

Curriculum 2024 Guide for Subspecialty Training (SST): Gynaecological Oncology

June 2024 V1.0



Version Control		
Version	Modifications	Date
1.0	Final published version	June 2024



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1. Gynaecological Oncology SST

Doctors who undertake the Gynaecological Oncology SST programme will become gynaecological oncology surgeons who are able to provide the highest level of care for women with suspected or proven gynaecological cancer. Learners will develop the skills needed to lead and co-ordinate care for these women in association with a wide range of health providers, including general obstetricians and gynaecologists, radiologists, clinical geneticists, colposcopists and the NHS cervical screening service, medical and clinical oncologists and other surgical oncologists in allied surgical disciplines such as colorectal, urology, HPB and plastic surgery. They will become leaders for these services at a local, regional and even national level, with key roles in education, training, innovation, quality management and improvement, research and governance, pertinent to gynaecological cancer services.

Through this SST, trainees will learn how to be excellent communicators who can co-operatively reach complex and often difficult decisions with women and their families, and other healthcare providers. To achieve this, they will develop an extensive knowledge base, a logical mind, objectivity, empathy and advanced listening skills. Trainees are expected to be non-judgemental, free from bias, and able to negotiate and compromise. They should be kind, decisive when called upon, reflective and supportive. Gynaecological Oncology subspecialists will have the opportunity to develop a high level of technical expertise, to safely and effectively perform the complex surgical and other practical procedures required in their subspecialty consultant post.

There are three main components to Gynaecological Oncology SST. The first element is the clinical knowledge and skills required to become a Gynaecological Oncology subspecialist, described by the Oncology SITM and Gynaecological Oncology SST Capabilities in Practice (CiPs). The clinical CiPs show the practical procedures a learner will become proficient in by the end of training. The second element is the generic skills required for all consultants, namely those of clinical governance, teaching, research, leadership and management. However, these must be acquired and developed within a working environment that cares for women with gynaecological cancers. These skills run through both the subspecialty CiPs and stage 3 of the Core Curriculum. The third element is the subspecialty research CiP, which builds on the research CiP in the Core Curriculum 2024 and will provide the learner with research skills specific to the gynaecological oncology field.

Learners should be exposed to and participate in the practice of a wide variety of allied specialties pertinent to gynaecological oncology, including medical and clinical oncology, diagnostic and interventional radiology, specialist palliative care medicine, urology and colorectal and upper abdominal intestinal and hepatobiliary surgery, as defined in the CiPs.

As a learner progresses through subspecialty training, they will learn how to handle a variety of scenarios. Learners will also participate in educational events to further develop their



training. Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SST, the Subspecialty Training Programme Supervisor (STPS) will decide the level of supervision required for each Gynaecological Oncology CiP. If this and the final subspecialty assessment is satisfactory, subspecialty training accreditation will be awarded. More detail is provided in Section 6 of the [Definitive Document for Gynaecological Oncology SST 2024](#).

2. Design of the SST programme

The 2024 Gynaecological Oncology SST programme is made up of the three CiPs from the Special Interest Training Module (SITM) in Oncology (CiPs 1–3), and four corresponding subspecialty-specific CiPs that develop the knowledge and skills from the SITM curriculum to a subspecialty level (SST Gynaecological Oncology CiPs 1–4).

In addition to the clinical CiPs, a new CiP addressing skills in research and innovation has been developed as a generic CiP for all subspecialty trainees (SSTR).

Oncology SITM	Oncology CiPs 1–3
SST-specific CiPs	SST Gynaecological Oncology CiPs 1–4
SST Research CiP	SSTR CiP

Trainees need to complete all eight CiPs to achieve subspecialty accreditation. The SST Gynaecological Oncology CiPs can only be completed as part of an accredited subspecialty training programme in Gynaecological Oncology. If a trainee has completed part or all of the Oncology SITM (Oncology CiPs 1–3) before starting Gynaecological Oncology SST, they will not need to repeat it.

Learners with previous research experience, such as the Special Interest Professional Module (SIPM) in Clinical Research, can use this as evidence toward the SSTR CiP.

The ‘indicative’ duration of the Gynaecological Oncology SST is 24 months. If a learner undertakes the Gynaecological Oncology SST as a full-time trainee from the beginning of ST5, entering with minimal relevant skills or experience, it is expected to take longer than 24 months. They will still have 36 months left in their training programme. However, this timeframe is a guide only, as training is entirely competency based. Evidence of skills and competencies acquired before starting GO SST can be used, where appropriate, as evidence supporting sign-off within the subspecialty curriculum.

The majority of trainees will be still working toward their ‘Certificate of Completion of Training’ (CCT), although some will have already obtained this. Trainees who are pre-CCT will also need to continue accumulating skills and evidence as described for the Core Curriculum CiPs. Further detail can be found in the [Definitive Document for Core Curriculum 2024](#) and the [Essential Curriculum Guide](#).



Here is the GMC-approved Gynaecological Oncology SST:

3. Capabilities in Practice (CiPs)

3.1 Oncology CiPs 1–3

Oncology 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. • Interprets and actions relevant oncology results in a timely manner. • Distinguishes gynaecological cancer from other malignancies.
Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up	<ul style="list-style-type: none"> • Assesses the need for radiological procedures. • Requests ultrasound scans, cross sectional imaging and nuclear medicine techniques appropriately. • Takes informed consent for radiological tests. • Liaises with radiology to 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	<ul style="list-style-type: none"> • Anticipates likely results and starts to plan someone's care, involving the MDT, as appropriate.



results and plans definitive care	<ul style="list-style-type: none"> • Recognises when to involve other colleagues, including clinical nurse specialists, clinical and medical oncologists, and palliative care. • Awareness of referral pathways for supporting services e.g. ones dealing with weight loss, fertility or genetics. • Liaises effectively with MDT colleagues.
Can counsel people with suspected gynaecological malignancies	<ul style="list-style-type: none"> • 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.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • 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 	<p><u>Experience with allied specialities</u></p> <ul style="list-style-type: none"> • Time in colposcopy clinics/MDT • Time with radiology team <p><u>Recommended courses</u></p> <ul style="list-style-type: none"> • Communication course • NIHR Good Clinical Practice training
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<p>Gynaecological cancer screening:</p> <ul style="list-style-type: none"> • National cancer screening programmes and the cervical screening programme • When to involve a MDT <p>Cancer pathways and patient assessment at presentation and relapse:</p> <ul style="list-style-type: none"> • 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
- 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

Oncology 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	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Takes steps to minimise the risk of complications.• Is able to control major haemorrhage.• Manages unexpected findings, including inoperability 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.• Undertakes repair of injury and involves other specialities, when required or appropriate.• Audits surgical practice.
Delivers perioperative supportive care	<ul style="list-style-type: none">• Undertakes or delegates appropriate inpatient postoperative assessment and follow-up of patients.• Recognises and manages immediate, early and late post-operative complications, in conjunction with allied specialities, as appropriate.
Surgical management of gynaecological pre-invasive disease or genetic predisposition to gynaecological cancer	<ul style="list-style-type: none">• Wide local excision of confirmed 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	<ul style="list-style-type: none">• 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.



	<ul style="list-style-type: none"> • 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)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance • BGCS webinars • Evidence of attendance at a relevant course 	<p><u>Experience with allied specialities</u></p> <ul style="list-style-type: none"> • Time with anaesthetics/ICU team • Attendance at genetics clinics/counselling sessions
Mandatory requirements	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Laparoscopic assessment of ovarian cancer +/- biopsy ○ TLH and BSO for low-risk endometrial cancer ○ Infracolic omentectomy ○ Appendicectomy 	
Knowledge criteria	
<ul style="list-style-type: none"> • 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 	

Oncology 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	<ul style="list-style-type: none">• 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.
Investigates and manages patients with a genetic predisposition to gynaecological cancer	<ul style="list-style-type: none">• Identifies patients and families with a family history suggestive of a genetic predisposition to gynaecological cancer.• Takes a genetic history, performs appropriate physical examination and orders appropriate investigations 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.



	<ul style="list-style-type: none"> • 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)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance (local and regional) • BGCS webinars • Evidence of attendance at relevant course 	<p style="text-align: center;"><u>Experience with allied specialities</u></p> <ul style="list-style-type: none"> • Time with the palliative care team • Attendance at genetics clinics/counselling sessions • Time with gynaecological oncology clinical nurse specialist
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<p>Management issues in the provision of gynaecological cancer unit services:</p> <ul style="list-style-type: none"> • 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 <p>Genetic predisposition to gynaecological cancer:</p> <ul style="list-style-type: none"> • 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:

- 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

3.2 SST Gynaecological Oncology CiPs 1–4

SST Gynaecological Oncology 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	<ul style="list-style-type: none">• Conducts an appropriate examination of the vulva and vagina.• Undertakes diagnostic biopsies.
Can counsel patients on surgical and non-surgical treatment options	<ul style="list-style-type: none">• 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.



<p>Performs surgery for vulval cancer and vaginal cancer</p>	<ul style="list-style-type: none"> • 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.
<p>Provides ongoing care after someone has completed primary treatment</p>	<ul style="list-style-type: none"> • 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.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • 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 	<p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> • Dedicated time with plastic surgical team, including time spent in theatre • Time with psychosexual counsellor • Time with lymphoedema specialist <p><u>Relevant compulsory courses</u></p> <ul style="list-style-type: none"> • Relevant scientific meetings
<p>Mandatory requirements</p>	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ Radical vulvectomy ○ Groin node dissection ○ Sentinel lymph node dissection for vulval cancer 	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • 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 Gynaecological Oncology 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Identifies patients suitable for: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 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	<ul style="list-style-type: none"> 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)

<ul style="list-style-type: none"> Mini-CEX CbD NOTSS TO2 (Including SO) Reflective practice Surgical logbook MDT attendance BGCS webinars BSCCP accreditation certificate 	<p>Evidence of attendance at relevant course</p> <p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> Dedicated time with Urology team Dedicated time with Clinical Oncology team, including radiation planning sessions/delivery <p><u>Recommended courses</u></p> <p>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.)</p> <ul style="list-style-type: none"> Relevant scientific meetings
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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
- 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 Gynaecological Oncology 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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.



	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
Performs assessment, investigations and management of gestational trophoblastic disease (GTD)	<ul style="list-style-type: none"> 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)	
<ul style="list-style-type: none"> Mini-CEX CbD NOTSS TO2 (including SO) Reflective practice Surgical logbook MDT attendance BGCS webinars Evidence of attendance at relevant courses 	<p><u>Recommended courses</u></p> <p>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.)</p> <ul style="list-style-type: none"> GTD course or webinar Relevant scientific meetings
Mandatory requirements	
<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> 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	
<ul style="list-style-type: none"> 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 Gynaecological Oncology 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.



<p>Manages the postoperative care of women who have had maximal effort cytoreductive surgery</p>	<ul style="list-style-type: none"> • Identifies patients who need <i>total parenteral nutrition</i> (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.
<p>Understands the role of chemotherapy in managing gynaecological cancers</p>	<p>Aware of the basics of chemotherapy, including:</p> <ul style="list-style-type: none"> • 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. • Recognises, investigates and involves relevant teams in managing chemotherapy toxicity. • Non-surgical therapeutic options for recurrent disease. • Limitations of chemotherapy.
<p>Provides ongoing care after completing primary treatment</p>	<ul style="list-style-type: none"> • 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.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • Mini-CEX • CbD • NOTSS • TO2 (including SO) • Reflective practice • Surgical logbook • MDT attendance 	<p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> • Dedicated time with colorectal team, including: in elective theatre lists, with the emergency surgical team and in clinic



<ul style="list-style-type: none"> • BGCS webinars • Evidence of attendance at relevant courses 	<ul style="list-style-type: none"> • 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 Unit (ITU) ward rounds and/or MDT • Attendance at anaesthetic pre-assessment clinic <p><u>Recommended courses</u></p> <p>(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.)</p> <ul style="list-style-type: none"> • Anastomosis course • Care of the Critically Ill Surgical Patient • Relevant scientific meetings
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Mandatory requirements

<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ 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 <p># 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</p>



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

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 combination 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

3.3 The SSTR CiP

The previous requirement for 'research accreditation' (evidenced by a higher degree, the Research Advanced Professional Module or two relevant first author papers) has been removed from the 2024 SST curriculum. In recognition of the important contribution made by, and expected of, most subspecialists, this requirement has been replaced with a subspecialty-specific research CiP. Trainees who have already been involved in research are likely to be able to use evidence of these research skills to support sign-off of this CiP.

SSTR CiP: The doctor is able to engage with research and promote innovation within their subspecialty.

Key skills

Descriptors



Demonstrates research skills	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.
Innovates	<ul style="list-style-type: none">• 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)	



<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • SIPM in Clinical Research • Peer reviewed original research publications relevant to their subspecialty • A higher degree such as a PhD or research MD
Mandatory requirements	
No mandatory evidence	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in all eight CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this programme, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the 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



Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the programme.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each of the eight CiPs.

Statement of Expectations for the Gynaecological Oncology SST	
Meeting expectations for the Oncology CiP1	Learners can independently perform diagnostic procedures and interpret results related to suspected and proven gynaecological cancers, work collaboratively with the MDT and counsel patients appropriately about their investigations and diagnoses. They are able to recognise when to involve other members of the team, such as clinical nurse specialists or palliative care clinicians, and be able to pre-emptively make decisions regarding appropriate investigations and likely management of patients. They should be aware of relevant clinical trials that may be appropriate to discuss with patients.
Meeting expectations for the Oncology CiP2	Learners and can counsel patients about surgical treatment options and make an appropriate risk assessment based on preoperative investigations and clinical assessment, as to the best means, location, team and perioperative management needed to offer optimal surgical treatment to the patient. They can manage unexpected intraoperative findings and complications, such as inoperability, visceral injury and major haemorrhage, as well as postoperative complications, in conjunction with allied specialties where required. Surgically, they are able to perform the relevant procedures to diagnose and treat preinvasive/early cancers of the vulva, uterus and cervix as described, and carry out surgical staging of low RMI adnexal masses or laparoscopic assessment and biopsy of suspected ovarian/peritoneal cancer. They prospectively audit their own outcome data for benchmarking. They are able to manage the postoperative care and follow up of their patients.
Meeting expectations for the Oncology CiP3	Learners will be able to manage rapid access pathways for suspected gynaecological cancers, using relevant protocols and guidelines, to stage and effect appropriate management via the cancer centre MDT. They are active participants in the MDT and are involved with assessing patients' suitability for adjuvant systemic anticancer or radiotherapy treatment. They are able to manage the holistic needs of the patient who has a terminal gynaecological cancer diagnosis, including input from palliative care, psycho-oncology or psychosexual counselling,



	<p>nutrition management, etc. They are able to identify, risk assess, investigate and refer appropriately individuals with a genetic predisposition to gynaecological cancer.</p>
Meeting expectations for the SST Gynaecological Oncology CiP1	<p>Learners can examine and diagnose pre-invasive and primary/recurrent malignant disease of the vulva and vagina, counsel patients appropriately on management at initial presentation and recurrence, perform/coordinate surgical management (including reconstruction as required) of vulval and vaginal cancers, and recognise and manage peri- and postoperative complications.</p>
Meeting expectations for the SST Gynaecological Oncology CiP2	<p>Learners are able to interpret and explain cervical screening results to patients, perform colposcopy and associated treatment of preinvasive disease, and counsel patients regarding management options at cervical cancer presentation and recurrence.</p> <p>Learners can identify patients suitable for radical surgery, exenterative surgery or fertility sparing surgery, and perform related surgery to the level required. They are able to identify patients who are unsuitable for surgery, and recognise and manage perioperative complications and pre-, intra- and postoperative urological complications.</p> <p>Learners have a good understanding of radiotherapy treatment, and its short and long term toxicity.</p>
Meeting expectations for the SST Gynaecological Oncology CiP3	<p>Learners can counsel patients on management of primary and recurrent uterine cancer. They are able to provide the appropriate minimal access or open surgical treatment, including palliative or fertility-sparing treatment, can assess a patient's suitability for surgery for recurrent disease, and recognise and manage perioperative complications.</p> <p>Learners are able to stage gestational neoplastic disease, counsel patients and refer appropriately.</p>
Meeting expectations for the SST Gynaecological Oncology CiP4	<p>Learners can counsel patients on the management of ovarian cancer, assess suitability for fertility-sparing surgery, stage and biopsy ovarian cancer laparoscopically, and select patients for and deliver (in conjunction with allied specialties if required) maximal effort cytoreductive primary, interval or secondary surgery.</p> <p>Learners can manage the postoperative care of patients who have had cytoreductive surgery, and any complications of surgery. They have a</p>



	<p>good understanding of the role of systemic anticancer therapy in management and the role of genetic testing.</p> <p>Learners are able to investigate/manage recurrent disease and symptoms that may affect patients with terminal ovarian cancer, such as ascites, effusions and bowel obstruction.</p>
Meeting expectations for the SSTR CiP	<p>Learners have knowledge, understanding and practical experience of research skills pertinent to their subspecialty.</p> <p>Learners can demonstrate ongoing engagement with research in their subspecialty field, are able to critically appraise their own research findings and those of others, and can translate innovation into everyday subspecialty practice.</p>

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to become a subspecialist in gynaecological oncology. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for Gynaecological Oncology SST. However, learners will not experience the entire range of possible scenarios during their training; therefore, after completing the programme they should continue their learning and skill development through their independent practice as a gynaecological oncologist and at MDT meetings.

5. Procedures associated with the clinical Gynaecological Oncology CiPs

The procedures required to complete this SST are listed below. A learner can show progress in these procedures through OSATS, procedure logs, attendance at courses and other forms of evidence.

Each procedure is assigned a supervision, or entrustability, level (defined in Section 6.4 of the [Definitive Document for Gynaecological Oncology SST 2024](#)) recognising that acquisition of safe independent practice in some of the more complex and uncommon procedures may only be achieved as a consultant, working with more experienced colleagues. Level 5 indicates that a learner should be able to perform the procedure independently.

Procedures marked with * must be evidenced with three competent summative OSATS. The others can be evidenced using summative OSATS and other means (e.g. CBD, Mini-CEX, formative OSATS, reflections). For procedures that can be performed open, laparoscopic or



via robotics, candidates need three summative OSATS with the procedure done via the same approach.

Some of these procedures also feature in a similar table in the Oncology SITM curriculum guide, but the same supervision level is not necessarily required for completion of the SITM.

Procedures	Level by end of training	Oncology CiP1	Oncology CiP2	Oncology CiP3	SST CiP 1	SST CiP 2	SST CiP3	SST CiP4
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					
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		



Procedures	Level by end of training	Oncology CiP1	Oncology CiP2	Oncology CiP3	SST CiP 1	SST CiP 2	SST CiP3	SST CiP4
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	5						X	X



Procedures	Level by end of training	Oncology CiP1	Oncology CiP2	Oncology CiP3	SST CiP 1	SST CiP 2	SST CiP3	SST CiP4
bilateral salpingo-oophorectomy								
MIS sentinel lymph node biopsy for endometrial cancer	2						X	
MIS para-aortic lymph node dissection	1						X	
Total omentectomy*	5							X
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
En bloc 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

#At least one of these OSATS must be completed by the named colorectal surgeon who will be responsible for the colorectal training of the RCOG Gynaecological Oncology SST 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

OSATS are not assigned a level of entrustability; rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

6. Evidence required

Discussion and detail on how trainees can evidence the acquisition of key skills and competencies during subspecialty training can be found in Section 4 of the [Essential Curriculum Guide](#).

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in each CiP:

CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
Oncology CiP1: 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
Oncology CiP2: The doctor manages the surgical pathway for people with a genetic predisposition to gynaecological cancer, gynaecological pre-malignancy or early	X	X	X	X	X	X



CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
stage gynaecological cancer.						
Oncology CiP3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.		X	X	X	X	X
SST Gynaecological Oncology CiP1: 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
SST Gynaecological Oncology CiP2: The doctor assesses cervical cancer and initiates appropriate interventions for all stages and contexts of the disease.	X	X	X	X	X	X
SST Gynaecological Oncology CiP3: The doctor assesses uterine corpus cancer and gestational	X	X	X	X	X	X



CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
trophoblastic disease and initiates appropriate interventions for all stages and contexts of disease.						
SST Gynaecological Oncology CiP4: The doctor assesses ovarian cancer and initiates appropriate interventions for all stages and contexts of the disease.	X	X	X	X	X	X

For the Gynaecological Oncology SST, the evidence listed below is required:

<ul style="list-style-type: none"> • Colposcopy training and BSCCP accreditation 	<ul style="list-style-type: none"> • Time spent in other allied disciplines: <ul style="list-style-type: none"> ○ For information, previously Gynaecological Oncology SST guidance specified time periods that allowed sufficient opportunity to gain the competencies required for the SST. However, this is indicative only, and the STPS may feel that local arrangements supersede any recommendation here: <ul style="list-style-type: none"> ▪ Palliative care 2 weeks ▪ Medical Oncology 2 weeks ▪ Clinical Oncology 2 weeks ▪ Colorectal surgery 4 weeks ▪ Urology Selected sessions to achieve relevant competencies
<ul style="list-style-type: none"> • Attendance at relevant courses and meetings such as: <ul style="list-style-type: none"> ○ CCrISP course ○ GTD course/study day ○ Anastomosis course ○ GCP training ○ Advanced communications course for cancer clinicians ○ Relevant scientific meetings, e.g. ESGO, BGCS ○ BGCS/RCOG theoretical courses, webinars ○ Regional and national teaching and training 	

6.1 Generic capabilities

All subspecialty doctors will need to provide evidence collected during subspecialty training for the following areas, at the centralised assessments:

- Clinical governance



- Teaching experience
- Research and innovation
- Leadership and management
- Presentations and publications.

This evidence should be uploaded into the 'Other evidence' section of the ePortfolio.

Pre-CCT subspecialty doctors on the Core Curriculum 2024 will be expected to meet the expectations of the core generic and non-clinical specialty CiPs at ST5/6/7 level. They can use their experiences during subspecialty training and emergency duties to help evidence these generic capabilities and skills. The evidence should be linked to the appropriate core generic and non-clinical specialty CiPs, and may need to be supplemented to satisfy their Educational Supervisors and Annual Review of Progression (ARCP) panels that they meet the full range of requirements at ST5/6/7 level.

For each core generic and non-clinical specialty CiP, there is a CiP guide outlining what the level of expectation is for senior doctors in ST5, ST6 and ST7.

CCT holders and overseas doctors undertaking subspecialty training do not need to complete the core generic and non-clinical specialty CiPs, although they can choose to link evidence of their generic skills into the core generic or non-clinical specialty CiPs on the ePortfolio after uploading this evidence into the 'other evidence' section of the ePortfolio.

7. Assessing progress

A trainee's progress follows the same principles of any other trainee in obstetrics and gynaecology, as detailed in [Essential Curriculum Guide](#). However, the annual subspecialty assessment of progress is performed centrally, coordinated by the RCOG. Before this assessment, the subspecialty trainee and supervisor will need have performed assessments for each of the eight CiPs, look at the evidence collected so far and give a global judgement on the trainee's progress. Together, they will construct the subspecialty-specific Educational Supervisor's Report (SST ESR), and this, alongside the evidence in the trainee's ePortfolio, will be reviewed by a subspecialty assessment panel. The panel will give a narrative outcome, stating if they judge the trainee to have successfully completed subspecialty training, to be making good progress or if they are behind schedule and may need additional focus or training time.

For pre-CCT subspecialty trainees, this narrative outcome is a major part of the trainee's evidence for their subsequent ARCP, which will also assess their progress through the Core Curriculum. Learners do need to appreciate that satisfactory progression through subspecialty training does not guarantee a satisfactory outcome (outcome 1) at the subsequent ARCP. For this reason, they will need to complete an ESR for their ARCP with their Educational Supervisor; this is separate from the SST ESR they created for their



subspecialty assessment. The two different forms of ESRs are clearly marked and easily accessible on the front page of the learner or supervisor ePortfolio log-in for that learner. Learners need to ensure that they are also achieving any [Training Matrix of Progression](#) requirements for the Core Curriculum that are additional to those on [Gynaecological Oncology subspecialty matrix](#).

For pre-CCT subspecialty trainees on the Core Curriculum 2024, the key additional areas to focus on are evidencing all of the core generic and non-clinical specialty CiPs to ST5/6/7 level, and sign-off of the core clinical CiPs (9–12) to entrustability level 5 by the completion of training and the final ARCP. All subspecialty learners using the Core Curriculum 2024 should collect evidence to satisfy all four core clinical CiPs to entrustability level 5, but DO NOT need to collect ‘ongoing competency’ OSATS for core procedures that they have already demonstrated competency in (with three competent summative OSAST), in line with the 2024 core matrix.

It is a GMC requirement that to achieve a CCT in Obstetrics and Gynaecology, training must be undertaken in both aspects of the specialty. Therefore, in addition to providing evidence for the core clinical CiPs 9 and 11, Gynaecological Oncology pre-CCT subspecialty trainees also need to provide evidence for the obstetrics core CiPs 10 and 12. These CiPs relate to emergency and non-emergency obstetrics.

Information on the experience and evidence required for the obstetrics core CiPs 10 and 12 can be found in [‘Guidance for Subspecialty Training Programme Supervisors and pre-CCT gynaecological oncology subspecialty trainees on Core Curriculum 2024 on cross specialty working’](#).

8. Career guidance

Learners require two SITMs or subspecialty training for CCT. A learner aspiring to become a gynaecological oncologist should be advised to undertake the Gynaecological Surgical Care SITM and the Oncology SITM in order to make themselves more competitive for the subspecialty interview, as the Gynaecological Oncology SST builds on these SITMs. However, it is not mandated that either of these SITMs have been started, or completed, for a learner to be eligible for the Gynaecological Oncology SST. Any completed CiPs of the Oncology SITM or all of the SITM can be used for the Gynaecological Oncology SST. However, learners’ choices will be dependent on training opportunities available for their chosen SITMs.

Advice for learners who aspire to become a gynaecological oncologist is to start preparing for this direction as early as possible. They should have career conversations early in their training with their Educational Supervisor, find a mentor in the field of gynaecological oncology, complete the Clinical Research SIPM, achieve publications and start enquiring where posts may come up, as SST posts may be outside their region.



For further careers advice, learners should have a discussion with their Training Programme Director/SITM Director.

9. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Definitive Document for Gynaecological Oncology SST 2024](#)
- [Curriculum Guide for Gynaecological Surgical Care SITM](#)
- [Curriculum Guide for Oncology SITM](#)
- [Curriculum Guide for Clinical Research SIPM](#)
- [Training Matrix for GO SST](#)
- [Definitive Document for Core Curriculum 2024](#)
- [Training Matrix of Progression](#)
- [British Gynaecological Cancer Society \(BGCS\)](#)
- [British Society for Colposcopy and Cervical Pathology \(BSCCP\)](#)

Find out more at
rcog.org.uk/curriculum2024



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