

## SST: Gynaecological Oncology (GO)

Subspecialty training in Gynaecological Oncology consists of

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

These 8 CiPs are outlined below.

The subspecialty trainee will need to complete all 8 CiPs to achieve subspecialty accreditation.

The subspecialty specific CiPs can only be completed as part of an accredited subspecialty training programme in 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.

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

### GO Sub-speciality Programme Summary

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

## 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"><li>• Differentiates between general and high-risk populations.</li><li>• Can counsel patients appropriately about screening of the female reproductive tract.</li><li>• Arranges appropriate tests, interprets the results and can counsel patients accordingly.</li><li>• Recommends appropriate action independently, or as part of a multidisciplinary team (MDT).</li></ul>
Performs an initial assessment of a patient with suspected gynaecological cancer	<ul style="list-style-type: none"><li>• Takes an appropriate history, including someone's 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>
Requests and interprets the most appropriate radiological investigations and interventions for suspected gynaecological cancer and during follow-up	<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 make sure 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>
Anticipates results of investigations, acts on results and plans definitive care	<ul style="list-style-type: none"><li>• Anticipates likely results and starts to plan someone's care, involving the MDT, as appropriate.</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. ones dealing with weight loss, fertility or genetics.</li><li>• Liaises effectively with MDT colleagues.</li></ul>

<p>Can counsel people with suspected gynaecological malignancies</p>	<ul style="list-style-type: none"> <li>• Communicates the results of investigations to patients and family, and can counsel them about 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 someone's diagnosis.</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>• Attendance at suspected cancer clinics</li> <li>• MDT attendance</li> <li>• British Gynaecological Cancer Society (BGCS) webinars</li> <li>• eLearning courses</li> <li>• Evidence of attendance at relevant course</li> </ul>	<p><u>Experience with allied specialities</u></p> <ul style="list-style-type: none"> <li>• Time in colposcopy clinics/MDT</li> <li>• Time with radiology team</li> </ul> <p><u>Recommended courses</u></p> <ul style="list-style-type: none"> <li>• Communication course</li> <li>• NIHR Good Clinical Practice training</li> </ul>
<b>Knowledge criteria</b>	
<p>Gynaecological cancer screening:</p> <ul style="list-style-type: none"> <li>• National cancer screening programmes and the cervical screening programme</li> <li>• When to involve a MDT</li> </ul> <p>Cancer pathways and patient assessment at presentation and relapse:</p> <ul style="list-style-type: none"> <li>• Risk factors for developing gynaecological cancers</li> <li>• Patterns of presentation of gynaecological malignancies</li> <li>• Investigations required to accurately confirm or exclude a diagnosis of gynaecological malignancy</li> <li>• Role in the investigation and initial management of suspected gynaecological cancer, as directed by the current national cancer strategy and guidance</li> <li>• Assessment of a patient who has been referred through the suspected cancer referral pathway</li> <li>• Knowledge of care pathways for suspected gynaecological cancer</li> <li>• Disease relapse: patterns of relapse, specific investigations</li> </ul> <p>Diagnostic tests, investigations and staging procedures:</p> <ul style="list-style-type: none"> <li>• Serum tumour markers in presentation and follow up</li> <li>• Histopathology: tumour types and relevance of tumour grade and lymph-vascular space invasion (LVSI)</li> <li>• Genetic evaluation of tumour biopsies</li> </ul>	

- 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"> <li>• Makes sure that the right operation is performed by the right team, at the right time, in the right place.</li> <li>• Can counsel patients about surgical treatment options and the risks involved.</li> <li>• 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.</li> <li>• Interprets preoperative investigations and liaises with anaesthetic and radiology departments, where relevant.</li> <li>• Gets patient's consent for procedures.</li> <li>• Can set up combined operating with other specialities, where required.</li> <li>• Arranges perioperative intensive care unit(ICU)/high dependency unit (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 of gynaecological cancer.</li> <li>• Recognises injury to relevant structures, including bowel, bladder, ureters and blood vessels.</li> <li>• Recognises and manages complications with wounds, such as infection, dehiscence and incisional hernia.</li> <li>• Undertakes repair of injury and involves other specialities, 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 specialities, 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 vulval intraepithelial neoplasia (VIN).</li> <li>• Can carry out a simple hysterectomy for persistent pre-malignant cervical histology.</li> <li>• Can carry out risk reducing surgery for patients with a genetic predisposition to gynaecological cancer.</li> </ul>



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

<b>O CiP 3: The doctor manages the patient pathway as an active participant of the gynaecological cancer MDT.</b>	
<b>Key skills</b>	<b>Descriptors</b>
Manages <b>gynaecological</b> 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 for gynaecological cancer.</li> <li>• Stages gynaecological cancers correctly.</li> <li>• Is able to contribute effectively to cancer centre MDT meetings, including chairing them, when appropriate.</li> <li>• Collaborates with consultants and colleagues in other specialities and departments, when appropriate.</li> <li>• Takes part 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 for patients with a genetic predisposition to gynaecological cancer.</li> <li>• Liaises with specialist genetic services to assess the risk of someone developing cancer.</li> <li>• Can counsel patients about managing a genetic predisposition to gynaecological cancer, including implications for family members.</li> </ul>
Works within the MDT to assess the need for chemotherapy or radiation therapy in gynaecological cancers	<ul style="list-style-type: none"> <li>• Is involved in MDT discussions and selecting patients for radiotherapy.</li> <li>• Takes part in MDT discussions to plan neoadjuvant or adjuvant chemotherapy.</li> </ul>
Management of women with non-gynaecological cancers in pregnancy	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Manages the holistic needs of people with terminal gynaecological cancer	<ul style="list-style-type: none"> <li>• Can counsel patients and relatives and communicate information about disease, including someone's prognosis.</li> <li>• Uses a holistic approach (physical/psychological/social/spiritual) to assess symptoms and anxieties of the patient and their family members.</li> <li>• Involves members of the 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 to manage nutrition.</li> </ul>



- 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

# GO SST specific CiPs

## SECTION 1: CAPABILITIES IN PRACTICE

SST GO CIP 1: The doctor assesses and manages patients with suspected vulval or vaginal cancer and initiates appropriate interventions for all stages and contexts of the disease.	
Key skills	Descriptors
Manages pre-invasive vulval disease	<ul style="list-style-type: none"> <li>Conducts an appropriate examination of the vulva and vagina.</li> <li>Undertakes diagnostic biopsies.</li> </ul>
Can counsel patients on surgical and non-surgical treatment options	<ul style="list-style-type: none"> <li>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.</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 that are not suitable for surgery.</li> <li>Recognises and manages perioperative complications.</li> </ul>
Provides ongoing care after someone has completed 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               <ul style="list-style-type: none"> <li>Radical Vulvectomy</li> <li>Groin node dissection</li> <li>Sentinel lymph node dissection for vulval cancer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Surgical logbook</li> <li>MDT attendance</li> <li>British Gynaecological Cancer Society (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>

	<u>Relevant compulsory courses</u> <ul style="list-style-type: none"><li>• Relevant scientific meeting</li></ul>
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"><li>• Anatomy of vagina, vulva, perineum, femoral triangle and lower abdominal wall</li><li>• Epidemiology and aetiology of vaginal and vulval cancer (including melanoma, basal cell carcinoma, Paget's, Bartholin's gland carcinoma and metastatic lesions)</li><li>• Pathophysiology of vulval and vaginal cancer</li><li>• Treatment of all stages of vulval and vaginal cancer</li><li>• Indications for different flaps and able to organise and administer in conjunction with plastic surgery</li><li>• Recognition and management of complications of treatment including, but not limited to: flap breakdown, lymphocyst, lymphoedema and neuralgia</li><li>• Diagnosis and management of recurrent disease</li><li>• Psychosexual morbidity and management</li></ul>	

<b>SST GO CIP 2: The doctor assesses cervical cancer and initiates appropriate interventions for all stages and contexts of the 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 a colposcopy and treatment of pre-invasive disease.</li> </ul>
Can counsel someone on surgical and non-surgical treatment options	<ul style="list-style-type: none"> <li>• 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.</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 their level of training.</li> <li>• Identifies patients unsuitable for surgery.</li> <li>• Recognises and manages perioperative complications.</li> </ul>
Investigates and diagnoses urinary tract disorders in a 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 and exenterative surgery).</li> <li>• Can counsel 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 specialities, as appropriate.</li> <li>• Manages pre- and post-operative care of patients undergoing urology procedures, in conjunction with allied specialities, as appropriate.</li> </ul>
Understands the role of radiotherapy in managing 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 the vagina.</li> <li>• Understands the difference between curative and palliative treatment scenarios.</li> <li>• Understands the role for chemotherapy as an adjuvant treatment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Manages the long term effects of radiotherapy, such as: vaginal stenosis, ovarian failure, oedema, osteopenia and fistulae, in conjunction with relevant teams.</li> </ul>
Provides ongoing care after someone has completed their 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:               <ul style="list-style-type: none"> <li>○ Radical hysterectomy</li> <li>○ Open pelvic lymphadenectomy</li> </ul> </li> <li>• Surgical logbook</li> <li>• MDT attendance</li> </ul>	<ul style="list-style-type: none"> <li>• BGCS webinars</li> <li>• BSCCP accreditation certificate</li> </ul> <p>Evidence of attendance at relevant course</p> <p><u>Experience with allied specialties</u></p> <ul style="list-style-type: none"> <li>• Dedicated time with Urology team</li> <li>• Dedicated time with Clinical Oncology team, including radiation planning sessions/delivery</li> </ul> <p><u>Recommended courses</u></p> <p><small>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.)</small></p> <ul style="list-style-type: none"> <li>• Relevant scientific meeting</li> </ul>

Knowledge criteria
<ul style="list-style-type: none"> <li>• The anatomy of the female pelvis</li> <li>• 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)</li> <li>• The histological types of cervical cancer and the implications this has on prognosis</li> <li>• The pathology, presentation, and diagnosis of cervical cancer</li> <li>• Staging of cervical cancer</li> <li>• Management options for all stages of disease</li> <li>• The principles of fertility-sparing treatment, including radical trachelectomy</li> <li>• Management of post treatment complications, including, but not limited to, urinary tract sequelae of radiotherapy and surgery</li> <li>• Principles of radiotherapy, effects on organs and radiosensitivity of different cancers</li> <li>• Complications of radiotherapy in: gastrointestinal tract, urinary tract, skin, bone marrow, central nervous system and genital tract</li> <li>• Diagnosis and management of recurrent disease</li> <li>• Management of treatment-induced menopause</li> <li>• Psychosexual morbidity and management</li> </ul>





**SST GO CIP 3 The doctor assesses uterine corpus cancer and gestational trophoblastic disease and initiates appropriate interventions for all stages and contexts of disease.**

Key skills	Descriptors
Can counsel on surgical and non-surgical treatment options for uterine cancer	<ul style="list-style-type: none"> <li>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.</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 that are not suitable 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 their training level.</li> <li>Recognises and manages perioperative complications.</li> </ul>
Provides ongoing care after someone has completed 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 (GTD)	<ul style="list-style-type: none"> <li>Carries out appropriate staging of gestational trophoblastic neoplasia.</li> <li>Can counsel patients on diagnosis and liaises with supra-regional centre.</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:             <ul style="list-style-type: none"> <li>MIS hysterectomy (laparoscopic or robotic)</li> <li>MIS pelvic lymphadenectomy (systematic)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Surgical logbook</li> <li>MDT attendance</li> <li>BGCS webinars</li> <li>Evidence of attendance at relevant courses</li> </ul> <p><u>Recommended courses</u> Competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.)</p> <ul style="list-style-type: none"> <li>GTD course or webinar</li> <li>Relevant scientific meeting</li> </ul>

lymphadenectomy or sentinel lymph node dissection) <ul style="list-style-type: none"> <li>○ Open pelvic lymphadenectomy</li> <li>○ Open para-aortic lymph node dissection</li> </ul>	
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### Knowledge criteria

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

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

Key skills	Descriptors
Can counsel patients on surgical and non-surgical treatment options	<ul style="list-style-type: none"> <li>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.</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 can counsel 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 postoperative care of women who have had maximal effort cytoreductive surgery	<ul style="list-style-type: none"> <li>Identifies patients who need total parenteral nutrition (TPN), in conjunction with nutritional team.</li> <li>Manages a 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 managing gynaecological cancers	<p>Aware of the basics of chemotherapy, including:</p> <ul style="list-style-type: none"> <li>the adverse effects and complications of chemotherapy.</li> <li>Concept of adjuvant and neoadjuvant therapy.</li> <li>Guidelines and definitions for evaluation of response to chemotherapy.</li> <li>Understands the role of maintenance therapy.</li> </ul>

	<ul style="list-style-type: none"> <li>• Recognises, investigates and involves relevant teams in managing chemotherapy toxicity.</li> <li>• Non-surgical therapeutic options for recurrent disease.</li> <li>• Limitations of chemotherapy.</li> </ul>
<p>Provides ongoing care after completing 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 for patients.</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:             <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> </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 a stoma therapist</li> <li>• Time spent with dietician/Nutrition team</li> <li>• Time spent on High Dependency Unit (HDU)/Intensive Care Unity (ITU) ward rounds and/or MDT</li> <li>• Attendance at anaesthetic pre-assessment clinic</li> </ul> <p><u>Recommended courses</u> (Competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.)</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><b>Knowledge criteria</b></p>	
<ul style="list-style-type: none"> <li>• The aetiology and presentation of ovarian cancer</li> </ul>	

- 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

## SECTION 2: PROCEDURES

Procedures marked with \* require three summative competent OSATS.

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

<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		



<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>
Large loop excision of the transformation zone	5		X		
Cystoscopy and bladder biopsy	5		X		
Rigid sigmoidoscopy	5		X		
Repair of injury to the bladder	5		X		
MIS sentinel pelvic lymph node biopsy	2		X		
Radical trachelectomy	1		X		
Ureteric stenting	1		X		
Ureteric reimplantation	1		X		
Ureteroscopy	1		X		
Primary ureteric anastomosis	1		X		
Cystectomy	1		X		
Ileal conduit formation	1		X		
Continent urinary diversion	1		X		
Post radiation exenteration	1		X		
MIS hysterectomy (laparoscopic or robotic)*	5			X	
MIS pelvic lymphadenectomy (systematic lymphadenectomy or sentinel lymph node dissection)*	5			X	
Open para-aortic lymph node dissection*	5			X	X
Total abdominal hysterectomy and bilateral salpingo-oophorectomy	5			X	X
MIS sentinel lymph node biopsy for endometrial cancer	2			X	
MIS para-aortic lymph node dissection	1			X	
Total omentectomy*	5				X
Small bowel resection and anastomosis*#	5				X
Large bowel resection and colostomy formation*#	5				X
Diaphragmatic peritoneal resection with liver mobilisation*	5				X
Appendicectomy	5				X
Enbloc oophorectomy with pelvic peritonectomy and rectosigmoid resection (Hudson en bloc resection)	5				X
End/loop ileostomy	4				X
Splenectomy	3				X
Full thickness diaphragm resection	3				X
Repair of incisional hernia without mesh	2				X
Colorectal anastomosis	2				X

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

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

### *Mapping to GPCs*

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (history taking; diagnosis and management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

## SECTION 4: MAPPING OF ASSESSMENTS TO SST GO CiPs

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



# Research - Subspecialty Training

## SECTION 1: CAPABILITIES IN PRACTICE

SSTR CiP: The doctor is able to engage with research and promote innovation within their subspecialty.	
Key skills	Descriptors
Demonstrates research skills	<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 Good Clinical Practice (GCP) and Research and Development (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 consent for treatment.</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 to 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 and 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 of 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 (GPCs)

<i>Mapping to GPCs</i>
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul>
Domain 3: Professional knowledge <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>
Domain 5: Capabilities in leadership and team working <ul style="list-style-type: none"> <li>• Promoting a culture of learning and academic and professional critical enquiry</li> </ul>
Domain 6: Capabilities in patient safety and quality improvement <ul style="list-style-type: none"> <li>• Quality improvement</li> </ul>
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship