**Gynaecological Oncology specific centre criteria checklist (as approved by BGCS) - Curriculum 2024**

These numbers should be considered along with the preceding proposal which explains how they will be applied when reviewing applications for recognition. Subspecialty centres must be able to deliver all aspects of the subspecialty curriculum. If there are some aspects of some modules that are to be delivered outside the centre in an alternative GMC approved training unit, they must be clearly described on the application form.

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| **Domain assessed** | **Criteria** | **Criterion Met** | **Please indicate page number on application form** |
| 1. **Workload and scope** 1&2
 | Access to a minimum of six operating lists/week (10/week if applying for accreditation for two trainees). | Yes / No |  |
| Minimum number of new cancers – 250/annum (500 if applying for accreditation for two trainees). | Yes / No |  |
| Minimum numbers needed to support trainees to achieve competency to be assessed alongside the previous trainees logbook:* laparoscopic or robotic hysterectomies for endometrial cancer is greater than 30.
* open pelvic lymph node dissections is greater than six.
* laparoscopic/sentinel pelvic lymph node dissections is greater than six.
* radical surgical procedures for cervical cancer (can include radical trachelectomy, open or laparoscopic) is greater than six.
* open para-aortic lymph node dissections is greater than six.
* radical vulvectomy for vulval cancer is greater than six.
* inguinofemoral node dissections for vulval cancer is greater than six.
* sentinel lymph node dissections for vulval cancer is greater than six.
* Evidence of complex surgery for gynaecological cancer including:
	+ large bowel resection is greater than six/annum
	+ small bowel resection is greater than six/annum
	+ diaphragmatic stripping with liver mobilisation is greater than six/annum
	+ splenectomy is greater than three/annum
* exenterations for advanced/recurrent gynaecological cancer (excluding Hudson en bloc resection/posterior clearance for ovarian cancer) or a named collaborating centre for exenterative surgery experience is greater than three.
 | Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No |  |
| Pre-invasive disease service:* New referrals for abnormal cervical cytology is greater than 250.
* New referrals for Vulval intraepithelial neoplasia (VIN)/ Vaginal intraepithelial neoplasia (VaIN) is greater than 15.
 | Yes / NoYes / No |  |
| 1. **Service Organisation**
 | At least two accredited subspecialist consultants in Gynaecological Oncology within unit. | Yes / No |  |
| Weekly, fully constituted centre multi-disciplinary team (MDT) | Yes / No |  |
| Access to and demonstrable working relationships with:* Clinical Oncology
* Medical Oncology
* Colorectal surgery3 (including named colorectal surgeon responsible for Gynaecological Oncology subspecialty training)
* Urological oncology
* Plastic surgery
* Anaesthetics and critical care
* Supportive and palliative care
* Radiology
 | Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No |   |
| Data collection:* Cancer Site Breakdown
* Stage
* Surgical treatment
* Peri-operative morbidity/mortality
* Compliance with British Gynaecological Cancer Society (BGCS)/Scottish quality performance indicators4
* Access to National Emergency Laparotomy Audit (NELA)/Emergency Laparotomy and Laparoscopic Scottish Audit (ELLSA) database
* Agreed clinical governance processes, joint audit / morbidity and mortality, for patients undergoing colorectal surgery for ovarian cancer
 | Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No |  |
| On-call arrangements:* No scheduled daytime on call interfering with elective Gynaecological Oncology activities.
 | Yes / No |  |

1 Data should be for a 12 month period in the preceding two years.

2 If applying for two trainees, procedure numbers should be at least minimum for one trainee and an additional 60% of caseload. If applying for two trainees across two centres, each centre requires at least the minimum for one trainee.

3 <https://www.bgcs.org.uk/wp-content/uploads/2021/12/Joint-statement-Version-1.9_NJW_final.pdf>

4 <https://www.bgcs.org.uk/wp-content/uploads/2021/05/OCAFP_BGCS-Call-to-action-21-05-2021-ref-14.00.pdf>

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