

# SST: Gynaecological Oncology (GO)

Subspecialty training in Gynaecological Oncology (GO) consists of the Special Interest Training Module (SITM) in Oncology Capabilities in Practice (CiPs) and the GO subspecialty specific CiPs. There are three Oncology SITM CiPs (O CiPs 1-3), four GO subspecialty specific CiPs (SST GO CiPs 1-4) and one subspecialty specific research CiP. 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 Gynaecological 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.

## SITM: Oncology (O)

### SECTION 1: CAPABILITIES IN PRACTICE

<b>O CiP 1: The doctor assesses and manages patients referred to the gynaecological oncology service with gynaecological pre-malignancy, suspected or confirmed gynaecological cancer.</b>	
<b>Key Skills</b>	<b>Descriptors</b>
Counsels on and directs appropriate tests for gynaecological pre-malignancy	<ul style="list-style-type: none"> <li>• Differentiates between the general and high-risk populations</li> <li>• Counsels patients appropriately regarding screening of the female reproductive tract.</li> <li>• Arranges appropriate tests, interprets the results and counsels patients accordingly.</li> <li>• Recommends appropriate action independently, or as part of a multiprofessional team.</li> </ul>
Performs initial assessment of a patient with suspected gynaecological cancer	<ul style="list-style-type: none"> <li>• Takes an appropriate history including symptoms, co-morbidities and relevant family history.</li> <li>• Performs an examination adequate for the diagnosis and clinical assessment of gynaecological cancers and borderline ovarian tumours.</li> <li>• Is confident to exclude the clinical appearances of malignancy on examination.</li> <li>• Arranges appropriate radiological and non-radiological staging investigations.</li> <li>• Interprets and actions relevant oncology results in a timely manner.</li> <li>• Distinguishes gynaecological cancer from other malignancies.</li> </ul>

<p>Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up</p>	<ul style="list-style-type: none"> <li>• Assesses the need for radiological procedures.</li> <li>• Requests ultrasound scans, cross sectional imaging and nuclear medicine techniques appropriately.</li> <li>• Takes informed consent for radiological tests.</li> <li>• Liaises with radiology to ensure the most appropriate radiology investigations are safely performed.</li> <li>• Recognises and manages complications relating to interventional radiological procedures in conjunction with allied specialties as appropriate.</li> </ul>
<p>Anticipates results of investigations, acts on results and plans definitive care</p>	<ul style="list-style-type: none"> <li>• Anticipates likely results and begins planning care involving the multiprofessional team where indicated.</li> <li>• Recognises when to involve other colleagues including clinical nurse specialists, clinical and medical oncologists and palliative care.</li> <li>• Awareness of referral pathways for supporting services e.g. weight loss / fertility services / genetics.</li> <li>• Liaises effectively with multiprofessional team colleagues.</li> </ul>
<p>Counsels patients with suspected gynaecological malignancies</p>	<ul style="list-style-type: none"> <li>• Communicates the results of investigations to patients and family, and counsels on treatment options and prognosis.</li> <li>• Recognises and manages the dynamics of consultations e.g. when 'bad news' is broken.</li> <li>• Offers patients time and support to make decisions.</li> <li>• Awareness of clinical trials that may be relevant to a patient's diagnosis.</li> </ul>

#### Evidence to inform decision

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

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

## Knowledge criteria

### Gynaecological Cancer Screening

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

### Cancer pathways and patient assessment at presentation and relapse

- Risk factors for developing gynaecological cancers
- Patterns of presentation of gynaecological malignancies
- Investigations required to accurately confirm or exclude a diagnosis of gynaecological malignancy
- Role in the investigation and initial management of suspected gynaecological cancer, as directed by current national cancer strategy and guidance
- Assessment of patient referred through the suspected cancer referral pathway
- Knowledge of care pathways for suspected gynaecological cancer
- Disease relapse: patterns of relapse, specific investigations.

### Diagnostic tests, investigations and staging procedures

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

### Radiology

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



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

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

### Evidence to inform decision

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

#### Experience with allied specialties

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

#### OSATS

3 Summative OSATS demonstrating competence in the following procedures

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

#### Additional procedures requiring evidence

*(demonstrating the required entrustability level).*

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

### Knowledge criteria



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

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

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



### Evidence to inform decision

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

#### Experience with allied specialties

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

### Knowledge criteria

#### Management issues in the provision of gynaecological cancer unit services:

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

#### Genetic predisposition to gynaecological cancer

- Epidemiology, aetiology, clinical features and behaviour of familial ovarian cancer syndromes, including BRCA and Lynch Syndrome
- Implications of genetic screening
- Counselling and complications of subsequent management of patients with a genetic predisposition to gynaecological cancer
- Role of risk reducing surgery in the management of patients with a genetic predisposition to gynaecological cancer and the specific problems for follow up in relation to hormonal, psychological and reproductive sequelae

#### Chemotherapy

- Indications for chemotherapy
- Concept of adjuvant and neoadjuvant therapy

#### Radiotherapy

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



### Palliative Care

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

## SECTION 2: PROCEDURES

Procedures marked with \* require three summative competent OSATS

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

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

### *Mapping to GPCs*

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

## SECTION 4: MAPPING OF ASSESSMENTS TO O CiPs

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

# 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 disease.	
Key Skills	Descriptors
Manages pre-invasive vulval disease	<ul style="list-style-type: none"> <li>Conducts the appropriate examination of the vulva and vagina</li> <li>Undertakes diagnostic biopsies</li> </ul>
Counsels on surgical and non-surgical treatment options	<ul style="list-style-type: none"> <li>Communicates results and counsels patient on diagnosis, symptom control, surgical options, non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.</li> </ul>
Performs surgery for vulval cancer and vaginal cancer	<ul style="list-style-type: none"> <li>Performs appropriate surgery.</li> <li>Knowledge of options for perineal wound closure and reconstruction and manages in conjunction with plastic surgery as required.</li> <li>Organises and performs cross-speciality operating</li> <li>Identifies patients unsuitable for surgery</li> <li>Recognises and manages perioperative complications</li> </ul>
Provides ongoing care after completion of primary treatment	<ul style="list-style-type: none"> <li>Understands the role and potential complications of non-surgical treatment options</li> <li>Organises discharge and follow up arrangements</li> <li>Manages complications of treatment</li> <li>Investigates, diagnoses, and manages recurrent disease.</li> </ul>
Evidence to inform decision	
<ul style="list-style-type: none"> <li>Mini-CEX</li> <li>CbD</li> <li>NOTSS</li> <li>TO2 (Including SO)</li> <li>Reflective Practice</li> <li>OSATS</li> <li>Surgical logbook</li> <li>MDT attendance</li> <li>BGCS webinars</li> <li>Evidence of attendance at relevant courses</li> </ul>	<p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> <li>Dedicated time with plastic surgical team including time spent in theatre</li> <li>Time with psychosexual counsellor</li> <li>Time with lymphoedema specialist</li> </ul> <p><u>Relevant compulsory courses</u></p> <ul style="list-style-type: none"> <li>Relevant scientific meeting</li> </ul>
<u>OSATS</u>	

3 Summative OSATS demonstrating competence in the following procedures

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

Additional procedures requiring evidence  
(*demonstrating the required entrustability level*).

Procedure	Entrustability Level
Vulvoscopy	5
Vulval reconstruction with flap	1

### 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, neuralgia
- Diagnosis and management of recurrent disease
- Psychosexual morbidity and management

<b>SST GO CIP 2: The doctor assesses cervical cancer and, initiates appropriate interventions for all stages and contexts of disease.</b>	
<b>Key Skills</b>	<b>Descriptors</b>
Manages pre-invasive disease of the cervix	<ul style="list-style-type: none"> <li>• Interprets screening and investigation results and communicates these to the patient</li> <li>• Performs colposcopy and treatment of pre-invasive disease</li> </ul>
Counsels on surgical and non-surgical treatment options	<ul style="list-style-type: none"> <li>• Communicates results and counsels patients on diagnosis, symptom control, surgical options (including fertility sparing surgical options), non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.</li> </ul>
Performs surgery for cervical cancer	<ul style="list-style-type: none"> <li>• Identifies patients suitable for:               <ul style="list-style-type: none"> <li>○ fertility sparing surgery</li> <li>○ radical surgery</li> <li>○ exenterative surgery</li> </ul> </li> <li>• Is able to observe, assist and perform relevant surgery for cervical cancer as listed in the procedure table and according to training level.</li> <li>• Identifies patients unsuitable for surgery</li> <li>• Recognises and manages perioperative complications</li> </ul>
Investigates and diagnoses urinary tract disorders in gynaecological oncology setting	<ul style="list-style-type: none"> <li>• Orders investigations, interprets them and liaises with urology and Interventional radiology (IR) teams as appropriate.</li> </ul>
Performs relevant procedures to facilitate the investigation and management of urological complications	<ul style="list-style-type: none"> <li>• Selects appropriate patients for surgical/IR intervention involving the urinary tract (i.e. urinary diversion, ureteric stenting, fistula repair, exenterative surgery.)</li> <li>• Counsels patients about the effects of gynaecological malignancy and its treatment on the urinary system.</li> <li>• Recognises and manages urinary tract injuries in conjunction with allied specialties as appropriate.</li> <li>• Manages pre- and post-operative care of patients undergoing urology procedures, in conjunction with allied specialties as appropriate.</li> </ul>
Understands the role of radiotherapy in the management of gynaecological cancers	<ul style="list-style-type: none"> <li>• Aware of the basics of radiotherapy and treatment schedules.</li> <li>• Understands the adverse effects of radiotherapy on tissues including but not limited to skin, urinary tract, gastrointestinal tract, and vagina.</li> <li>• Difference between curative and palliative treatment</li> <li>• Usages of chemotherapy as an adjuvant</li> <li>• Manages long term effects of radiotherapy such a vaginal stenosis, ovarian failure, oedema, osteopenia and fistula recognition in conjunction with relevant teams.</li> </ul>

Provides ongoing care after completion of 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

- Mini-CEX
- Cbd
- NOTSS
- TO2 (Including SO)
- Reflective Practice
- OSATs
- Surgical Logbook
- MDT Attendance
- BGCS webinars
- BSCCP accreditation certificate
- Evidence of attendance at relevant course

#### Experience with allied specialties

- Dedicated time with Urology team
- Dedicated time with Clinical Oncology Team including radiation planning sessions / delivery

#### Relevant compulsory courses

- Relevant scientific meeting

#### OSATS

3 Summative OSATS demonstrating competence in the following procedures

- Radical hysterectomy
- Open pelvic lymphadenectomy

#### Additional procedures requiring evidence

*(demonstrating the required entrustability level).*

Procedure	Entrustability Level
Colposcopy	5
Cervical biopsy	5
Large loop excision of the transformation zone	5
Cystoscopy and bladder biopsy	5
Rigid sigmoidoscopy	5
Repair of injury to the bladder	5
MIS sentinel pelvic lymph node biopsy	2
Radical trachelectomy	1
Ureteric stenting	1
Ureteric reimplantation	1
Ureteroscopy	1
Primary ureteric anastomosis	1
Cystectomy	1
Illeal conduit formation	1
Continent urinary diversion	1
Post radiation exenteration	1



### Knowledge criteria

- The anatomy of the female pelvis
- The role of human papillomavirus (HPV) in the aetiology and development of CIN and cervical cancer (as evidenced by 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 radio sensitivity of different cancers
- Complications of radiotherapy in: gastrointestinal tract, urinary tract, skin, bone marrow, central nervous system, genital tract
- Diagnosis and management of recurrent disease
- Management of treatment induced menopause
- Psychosexual morbidity and management

**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.**

Key Skills	Descriptors
Counsels on surgical and non-surgical treatment options for uterine cancer	<ul style="list-style-type: none"> <li>Communicates results and counsels patients on diagnosis, symptom management, surgical options, non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.</li> </ul>
Performs correct surgery for uterine corpus cancer	<ul style="list-style-type: none"> <li>Provides appropriate surgical management and staging for endometrial cancer and uterine sarcomas in the primary setting with minimal access surgery the default option.</li> <li>Identifies patients suitable for fertility sparing treatment.</li> <li>Determines when palliative surgery is appropriate.</li> <li>Determines when surgery for recurrent disease is appropriate.</li> <li>Identifies patients unsuitable for surgery</li> <li>Is able to observe, assist and perform relevant surgery for uterine corpus cancer as listed in the procedure table and according to training level.</li> <li>Recognises and manages perioperative complications</li> </ul>
Provides ongoing care after completion of primary treatment	<ul style="list-style-type: none"> <li>Understands the role and potential complications of non-surgical treatment options</li> <li>Organises discharge and follow up arrangements</li> <li>Manages complications of treatment</li> <li>Investigates, diagnoses, and manages recurrent disease.</li> </ul>
Performs assessment, investigations and management of gestational trophoblastic disease	<ul style="list-style-type: none"> <li>Carries out appropriate staging of gestational trophoblastic neoplasia.</li> <li>Counsels patients on the diagnosis and liaises with supra-regional centre.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>Mini-CEX</li> <li>CbD</li> <li>NOTSS</li> <li>TO2 (including SO)</li> <li>Reflective practice</li> <li>OSATs</li> <li>Surgical logbook</li> <li>MDT Attendance</li> <li>BGCS webinars</li> <li>Evidence of attendance at relevant courses</li> </ul>	<p><u>Relevant compulsory courses</u></p> <ul style="list-style-type: none"> <li>Gestational Trophoblastic Disease Course or Webinar</li> <li>Relevant scientific meeting</li> </ul>



### OSATS

3 Summative OSATS demonstrating competence in the following procedures

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

### Additional procedures requiring evidence

*(demonstrating the required entrustability level).*

Procedure	Entrustability Level
Total abdominal Hysterectomy & bilateral salpingo-oophorectomy	5
MIS Sentinel lymph node biopsy for endometrial cancer	2
MIS para-aortic lymph node dissection	1

### **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 multidisciplinary team discussions in 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, histopathology of gestational trophoblastic disease
- Epidemiology and aetiology and clinical features of gestational trophoblastic disease
- Principles of investigation, treatment and follow-up of women with gestational trophoblastic disease



<b>SST GO CIP 4: The doctor assesses ovarian cancer and initiates appropriate interventions for all stages and contexts of disease</b>	
<b>Key Skills</b>	<b>Descriptors</b>
Counsels on surgical and non-surgical treatment options	<ul style="list-style-type: none"><li>• Communicates results and counsels patients on diagnosis, symptom management, surgical options (including fertility sparing surgical options), non-surgical options, adverse effects of treatment and prognostic factors at initial presentation and recurrence.</li></ul>
Performs correct surgery for ovarian cancer	<ul style="list-style-type: none"><li>• Assesses cases laparoscopically and safely retrieves biopsy material.</li><li>• 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.</li><li>• Determines when palliative surgery is appropriate.</li><li>• Identifies and counsels patients who will benefit from bowel surgery.</li><li>• Identifies patients unsuitable for surgery</li><li>• Formulates and modifies surgical plan in conjunction with allied specialties as appropriate.</li><li>• Performs upper abdominal disease resection, in conjunction with allied specialties as appropriate.</li><li>• Manages serosal and full thickness small and large bowel injuries.</li><li>• Recognises and manages perioperative complications</li></ul>
Manages the post-operative care of women who have had maximal effort cytoreductive surgery	<ul style="list-style-type: none"><li>• Identifies patients whom require TPN in conjunction with nutritional team.</li><li>• Manages the critically ill surgical patient.</li><li>• Manages the postoperative care of patients who have undergone bowel surgery in conjunction with allied specialties as appropriate.</li><li>• Manages complications of surgery</li><li>• Manages enteric fistulas in conjunction with allied teams as appropriate.</li></ul>
Understands the role of chemotherapy in the management of gynaecological cancers	<ul style="list-style-type: none"><li>• Aware of the basics of chemotherapy including adverse effects and complications of chemotherapy.</li><li>• Concept of adjuvant and neoadjuvant therapy</li><li>• Guidelines and definitions for evaluation of response</li><li>• Understands the role of maintenance therapy.</li></ul>

	<ul style="list-style-type: none"> <li>• Recognises, investigates and involves the relevant teams in the management of chemotherapy toxicity.</li> <li>• Non-surgical therapeutic options for recurrent disease</li> <li>• Limitations of chemotherapy</li> </ul>
<p>Provides ongoing care after completion of primary treatment</p>	<ul style="list-style-type: none"> <li>• Understands the role and complications of non-surgical treatment</li> <li>• Organises discharge and follow up arrangements</li> <li>• Appreciates the role of genetic testing</li> <li>• Manages complications of treatment</li> <li>• Investigates, diagnoses, and manages recurrent disease.</li> <li>• Recognises and seeks advice/manages ascites, pleural effusion, nutritional deficiencies, bowel obstruction and urinary obstruction in patients with terminal gynaecological malignant disease</li> </ul>
<p><b>Evidence to inform decision</b></p>	
<ul style="list-style-type: none"> <li>• Mini-CEX</li> <li>• CbD</li> <li>• NOTSS</li> <li>• TO2 (including SO)</li> <li>• Reflective practice</li> <li>• OSATs</li> <li>• Surgical logbook</li> <li>• MDT Attendance</li> <li>• BGCS webinars</li> <li>• Evidence of attendance at relevant courses</li> </ul>	<p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> <li>• Dedicated time with colorectal team including in elective theatre lists, with the emergency surgical team and in clinic</li> <li>• Dedicated time with Medical Oncology Team including chemotherapy administration</li> <li>• Dedicated time with Palliative Care Team</li> <li>• Time spent with the hepato-pancreatico-biliary team</li> <li>• Time spent with stoma therapist</li> <li>• Time spent with dietician / nutrition team</li> <li>• Time spent on HDU / ITU ward rounds and/or MDT</li> <li>• Attendance at anaesthetic pre-assessment clinic</li> </ul> <p><u>Relevant Compulsory Courses</u></p> <ul style="list-style-type: none"> <li>• Anastomosis course</li> <li>• Care of the Critically Ill Surgical Patient</li> <li>• Relevant scientific meeting</li> </ul>
<p><u>OSATS</u></p> <p>3 Summative OSATS demonstrating competence in the following procedures</p> <ul style="list-style-type: none"> <li>○ Open pelvic lymphadenectomy</li> <li>○ Total omentectomy</li> <li>○ Open para-aortic lymph node dissection</li> <li>○ Small bowel resection &amp; anastomosis #</li> <li>○ Large bowel resection and colostomy formation #</li> <li>○ Diaphragmatic peritoneal resection with liver mobilisation</li> </ul>	

# at least one of these OSAT completed by the named colorectal surgeon will be responsible for the colorectal training of RCOG Gynaecological Oncology Subspecialty Trainee in accordance with the 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 " [https://www.bgcs.org.uk/wp-content/uploads/2021/12/Joint-statement-Version-1.9\\_NJW\\_final.pdf](https://www.bgcs.org.uk/wp-content/uploads/2021/12/Joint-statement-Version-1.9_NJW_final.pdf)

Additional procedures requiring evidence  
(*demonstrating the required entrustability level*).

Procedure	Entrustability Level
Appendicectomy	5
Total abdominal hysterectomy & bilateral salpingo-oophorectomy	5
En-block oophorectomy with pelvic peritonectomy and rectosigmoid resection (Hudson enblock resection)	5
End/ loop ileostomy	4
Splenectomy	3
Full thickness diaphragmatic resection	3
Repair of incisional hernia without mesh	2
Colorectal anastomosis	2

### Knowledge criteria

- The aetiology and presentation of ovarian cancer
- Histopathologically classification of ovarian cancer including interpretation of immunophenotyping, implementation of genetic testing and impact of results on treatment options
- The anatomy and physiology of the gastrointestinal tract
- Contributes effectively to multidisciplinary team discussions in 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

## SECTION 2: PROCEDURES

Procedures marked with \* require three summative competent OSATS

Procedures with # require at least one of these OSAT completed by the named colorectal surgeon who will be responsible for the colorectal training of RCOG Gynaecological Oncology Subspecialty

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 1</i>	<i>CIP 2</i>	<i>CIP 3</i>	<i>CIP 4</i>
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		
Illeal 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 & 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

<b>Procedures</b>	<b>Level by end of training</b>	<b>CIP 1</b>	<b>CIP 2</b>	<b>CIP 3</b>	<b>CIP 4</b>
Small bowel resection & anastomosis*#	5				X
Large bowel resection and colostomy formation*#	5				X
Diaphragmatic peritoneal resection with liver mobilisation*	5				X
Appendicectomy	5				X
En-block oophorectomy with pelvic peritonectomy and rectosigmoid resection (Hudson enblock resection)	5				X
End/ loop ileostomy	4				X
Splenectomy	3				X
Full thickness diaphragmatic resection	3				X
Repair of incisional hernia without mesh	2				X
Colorectal anastomosis	2				X

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

<b>Mapping to GPCs</b>
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (<i>history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• Patient safety</li> <li>• Quality improvement</li> </ul> <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>

## 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 disease	X	X	X	X	X	X
2: The doctor assesses cervical cancer and, initiates appropriate interventions for all stages and contexts of disease	X	X	X	X	X	X
3: The doctor assess 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 stages and contexts of disease	X	X	X	X	X	X

# Research - Subspecialty Training

## SECTION 1: CAPABILITIES IN PRACTICE

**CiP 5: 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"> <li>• Is able to demonstrate practice in healthcare research and the different methodologies within their subspecialty.</li> <li>• Shows continued engagement in GCP and R&amp;D processes</li> <li>• Engages in ethics and governance processes within research, demonstrating they are able to follow guidelines on ethical conduct and consent for research.</li> <li>• Demonstrates involvement in informatics, statistical analysis and emerging research areas within their subspecialty.</li> <li>• Shows engagement with national trials within their subspecialty, including patient recruitment, trial monitoring and adverse event reporting</li> <li>• Shows understanding of the role of Public and Patient involvement within clinical trials</li> <li>• Is able to discuss clinical trials with, and facilitate recruitment of patients within their subspecialty</li> <li>• Has the ability to translate research into clinical practice within their subspecialty</li> </ul>
Demonstrates critical thinking	<ul style="list-style-type: none"> <li>• Is able to develop and critically appraise a research protocol</li> <li>• Is able to critically evaluate clinical trial data to establish the clinically significant outcomes and relevance for clinical practice within their subspecialty</li> <li>• Is able to interpret research findings, reflect on the potential impact on their clinical practice and share this with colleagues and patients</li> <li>• Can develop and critically appraise a Patient Information Leaflet</li> <li>• Is able to interpret research findings within their subspecialty and discuss these when taking informed treatment consent</li> </ul>



<b>Innovates</b>	<ul style="list-style-type: none"> <li>Demonstrates how their clinical practice has developed from innovative research within their subspecialty</li> <li>Is able demonstrate engagement with the introduction of any innovations within their subspecialty, including governance and costs</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>National Teaching / Courses</li> <li>Critical appraisal of protocols/papers</li> <li>Subspecialty journal club presentations</li> <li>GCP re-certification</li> <li>Participation, including recruitment for national multicentre trials</li> <li>Preparation research protocol / grant applications</li> <li>Oral, and/or poster presentations at national /international subspecialty meetings</li> </ul>	<ul style="list-style-type: none"> <li>SIPM in Clinical Research</li> <li>Peer reviewed original research publications relevant to their subspecialty</li> <li>A higher degree such as a PhD or research MD</li> </ul>

## SECTION 2: PROCEDURES

There are no procedures in this SST Research CiP.

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

<b>Mapping to GPCs</b>
<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>Practical skills</li> <li>Communication and interpersonal skills</li> <li>Dealing with complexity and uncertainty</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>Professional requirements</li> <li>National legislative structure</li> <li>The health service and healthcare system in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and team working</p> <ul style="list-style-type: none"> <li>Promoting a culture of learning and academic and professional critical enquiry</li> </ul> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>Quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>