full time, and other trainees spend only a proportion of their working week in clinical subspecialty training if this is combined with an academic lecturer post. Subspecialty training programmes are constructed in different ways, with some adopting a modular approach and others exposing the trainee to all disciplines throughout the programme. It is therefore not possible to write a matrix that takes accounts of all these variations in the pattern of subspecialty training. At each subspecialty assessment, the panel will judge the evidence provided against the period of whole time equivalent CLINICAL training time and not the number of calendar months since training began or since the last assessment. It is expected that the subspecialty educational supervisors, through their reports, will make it clear to the assessment panel how much WTE clinical training is being assessed.

Common sense and professional judgement will be required when assessing overall progress across the subspecialty curriculum at each yearly assessment, however there will be general guidance for panels to follow.

The following methods of assessment will provide evidence of progress. Evidence is a crucial concept in the curriculum, and as well as the methods listed below, can include other sources, such as the Personal Development Plan or quality improvement project or procedure log. The trainee will collect evidence to support their self-assessment, and the STPS will use it to reach a global judgement. These methods are described briefly below. More information and guidance for trainees and assessors are available in the ePortfolio and on the RCOG website (www.rcog.org.uk).

Summative assessment

- Objective Structured Assessment of Technical Skills (OSATS) - summative

Formative assessment

- Case-Based Discussions (CbD)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- OSATS - formative
- Team Observation (TO1), TO2 and Self-observation (SO)
- Non-Technical Skills for Surgeons (NOTSS)

Supervisor report

- Educational Supervisor Report (ESR)
- Subspecialty Educational Supervisor Report (SST ESR)

Objective Structured Assessment of Technical Skills (OSATS)

There are a number of fundamental procedures in the GO subspecialty curriculum that requires an objective assessment tool to aid the review process. OSATS are validated assessment tools that assess technical competency in a particular technique. OSATS will be completed throughout training until the trainee is competent to practise independently. OSATS can be undertaken as many times as the trainee and their supervisor feel is necessary (formative). A trainee can be regarded as competent to perform a procedure independently after they have completed 3 summative OSATs by more than one appropriate assessor.

Case-based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the outpatient department.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

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Multi-source feedback

The TO1 form is a multi-source feedback tool based on the principles of good medical practice, as defined by the GMC. TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of a trainee's assessment. The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. Individual team members completing a TO1 form should do so based on their experience of working with the trainee. The trainee will also be able to self-assess using a modified TO1 form (SO) that has been piloted along with the modified WBA tools. The TO1 forms are summarised in a TO2 form that informs the ARCP.

Non-Technical Skills for Surgeons (NOTSS)

The NOTSS system provides a framework and common terminology for rating and giving feedback on non-technical skills. Used in conjunction with medical knowledge and clinical skills, NOTSS is a tool to observe and rate behaviour in theatre in a structured manner. This enables clear and transparent assessment of training needs. NOTSS describes the main observable non-technical skills associated with good surgical practice, under the following headings:

- Situation awareness
- Decision-making
- Communication and teamwork
- Leadership.

The RCOG has piloted the NOTSS system for use on the labour ward and in the gynaecological operating room. We have removed the rating system to focus on providing constructive and timely feedback. The system includes only those behaviours that are directly observable or that can be inferred through communication. NOTSS covers a wide range of non-technical skills in as few categories as possible. For specialty training the same principles apply as in the Curriculum 2024 but we expect the trainee to do these for sub-speciality related learning events.

Training evaluation form (TEF)

Trainees are required to complete a TEF on annual basis. The data from the TEF enables a proactive approach to the monitoring of quality of training by triangulating with other available data e.g. GMC National Training Survey. This data is shared with deaneries and published on the RCOG website. In recognition of the importance that the RCOG places on trainee feedback, completion of the TEF is a requirement in the training matrix of progression.

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Subspecialty Educational Supervisor report (SST ESR)

The STPS will annually record a longitudinal, global report of a trainee's progress over the full range of GO CiPs on a range of assessments and observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The SST ESR can incorporate commentary or reports from observations, such as from supervisors, or formative assessments demonstrating progress over time. The STPS will offer a global judgement as to whether the trainee should progress to the next year of training.

Annual subspecialty assessment

Subspecialty trainees in GO are reviewed annually and the trainee's progress towards the required subspecialty CiPs will be formally assessed. The SST assessment follows the same principles as the ARCP, and needs to be undertaken by all subspecialists in training.

The subspecialty assessment is undertaken prior to the trainee's ARCP as the recommended outcome needs to feed into the ARCP process. The completed SST ESR is considered by a panel of subspecialty assessors, and an outcome recommended as to whether the trainee is meeting their subspecialty requirements. This decision is recorded in an outcome form, and in the ESR. Decisions on progression fundamentally rely on the professional judgement of the STPS based on the global judgement produced for each CiP and the outcome of the subspecialty assessment. As a precursor to the subspecialty assessment, the RCOG strongly recommends that trainees have an informal ePortfolio review with their STPS/SST Educational Supervisor. This provides opportunities for early detection of trainees who are failing to gather the required evidence for the subspecialty assessment.

6.7 Annual Review of Progression (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors, or formative assessments demonstrating progress over time.

Decisions on progression fundamentally rely on the professional judgement of the STPS based on the global judgement produced for each CiP and the outcome of the annual subspecialty assessment.

Periodic (at least annual) reviews should be used to collate and systematically examine evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The ARCP process supports the collation and integration of evidence to

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make decisions about the achievement of expected outcomes. The ARCP process is described in the Gold Guide. deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio. As a precursor to ARCPs, the RCOG strongly recommends that trainees have an informal ePortfolio review either with their Educational Supervisor (STPS/SST ES) or arranged by the local school of O&G. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

7 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and receive feedback on performance. For further information please refer to the AoMRC guidance on Improving feedback and reflection to improve learning[2].

Access to high-quality, supportive and constructive feedback is essential for the professional development of the trainee. Trainee reflection is an important part of the feedback process and exploration of that reflection with the trainer should ideally be a two-way dialogue. Effective feedback is known to enhance learning and combining self-reflection with feedback promotes deeper learning.

Trainers should be supported to deliver valuable and high quality feedback, including through face-to-face training. Trainees would also benefit from such training as they frequently act as assessors to junior doctors. All involved could also be shown how best to carry out and record reflection.

7.1 Subspecialty training

The Subspecialty Training Programme Supervisor (STPS) is responsible for the day-to-day, hands-on training of the subspecialty trainee and in the organisation and delivery of all aspects of the subspecialty curriculum at trust level. This will also include workplace-based assessments and providing feedback to the trainee.

Any newly appointed STPS must be subspecialty accredited. The STPS should obtain feedback from other subspecialty-trained colleagues for the annual assessment of a trainee's progress. Unless there are exceptional local circumstances, each subspecialty training centre (irrespective of the number of programmes offered) should have only one STPS per subspecialty, which should not be a job share. The STPS responsibilities include:

- Take responsibility for maximising the educational opportunities provided in the accredited subspecialty training centre to meet the training needs of the subspecialty trainee.

[2] Improving feedback and reflection to improve learning. A practical guide for trainees and trainers

- Ensure all components of the curriculum are included in the subspecialty training programme.
- Ensure that the trainee's mandatory logbook is accurate and up to date. The STPS should check that the trainee has sufficient evidence to allow the assessment panel to judge the trainee's progress at the annual assessment.
- Take responsibility for the completion and submission of the application for recognition as a subspecialty training centre.
- Take responsibility for ensuring that the subspecialty training programme is advertised nationally and appointed in open competition.
- Take responsibility for completion and submission of trainee registration documentation (within 6 months of the trainee starting subspecialty training).

7.2 Generic supervision

All elements of work in training posts must be supervised, with the level of supervision dependent on the experience of the trainee, their clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increased autonomy, consistent with safe and effective care for the patient.

Organisations must make sure that each doctor in training has access to a named Clinical Supervisor and the STPS. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor/STPS. However, it is preferred that a trainee has a single named Educational Supervisor for (at least) a full training year, in which case the Clinical Supervisor is likely to be a different consultant during some placements.

The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training[3].

Clinical Supervisor

The Clinical Supervisor oversees the doctor's clinical work throughout a placement. They lead on reviewing the doctor's clinical or medical practice throughout a placement and contribute to the STPS report on whether the doctor should progress to the next stage of their training.The STPS, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The STPS should be part of the clinical specialty team. If the clinical directorate (clinical director) has any concerns about the performance of the trainee, or there have been issues of doctor or patient safety, these would be discussed with the STPS. These processes, which are integral to trainee development,

[3] Promoting excellence: standards for medical education and training

must not detract from the statutory duty of the trust to deliver effective clinical governance through their management systems.

Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles[4]. All Educational Supervisors are recognised by RCOG as Tier 2 educators in the Faculty Development Framework. It is essential that training in assessment is provided for trainers and trainees in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the workplace-based assessments and the application of standards.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from the subspecialty assessment and ARCP.

Trainees

Trainees should make the safety of patients their first priority. Furthermore, trainees should not be practising in clinical scenarios that are beyond their experiences and competences without supervision.

Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Trainees would need to plan their workplace-based assessments accordingly so that they collectively provide a picture of their development during a training period. Trainees should actively seek guidance from their trainers to identify the appropriate learning opportunities and plan the appropriate frequencies and types of assessment according to their individual learning needs. It is the responsibility of trainees to seek feedback. Trainees should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

7.3 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio.

[4] Recognition and approval of trainers

Induction appraisal

The trainee and STPS/SST Educational Supervisor should have an appraisal meeting at the beginning of the SST post to review the trainee's progress so far, agree learning objectives for the SST post ahead and identify the learning opportunities presented by the SST post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the SST post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the ePortfolio at this time, recording their commitment to the training process.

Monthly meetings

Monthly meetings between the trainee and STPS/Educational Supervisor are not mandatory but are encouraged. These are particularly important if either the trainee or educational or clinical supervisor has training concerns, or the trainee has been set specific targeted training objectives at their subspecialty assessment and ARCP. At these meetings trainees should review their PDP with their supervisor using evidence from the ePortfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed.

End of attachment appraisal

Trainees should review the PDP and curriculum progress with their STPS/Educational Supervisor using evidence from the ePortfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal, then the Training Programme Director should be informed.

8 Quality management

The organisation of training programmes for O&G is the responsibility of NHSE/local teams and the devolved nations' deaneries. The NHSE offices/deaneries will oversee programmes for postgraduate medical training in their regions. A Training Programme Director will be responsible for coordinating the O&G training programme in each trust. The Schools of O&G in England, Wales and Northern Ireland and NHS Education Scotland will undertake the following roles:

- Oversee recruitment and induction of trainees from Foundation to ST1 O&G.
- Allocate trainees into particular rotations for ST1 O&G appropriate to their training needs.

- Oversee the quality of training posts provided locally.
- Interface with other specialty training faculties (General Practice, Anaesthesia etc.) and other healthcare professionals (midwives, specialist nurses).
- Ensure adequate provision of appropriate educational events.
- Ensure curricula implementation across training programmes.
- Oversee the workplace-based assessment process within programmes.
- Coordinate the ARCP process for trainees.
- Provide adequate and appropriate career advice.
- Provide systems to identify and assist doctors with training difficulties.
- Provide flexible training.
- Recognise the potential of specific trainees to progress into an academic career.

Educational programmes to train Educational Supervisors and assessors in workplace-based assessment may be delivered by NHSE offices/deaneries or by RCOG or both.

8.1 Monitoring GO subspecialty

The development, implementation, monitoring and review of the GO subspecialty are the responsibility of the RCOG via the SEAC and the Subspecialty Committee. The SEAC is formally constituted with representatives from each health region in England, from the devolved nations and with trainee and lay representation. It is the responsibility of the RCOG to ensure that curriculum developments are communicated to Heads of Schools, regional specialty training committees, Training Programme Directors, STPSs and SITM Directors.

The RCOG serves its role in quality management by monitoring and driving improvement in the standard of all O&G training. SEAC includes all Heads of UK O&G schools as members and is actively involved in assisting and supporting deaneries to manage and improve the quality of education within each of their approved training locations. It is tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing applications for new posts and programmes, provision of external advisors to deaneries and recommending trainees eligible for the CCT or Portfolio Pathway.
The RCOG uses data from five quality datasets across the O&G specialty and four subspecialties to provide meaningful quality management. The datasets include the GMC National Training Survey (NTS) data, Training Evaluation Form (TEF) data, ARCP outcomes, MRCOG exam outcomes and External Advisor reports. These datasets form the basis of the annual report to the GMC on the quality of O&G training nationally.

Quality criteria have been developed to improve the quality of training environments and ultimately, the patient safety and experience. These are monitored and reviewed by RCOG to improve the provision of training and ensure enhanced educational experiences.

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9 Intended use of the GO subspecialty curriculum by trainers and trainees

The GO subspecialty curriculum and subspecialty assessment decision aid will be available from the RCOG via the website www.rcog.org.uk and ePortfolio.

Clinical supervisors and STPS should use the curriculum and decision aid as the basis of their discussion with trainees, particularly as part of preparing for the annual subspecialty assessment and the ARCP process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme. Each trainee will engage with the curriculum by maintaining an ePortfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

9.1 Recording progress in the ePortfolio

The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support their education and development. The RCOG is investing in developments and changes on the existing ePortfolio platform which will enable the Curriculum 2024 being delivered. The ePortfolio platform is designed to support the process of learning and recording of evidence with improved functionality. It will also include a procedures log.

The trainee's main responsibilities are to ensure the ePortfolio is kept up-to-date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their PDP, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and PDPs to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, and write end-of-attachment appraisals and supervisor's reports.

NHSE offices, Training Programme Directors, College Tutors and ARCP panels will use the ePortfolio to monitor the progress of trainees for whom they are responsible.

The RCOG will use summarised, anonymous ePortfolio data to support its work in quality assurance.

10 Equality and diversity

The RCOG will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

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The RCOG believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates.

RCOG has a number of initiatives and working groups to keep exploring and addressing the areas of equality, diversity and inclusion. In partnership with the GMC, RCOG analyses and monitors a range of datasets and has plans to report on this new initiative.

NHSE local offices/deaneries will quality assure each training programme to ensure that it complies with the equality and diversity standards in postgraduate medical training as set by GMC. They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes.
- Ensuring all College representatives and Programme Directors have attended appropriate training sessions before appointment or within 12 months of taking up post.
- NHSE local offices/deaneries ensuring that Educational Supervisors have had equality and diversity training (e.g. an e-learning module) every 3 years.
- NHSE local offices/deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every 3 years.
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. NHSE local offices/deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. NHSE local offices/deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent).
- Monitoring of College Examinations.
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments and recognising that not all disabilities are visible.

10.1 RCOG's current work on race equality in the specialty

We have committed to an action plan with the GMC demonstrating how we are targeting the attainment gap and working towards achieving fair training cultures. This work is overseen by

both the RCOG SEAC and the Exams and Assessment Committee as well as the College's honorary Differential Attainment Advisor and Educational Supervision Champion. These issues have been explored in past RCOG World Congresses and other quality improvement and development conferences.

Race Equality Taskforce members have published on differential attainment in Obstetrics, Gynaecology and Reproductive Medicine and The Obstetrician and Gynaecologist, and contributed to the development of BMA guidance on induction for International Medical Graduates recruited to the NHS.

We have also worked hard to listen to lived experiences of these issues, surveying our membership and holding focus groups for over 400 trainees, SAS and LE doctors, consultants, and medical directors working in O&G in deaneries across the UK. Our annual Training Evaluation Form (TEF) now includes questions on racism and cultural bias. The information gained from these will inform future work.

Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ
T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

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