

SITM: Oncology (O)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Gynaecological Surgical Care SITM



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	<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 results and plans definitive care	<ul style="list-style-type: none">• 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.

<p>Can counsel people with suspected gynaecological malignancies</p>	<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.
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • Mini-CEX • Cbd • NOTSS • TO2 (including SO) • Reflective practice • OSATs • 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
<p>Knowledge criteria</p>	
<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 <p>Diagnostic tests, investigations and staging procedures:</p> <ul style="list-style-type: none"> • 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

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	<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. • 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

- 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

- Mini-CEX
- Cbd
- NOTSS
- TO2 (including SO)
- Reflective practice
- OSATS
- Surgical logbook
- MDT attendance
- BGCS webinars
- Evidence of attendance at a relevant course

Experience with allied specialities

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

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	<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. • 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

- Mini-CEX
- CbD
- NOTSS
- TO2 (including SO)
- Reflective practice
- Surgical logbook
- MDT attendance (local and regional)
- BGCS webinars
- Evidence of attendance at relevant course

Experience with allied specialities

- Time with the palliative care team
- Attendance at genetics clinics/counselling sessions
- Time with gynaecological oncology clinical nurse specialist

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:

- 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.

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

Subspecialty trainees in Gynaecological Oncology will be expected to acquire the procedural skills listed in this table and also 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
 - Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
 - Professional requirements
 - National legislative structure
 - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement
 Domain 8: Capabilities in education and training
 Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO O CiPs

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