

GYNAEC ONCOLOGY
SYLLABUS

CURRICULUM FOR GYNAECOLOGICAL ONCOLOGY

General Assessment of a Gynaecological Oncology

Pre-, Peri- and Postoperative Care

Generic Surgical Skills in Gynaecological Oncology

Cancer of the Ovary

Cancer of the Uterus

Cancer of the Vulva

Cancer of the Vagina

Medical Oncology

Clinical Oncology

Radiology - Investigation and Intervention

Palliative Care

Urological Surgery

Colorectal Surgery

Plastic Surgery and Wound Care

Gestational Trophoblastic Disease

Cancer Genetics

Breast Cancer

GENERAL ASSESSMENT OF A GYNAECOLOGICAL ONCOLOGY PATIENT

Objectives

- To demonstrate the knowledge, skills and attitudes required to make an appropriate clinical assessment of a patient with a suspected or known gynaecological cancer.
- Obtain an appropriate history perform an appropriate examination.
- Communicate results of prior investigations. Instigate further investigations.
- Communicate clinical plan to patient and relatives.

Knowledge Criteria

A broad knowledge of the pattern of presentation of gynaecological malignancies.

Knowledge of investigations required confirming diagnosis of gynaecological malignancy.

Assessment of patient referred by 2 - week wait (rapid referral). Knowledge of care pathways for suspected gynaecological cancer.

Preoperative investigation of patients, including radiology, assessment of fitness for surgery.

Understanding of the indications and limitations of screening for gynaecological cancer.

Cervix

Ovary (general and high - risk Populations) Endometrium (hereditary nonpolyposis colorectal cancer).

Clinical Competency

Take an appropriate history:
symptoms and comorbidity
Family history and genetic susceptibility.

Perform a clinical examination.

Counsel patients about the diagnosis, investigations and appropriate treatments for gynaecological cancer including adverse effects and complications of treatment.

Communicate to patients the result of investigations and treatment, including prognosis.

Anticipate results of radiological investigations.

Counsel appropriately about screening and interpret screening results.

Professional Skills and Attitudes

Ability to take a history and perform an appropriate examination.

Ability to counsel patients regarding a diagnosis of gynaecological malignancy and the subsequent management.

Ability to initiate preoperative work - up and staging investigations.

Ability to identify the high - risk surgical patient and liaise with anaesthetists.

Ability to liaise with clinical oncology, medical oncology and palliative care colleagues when appropriate.

Training Support

Observation of assisting and discussion with senior staff.

Communication skills course.

Specific task training and supervision.

Appropriate postgraduate course.

Evidence

Lookbook

Mini - CEX

Case - based discussions.

British Society for Colposcopy and Cervical Pathology/RCOG accreditation.

PRE-PERI-AND POSTOPERATIVE CARE OBJECTIVES

Objectives

To understand and demonstrate appropriate knowledge, skills and attitudes in relation to patients undergoing surgery for gynaecological malignancies:

Plan appropriate surgery

Identify surgical and anaesthetic risks. Prepare patients for surgery.

Manage peri-, intra- and postoperative complications.

Nutrition and total parenteral nutrition (TPN)

Knowledge Criteria

Type of surgery appropriate for each gynaecological cancer (see separate modules)

Fluid and electrolyte balance

Elemental feeding and TPN

Clinical Competency

Counsel patients regarding diagnosis, management and risks of treatment
 Recognise and manage intraoperative complications
 Postoperative care and complications arising.

Manage the following clinical problems:

Intraoperative:

- Haemorrhage
- Bowel resection
- Unexpected finding
- Inoperability.

Postoperative:

- Thrombosis
- Infection
- Bowel obstruction

Inform patient of results

Appropriately order and interpret investigations:

Haematological investigations

- Manage fluid balance perioperatively

Order and supervise appropriate thromboprophylaxis.

Liaise with nutritional support team

Decide when TPN or enteral feeding is appropriate.

Professional Skills and Attitudes

Ability to interpret preoperative investigations and liaise with the anaesthetic department.

Ability to counsel patients regarding treatment options.

Ability to select and perform appropriate surgical management of gynaecological cancer according to patient's needs.

Ability to manage postoperative care and complications thereof.

Ability to counsel patients and relatives regarding diagnosis, investigations and to discuss treatment options, advantages and disadvantages of each.

Ability to convey decisions of multidisciplinary team meeting to patients and relatives, including prognosis and palliative care.

Ability to convey decisions of multidisciplinary team meeting to patients and relatives, including prognosis and palliative care.

Ability to order and
Interpret; Fluid balance
Blood investigations: U&E, FBC, LFT.

Ability to assess patient and establish when enteral feeding or TPN is required.

Training Support

Direct supervision from senior colleagues.
Attendance at multidisciplinary team meetings. Ward attendance.
Supervision in operating theatre.
Intensive care and high - dependency unit ward rounds.
Royal College of Surgeons' Care of the Critically Ill Surgical Patient course.

Evidence

Logbook
Multidisciplinary team attendance
Course Assessment
OSATS
Mini- CEX
Case - based discussions
Audit of complications.

GENERIC SURGICAL SKILLS IN GYNAECOLOGICAL ONCOLOGY

Objectives

To achieve surgical skills appropriate for a subspecialist gynaecological oncology surgeon.
Anatomical Knowledge
Surgical Skills
Personal Audit

Knowledge Criteria

Anatomy of the female abdomen and pelvis, including blood supply, Lymphatic drainage, nervous system and the course of the ureter.

Clinical Competency

Surgical diagnosis and management of gynaecological cancers:

- Ovary
- Endometrium
- Cervix
- Vulva
- Vagina
- Fallopian Tube

Liaison with surgical colleagues for assistance in complicated cases.

Professional skills and Attitudes

Ability to perform hysterectomy.

Ability to perform radical hysterectomy.

Ability to perform pelvic lymph node dissection (open and laparoscopically)

Ability to perform para-aortic lymph node dissection (open and laparoscopically)

Ability to perform infracolic and supracolic omentectomy.

Ability to perform Trucut biopsy.

Ability to perform (with the assistance of surgical colleagues if necessary; see modules 13 and 14);

- Exenterative surgery Urinary
- Diversion procedures
- Ileostomy/colostomy

Ability to organise anterior, posterior and total exenteration, including leading the surgical procedure.

Ability to initiate discussion of management at multidisciplinary team meeting,,

Training Support

Observation of assisting and discussion with senior staff.

Direct and indirect surgical supervision of surgical skills to appropriate competency by surgical staff.

Specific task training and supervision

Appropriate postgraduate course.

Evidence

Logbook of competences and experience OSATS

Case - based discussions

Surgical logbook

Audit of complications

OVARIAN CANCER

Objectives

To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of presumed ovarian cancer (risk of malignancy index greater than 200)

Initial assessment and investigations of suspected ovarian cancer

Plan subsequent management of suspected ovarian cancer

Perform appropriate diagnostic or treatment surgery

Communicate with multidisciplinary team and organise adjuvant treatment

Plan follow-up

Knowledge Criteria

Aetiology and clinical presentations of ovarian cancer

Pathology of ovarian cancer

Indications, techniques, limitations and complications of surgical treatment of ovarian cancer.

Surgical pathway of suspected ovarian cancer (imaging, tumour markers).

Medical pathway of suspected ovarian cancer (histological and cytological diagnosis, neoadjuvant and adjuvant treatment).

Multidisciplinary team meeting discussions and management planning.

Radiological assessment for preoperative diagnosis and guided biopsy.

Role of laparoscopy in assessment.

Surgery:

Case selection

Primary Surgery

Interval debulking surgery

Fertility conserving.

Medical management of ascites, pleural effusions and bowel obstruction.

Consideration of all management options including best supportive and palliative care.

Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment.

Clinical Competency

Counsel patient and relative about.

Diagnosis and further therapy

Surgical options and complications

Medical options

Prognosis

Discuss results of the surgery with patient and relatives and carers.

Communicate with referral unit and primary care

Perform appropriate surgery for diagnosis and surgical management of ovarian cancer, including optimal debulking surgery. (see module - 3)

Management of recurrent disease.

Discharge from hospital and produce appropriate follow - up plan.

Detect and manage physical and psychosexual morbidity (e.g. referral to lymphoedema specialist nurse, psychotherapist or counsellor)

Professional skills and Attitudes

Ability to counsel patients sensitively about the options available and to respect patient confidentiality.

Ability to explain clearly and openly about treatments, complications and adverse effects of surgical treatment.

Ability to formulate and implement a plan of management and modify if necessary.

Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical.

Ability to appropriately stage ovarian cancer.

Ability to perform optimal debulking surgery for ovarian cancer.

Ability to decide appropriate surgery, including resection of bowel and formation of stoma.

Ability to select patients for conservative surgery, e.g. unfit, stage - 4 disease, very young (less than 35 years).

Ability to perform a laparoscopic assessment and biopsy in suspected advanced ovarian cancer to obtain histology.

Ability to counsel patients regarding entry into clinical trials.

Training Support

Observation of assisting and discussion with senior medical staff.

Theatre attendance.

Clinical pathology meetings and multidisciplinary team meetings.

Personal study.

Postgraduate education courses.

Medical oncology sessions.

Intensive care and high - dependency unit ward rounds.

Evidence

Direct observation of clinical practice by trainers logbook of competences and experience OSATS

Mini - CEX

Case - based discussions

Chemotherapy module

Colorectal module

CANCER OF THE UTERUS

Objectives

To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of uterine cancer.

Undertake primary surgical management

Understand management options to address co-morbidity.

Manage recurrent disease.

Knowledge Criteria

Aetiological factors leading to endometrial cancer including obesity, estrogens, genetic predisposition.

Histological types of endometrial cancer and prognostic implications.

Preoperative investigation of patients, including radiology, assessment of fitness for surgery.

Risk of major surgery(surgical and anaesthetic)

Preoperative care of patient undergoing major surgery for gynaecological cancer.

Type of surgery appropriate for endometrial cancer.

Role of radiotherapy in the treatment of endometrial cancer.

Inpatient clinical trials.

Recruitment into clinical trials.

Risk factors for recurrent disease

Patterns of recurrent disease.

Management options for recurrent disease.

Rare uterine tumours, e.g. sarcomas.

Clinical Competency

Take a history and investigate patients with suspected and proven endometrial cancer.

Histological diagnosis of endometrial cancer.

Order and interpret investigations of endometrial cancer (e.g. magnetic resonance imaging).

Formulate a management plan.

Ability to liaise with anaesthesia department.

to counsel patients regarding diagnosis, management and risks of treatment.

Perform appropriate surgery including:

Opening and closing midline laparotomy

Laparoscopic assessment of abdominal cavity

Defining ureters and gonadal vessels

Pelvic node dissection/sampling

Para-aortic node biopsy Salpingo-oophorectomy (bilateral.)
Total hysterectomy.

Recognise and manage intraoperative complications.

Postoperative care and complications arising

FIGO staging of tumour

Inform patient of results

Understand need for postoperative radiotherapy

Liaise with clinical oncology

Follow - up care.

Recognition of recurrence of disease.

Investigation of suspected recurrent disease

Management of recurrent disease.

Professional Skills and Attitudes

Ability to take history and investigate appropriately

Ability to recognise histological patterns of disease.

Ability to interpret preoperative investigations and liaise with anaesthetic department.

Ability to counsel patients regarding treatment options and histology.

Ability to select and perform appropriate surgical management of endometrial cancer according to patients needs.

Ability to undertake:

Total abdominal hysterectomy and bilateral salpingo-oophorectomy

Pelvic node dissection/sampling

Para-aortic node biopsy

Laparoscopy-assisted vaginal hysterectomy.

Ability to manage postoperative care and complications thereof.

Ability to define FIGO stage of tumour

Ability to decide need for adjuvant therapy.

Ability to follow up patients appropriately.

Training Support

Direct supervision from senior colleagues.

Attendance at multidisciplinary team and pathology department.

Attendance at multidisciplinary team with radiologist

Ward attendance.

Supervision in operating theatre.

Intensive care and high-dependency unit ward rounds.

Multidisciplinary team attendance.

Clinical oncology module

Joint clinic attendance

Evidence

Logbook
 Mini CEX
 OSATS
 Multidisciplinary team attendance
 Laparoscopic skills course
 Audit of complications

MODULE 6 CANCER OF THE CERVIX**Objectives**

To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of cancer of the cervix.

Diagnose, investigate and manage a patient with cancer of the cervix

Perform appropriate surgery for cervical cancer and manage treatment complications.

Knowledge Criteria

Detailed knowledge of the anatomy of the female pelvis, including, blood supply, nervous system and lymphatic drainage of the region.

Knowledge of the course of the ureter throughout the pelvis.

Understanding of the epidemiology and aetiology of cervical cancer.

Understanding of the pathophysiology of cervical intraepithelial neoplasm (CIN)

Understanding of the role of human papillomavirus (HVP) in the aetiology and development of CIN and cervical cancer.

Knowledge of the presentation and diagnosis of cervical cancer.

Pathology of cervical cancer.

Understanding of staging of cervical cancer.

Knowledge of the management of all stages of cervical cancer including surgery and chemoradiation.

Depth knowledge of radiotherapy principles of treatment and appropriate application to cervical cancer.

Knowledge of appropriate chemotherapy for cervical cancer

Knowledge of complications and adverse effects of treatment of cervical cancer, both short-and long - term.

Knowledge of pattern of disease recurrence and appropriate management.

Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment.

Clinical Competency

Take an appropriate history.

Perform a clinical examination

Perform colposcopy

Perform cervical biopsy including punch biopsy, large-loop excision of the transformation zone (LLETZ), ablation therapy in appropriate cases.

Perform clinical staging for invasive cervical cancer

Perform total hysterectomy (both abdominal and vaginal)

Perform radical hysterectomy

Perform pelvic lymphadenectomy

Perform Para-aortic lymph node biopsy

Counsel patients about the diagnosis, investigations and appropriate treatments for cervical cancer, including adverse effects and complications of treatment.

Communicate to patients' results of investigations and treatment, including prognosis and palliative care.

Interpret results of radiological investigations appropriate to cervical cancer.

Assist in delivery of brachytherapy

Assist in delivery of chemoradiation therapy

Manage adverse effects and recognise complications of treatment.

Diagnose, investigate and manage recurrent cervical cancer.

Select patients for exenterative surgery.

Detect and manage physical and psychosexual morbidity (e.g. referral to lymphoedema specialist nurse, psychotherapist or counsellor)

Professional Skills and Attitudes

Ability to take history and examination

Ability to perform colposcopy

Ability to perform cervical biopsy and LLETZ

Ability to perform clinical staging including cystoscopy with biopsy.

Ability to perform hysterectomy

Ability to perform pelvic lymph node dissection (open and laparoscopically)

Ability to insert brachytherapy applicators.

Ability to assist with external beam radiotherapy and chemotherapy

Ability to interpret :

Chest X-ray

Intravenous urogram

Pelvic MRI

Computed tomography scan.

Ability to perform (with the assistance of surgical colleagues where necessary)

Exenterative surgery Urinary
diversion procedures
Ileostomy and colostomy

Ability to organise anterior, posterior and total exenteration, including leading the surgical procedure.

Ability to initiate discussion of management at multidisciplinary team meeting.

Ability to counsel patients and relatives regarding diagnosis, investigations and discuss treatment options and advantages and disadvantages of each.

Ability to convey decisions of multidisciplinary team to patients and relatives, including prognosis and palliative care.

Ability to liaise with colleagues and other health professionals regarding co-ordinating investigations and management strategies pertinent to individual patients.

Training Support

Observation of assisting and discussion with senior staff.

British Society for Colposcopy and Cervical Pathology (BSCCP) certification (including treatment module).

Direct and indirect surgical supervision of surgical skills to appropriate competency by surgical staff.

Specific task training and supervision

appropriate postgraduate course

Appropriate modules of training;

- Radiology
- Radiotherapy
- Chemotherapy
- Urology
- Palliative Care
- Tailored clinical experience

Logbook of cases with competency level to which each procedure performed.

Evidence

Logbook

OSATS

Mini-CEX

Case - based discussions

BSCCP accreditation

Certificate Audit project

Multidisciplinary team attendance

Personal audit of complications

Completion of Radiotherapy module

CANCER OF THE VULVA

Objectives

To diagnose, investigate and manage a patient with cancer of the vulva.

Competently perform appropriate surgery in a patient with vulva cancer.

Manage complications of treatment

Knowledge Criteria

Anatomy of the vulva, femoral triangle, vaginal region and lower abdominal wall, including blood supply, nerve distribution and lymph drainage of the region.

Epidemiology and aetiology of vulval cancer.

Histopathology of vulval cancer.

Staging of vulval cancer

Diagnosis and investigations for vulval cancer.

Principles of treatment of all stages of vulval cancer.

Complications of treatment and appropriate management of all stages of vulval cancer.

Pattern of recurrence of vulval cancer.

Recognition and management of recurrent cancer of the vulva.

Long-term complications of treatment of vulval cancer.

Lymphocysts

Lymphoedema

Neuralgia

Knowledge of the psychosexual morbidity of cancer diagnosis and treatment.

Clinical Competency

Take and appropriate history

Perform a simple rotation flap to achieve primary closure of vulval wound.

Perform appropriate clinical investigations.

Perform a biopsy of vulva

Perform a wide local excision of vulva

Perform a simple vulvectomy

Perform a radical vulvectomy.

Perform a subfascial groin node dissection.

Developments in the surgical treatment of vulval cancer, including sentinel node detection.

Liaise with plastic surgeon to select and manage patients requiring major skin flaps to close vulval wounds.

Perioperative management of vulval cancer patients.

Manage recurrence of vulval cancer.

Long-term management of vulval cancer patients.

Detect and manage physical and psychosexual morbidity (e.g. referral to lymphoedema specialist nurse, psychotherapist or counsellor).

Professional Skills and Attitudes

Ability to take history.

Ability to perform appropriate examination

Ability to investigate and counsel patients regarding treatments.

Ability to select and perform competently diagnostic and therapeutic surgery for vulcal cancer.

Ability to perform simple skin flaps.

Ability to perform major skin flaps with plastic surgeon.

Ability to manage patient's postoperative care.

Ability to manage complications of treatment.

ability to perform (with the assistance of surgical colleagues if necessary)

Exenterative Surgery Urinary
diversion procedures
LLeostomy / colostomy.

Ability to organise anterior, posterior and total exenteration, including leading the surgical procedure.

Training Support

Observation of assisting and discussion with senior medical staff.
Task-specific job training
Personal study

Appropriate postgraduate course
Tailored clinical experience

Supervised surgical training to appropriate competency level by senior staff.

Attendance at plastic surgery lists (minimum 5 weeks).

Multidisciplinary team attendance. Attendance at lymphoedema specilist clinic.

Evidence

Logbook of compeences and experience
OSATS
Mini - CEX
Case - based discussions
Surgical logbook

VAGINAL CANCER

Objectives

To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of vaginal cancer.

Undertake primary surgical management.
 Understand management options to address co-morbidity
 Manage recurrent disease.

Knowledge Criteria

Anatomy of the vagina

Aetiology of vaginal cancer, including sarcoma botryoides and metastatic lesions.

Benign conditions.

Pathophysiology of vaginal intraepithelial neoplasia.

Multifocal lower genital tract malignancy.
 clinical presentation, investigation and FIGO staging.

Detailed management of vaginal cancer.

Physical and psychosexual morbidity of cancer diagnosis and treatment.

Clinical Competency

Take a history and perform an appropriate examination.

Perform vaginoscopy and vaginal biopsy.

Arrange staging and imaging investigations.

Arrange and aid delivery of radio or chemotherapy.

Counsel and take consent from patient.

Perform partial vaginectomy.

Perform radical vaginectomy.

Detect and manage physical and psychosexual morbidity (e.g. referral to lymphoedema specialist nurse, psychotherapist or counsellor).

Professional Skills and Attitudes

Ability to perform vaginal biopsy.

Ability to perform partial vaginectomy
 Abdominal approach
 Vaginal approach.

Ability to perform radical excision of vagina (exenterative surgery; see modules 3,6, and 7)

Training Support

Observation and discussion with senior staff. Senior supervision.

British Society for Colposcopy and Cervical Pathology (BSCCP) training and course. Multidisciplinary team meeting.
Radiotherapy/clinical oncology module.
Direct observation by senior staff.

Evidence

Logbook of competences and experience
Mini - CEX
Case-based discussions
Accreditation with BSCCP
Multidisciplinary team attendances
Surgical logbook

MEDICAL ONCOLOGY

Objectives

To understand the role of chemotherapy in the management of gynaecological cancers.

To understand the pharmacology of the major drugs used in chemotherapy

to understand the role and latest trial results of chemotherapy in gynaecological tumours.

Knowledge Criteria

Relevant cell biology including:

Cell - cycle kinetics

Log kill hypothesis

Cycle and phase specificity

Classes chemotherapeutic agents and their mechanisms of action.

Pharmacology of the main agents used in gynaecological cancers.

Principles of dose calculation and scheduling.

Understand the benefits and limitations of single-agent and combination chemotherapy.

Guidelines and definitions for evaluation of response.

Principles of phase I, II, and III clinical trials.

Conversation with seminal chemotherapeutic trials in gynaecological cancers.

Understand the concept of adjuvant and neoadjuvant therapy.

Short and long - term toxicity, both general and drug - specific

Chemotherapeutic management of gestational trophoblastic disease.

The role of hormonal and other agents.

Therapeutic options for recurrent disease.

Clinical Competency

Take an appropriate history

Perform a clinical examination.

Knowing the indications for chemotherapy

Assessment of response of chemotherapy.

Counsel patients about the basics of chemotherapy, including adverse effects and complications treatment.

Knowing the limitations of chemotherapy and when to change or stop treatment.

Recognition, assessment and management of acute and chronic toxicity.

Professional Skills and Attitudes

Ability to discuss management at multidisciplinary team meeting, including most appropriate chemotherapy regimen, according to patient's disease and medical status.

Ability to counsel patients about the basics of chemotherapy, including adverse effects and complications of treatment.

ability to liaise with colleagues and other health professionals regarding coordinating investigations and management strategies pertinent to individual patients.

Ability to recognise, investigate and management of toxicity.

Ability to counsel patients about clinical trials.

Training Support

Observation of assisting and discussion with senior staff.

Specific task training and supervision. Postgraduate course.

Good clinical practice course.

Gestational trophoblastic disease course.

Evidence

Logbook of competences and experience

Mini - CEX

Case - based discussions.

CLINICAL ONCOLOGY

Objectives

To have sufficient familiarity with principles and practice to inform patients appropriately and recognise complications,

Knowledge Criteria

Cell-cycle kinetics

Radiation effects

Recovery and repair of tissues.

Potentiation of effects

Protection

Sensitivity of different organs

Different types of radiation.

Inverse square law.

Time - dose relationships.

Half-life isotopes.

Ionisation and modifying factors.

Radiation units.

Isodose curves.

Principles of fractionation

Orthovoltage and supravoltage.

CT planning and dosimetry

Types of fields.

Types of sources and methods.

Use of chemotherapy as an adjuvant complications in:

Gastrointestinal
tract Urinary tract
Skin
bone marrow
Kidney Ureter
Central nervous
System Genital tract.

Clinical Competency

Understand principles of radiotherapy

Understand how radiotherapy affects organs and radiosensitivity of different cancers.

Select patients for radiotherapy according to disease, tumour type and stage.

Understand how to plan patients for radiotherapy.

Counsel patient on how radiotherapy work, how it will affect them and what complications may occur.

Understand the difference between curative and palliative treatment.

Management of long-term effects of
radiotherapy: Vaginal stenosis
Ovarian failure
Oedema
Osteopenia
Fistula

Recognition, investigations and management of recurrent gynaecological cancer following primary radiotherapy and chemoradiation.

Professional Skills and Attitudes

Ability to select patients for radiotherapy.

Ability to counsel patients regarding radiotherapy treatment.

Ability to plan radiotherapy treatment

Ability to counsel patients regarding complications.

Ability to recognise and manage adverse effects of radiotherapy:
Skin Urinary

- tract
- Gastrointestinal tract
- Vagina
 - dryness
 - hormone replacement therapy
 - dilators
- Psychosexual.

Ability to recognise and manage major complications of radiotherapy in liaison with other colleagues: fistula

Vaginal stenosis

oedema

osteopenia

Ability to recognise and investigate tumour recurrence.

Training Support

- Multidisciplinary team meeting attendance.

- Combined oncology clinics

- Radiotherapy planning clinics

- Clinical oncology operating theatre sessions

- Attendance with psychosexual counsellors and clinical nurse specialists.

Evidence

- Logbook of competences and experience

- Mini - CEX

- Case - based discussions

- Multidisciplinary team attendance

RADIOLOGY

Objectives

To understand the role of imaging in gynaecological cancer.
Principles of different imaging modalities

knowledge Criteria

Main imaging modalities in gynaecological oncology

- Phycis
- Indications
- Limitations

Nuclear Medicine

Intervention radiology:

- Guided biopsies
- Stenting
- Canval filters
- Embolisation

Sentinel node assessment

Clinical Competency

Assessment and interpretation with erlevance to clinical scenario:

- Standard plain ultrasound
- Cross-sectional imaging
- Nuclear.

Ability to recognise the indications for interventional radiology.

Professional Skills and Attitudes

Discussion of images with relevance to clinical scenario with radiologist/trainers.

Training Support

- Attendance at multidisciplinary team meetings.
- Attendance at radiology department for relevant procedures.

Evidence

- Logbook of competences and experience
- Mini - CEX
- Case - based discussions.

PALLIATIVE CARE

Objectives

To understand the concept and delivery of care to patients with terminal gynaecological malignant disease.

Decision for palliative care

Holistic approach to the symptoms and anxieties of the patient and their relatives.

Knowledge Criteria

Role of palliative care team in gynaecological malignancy:

How to break bad news to a patient

Symptoms associated with terminal malignancy Causes of and patterns of pain

Therapies for pain relief and how they work choice of appropriate analgesic

Pain services available

Pathophysiology of nausea and vomiting

Therapies for treatment of nausea and vomiting Anxiety and depression

Counselling for patient and family

Pathophysiology of oedema

Palliative care team in hospital, hospice and community.

Community support roles of:

General practitioner

District nurse

Cancer specialist nurse

Family

Religion

Cancer support groups

Social services

Role of palliative care in multidisciplinary team function.

Clinical Competency

Effective and sympathetic communication skills.

Recognise when a patient should have palliative care input into management.

Recognise and appropriately manage symptoms in a palliative care setting.

Recognise anxiety and depression and psychosexual problems and involve appropriate teams in management.

Work within a palliative care team in hospital, hospice and community.

Professional Skills and Attitudes

Ability to communicate with patients and give information about disease process, including bad news.

Ability to appropriately involve members of palliative care team in patient management.

Ability to manage patients' symptoms in liaison with palliative care team.

Ability to work as part of a palliative care team in hospital, hospice and community.

Ability to involve palliative care team in multidisciplinary team framework.

Training Support

"Breaking bad news" course.

Working in supervised environment with senior team.

Communicating with patients and managing their care on a day-to-day basis.

Attend pain clinic (five sessions)

Palliative care module (3 weeks)

Working within multidisciplinary team. Attendance with specialist oedema physiotherapist.

Evidence

Logbook of competences and experience

Mini-CEX

Case-based discussions

Multidisciplinary team attendance.

UROLOGY

Objectives

To have an understanding of the impact of gynaecological cancer and its treatment on the renal tract.

Aware of possible urological complications.

Identify and manage urological complications.

Knowledge Criteria

Anatomy and physiology of kidney, ureter, bladder and urethra.

Effects, of gynaecological malignancy upon urinary tract.

Effects of treatment for gynaecological malignancy on urinary tract; e.g. radical surgery, radiotherapy.

Communication with patients and family about the effects of gynaecological malignancy and treatments on urinary system; e.g. fistula, obstruction, bladder disorders.

Interpret investigations ordered.

Recognition and management of injury to urinary tract.

Principles of repair of injury to :

- Ureter
- Bladder
- Urethra.

Selection of patients who would benefit from intervention surgery involving the urinary tract; e.g. Urethral stenting, fistula repair, exenterative surgery.

Pre-and postoperative care of patients undergoing urology procedure.

Clinical Competency

Ability to appropriately investigate and diagnose disorders of the urinary tract in a gynaecological cancer setting.

Appropriate ordering of investigation and liaison with urology team.

Investigation of diseases of urinary tract:

- Urine (microscopy, culture and sensitivity; biochemistry)
- Haematology
- Ultrasound
- X-ray
- Magnetic resonance imaging
- Cystoscopy
- Ureteroscopy

Knowledge of damage to ureter and bladder due to disease process or surgery; e.g. fistula, obstruction, surgical injury.

Perform:

- Cystoscopy
- Repair to bladder
- Dissection of ureter.

Professionals Skills and Attitudes

Effectively manage patients with suspected disorders of urinary tract.

Order and interpret investigations of urinary tract.

Appropriate selection of patients for intervention surgery involving the urinary tract.

Insert suprapubic catheter.

Perform cystoscopy.

Perform surgical repair of bladder injury.

Perform (with the assistance of urology colleague if necessary)

- Ureteriscopy
- Insertion of ureteric
- Stent Repair of ureter
- Ureteric reimplantation
- Primary anastomosis of ureter Cystectomy
- Leal conduit
- Continent urinary diversion.

Training Support

- Working under senior Supervision. Joint clinics.
- Radiotherapy module.
- Attendance at urodynamic clinic.
- Multidisciplinary team.

- Attendance to radiology department.
- Urology module (minimum 10 sessions)
- Gynaecological multidisciplinary team and urology multidisciplinary team.

Evidence

- Logbook
- Mini-CEX
- Case-based discussions

COLORECTAL SURGERY

Objectives

To understand the role of fluid balance and nutrition in the surgical patient.

To understand the indications and principles of bowel resection and repair in the context of gynaecological oncology.

- Accidental bowel injury
- Elective bowel resection

Knowledge Criteria

Anatomy and physiology of gastrointestinal tract.

Case of critically ill patient.

Principles of surgery of gastrointestinal tract, including exposure handling and injury to tissues.

Principles of resection and repair of intestinal tissues; Primary repair
Secondary repair
Ileostomy
Colostomy.

Indications to perform bowel surgery in a gynaecological oncology settings.

Use of radiology in investigation and management of gastrointestinal tract disorders.

Appropriate selection of patients who will benefit from bowel surgery.

Preoperative preparation required for a patient who may or will have bowel surgery.

Clinical Competency

Perform rigid sigmoidoscopy.

Counsel patients preoperatively and postoperatively regarding bowel surgery and stoma management, including benefits, risks and complications.

Perform laparotomy and identify abnormalities throughout abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas and large and small bowel.

Oversee serosal injury to bowel.

Repair mucosal injury to small bowel.

Select area to be resected and perform primary anastomosis of small bowel.

Select area and perform ileostomy.

Perform appendicectomy.

Select appropriate tissue and resect large bowel with formation of colostomy.

Mark stoma site appropriately.

Order and interpret appropriate investigations preoperatively.

Order appropriate bowel preparation preoperatively.

Select patients preoperatively and intraoperatively who will benefit from bowel surgery.

Manage postoperative care of patients following bowel surgery.

Professional Skills and Attitudes

Ability to perform sigmoidoscopy

Ability to counsel patient regarding bowel surgery and stoma management, including preoperatively.

Ability to perform exploratory abdominal procedure.

Ability to perform bowel

Surgery: Oversee serosa

Repair small bowel injury

Resect and reanastomose small bowel Appendectomy.

Ability to perform bowel surgery (with the assistance of surgical colleagues if necessary)

Ileostomy

Colostomy

Resection of large bowel

Primary anastomosis of large bowel

Abdominal perineal resection.

Ability to select and mark stoma site.

Training Support

Colorectal outpatient clinic

Attend intensive care unit ward rounds

Attend dietician ward rounds.

Observation and assisting senior staff.

Senior staff supervision

Colorectal attachment (4 weeks)

Surgical anastomosis course

Attendance with stoma therapist.

Evidence

logbook

Mini - CEX

Case - based discussions

PLASTIC SURGERY AND WOUND CARE

Objectives

Understand the principles of plastic surgery and its indication in the management of gynaecological malignancy

Surgical procedures
Management of wound complications.

Knowledge Criteria

Physiology of wound healing and factors influencing healing

Surgical site infection

Recognise and manage wound dehiscence.

Management of incisional hernia

Anatomy of vulva, perineum and groin

Techniques of vulval repair and reconstruction

Vaginal reconstruction.

Breast cancer

Clinical Competency

Management of surgical site infections.

Management of recognised wound dehiscence.

Management and performance of appropriate repair.

Repair of incisional hernia, including use of mesh.

Selection of patients for appropriate surgical intention using.

Split-thickness skin graft

Rotational flaps

Advancement grafts

Myocutaneous flaps.

Williams procedure

Split-thickness skin graft

Myocutaneous graft.

Professional Skills and Attitudes

Ability to close wound, including choice of suture material.

Ability to diagnose and select antibiotics and identify need for incision and drainage

Ability to repair wound dehiscence

Ability to repair incisional hernia
Without mesh
With mesh.

Training Support

Direct observation by senior staff.
Attendance with tissue viability team
Colorectal module
Plastic surgery attachment

Evidence

Logbook of competences and experience
Mini - CEX
Case - based discussions

GESTATIONAL TROPHOBLASTIC DISEASE

Objectives

To diagnose, investigate and manage a patient with gestational trophoblastic disease.

Knowledge Criteria

Definition and classification of gestational trophoblastic disease

Epidemiology and aetiology of gestational trophoblastic disease.

Histopathology of gestational trophoblastic disease.

Clinical features and behaviour of different entities of gestational trophoblastic diseases.

Principles of management of different entities gestational trophoblastic diseases

Principles and pitfalls in the measurement of human chorionic gonadotrophin.

Diagnosis and staging of gestational trophoblastic neoplasia.

Histopathological features of gestational disease.

Complications of treatment and management of gestational trophoblastic disease and neoplasia.

Management of chemoresistant and relapsed gestational trophoblastic neoplasia.

Role of surgery and radiotherapy in the management of gestational trophoblastic neoplasia.

Genetic and molecular markers and their potential clinical applications.

CLINICAL COMPETENCY

Take an appropriate history.

Perform appropriate clinical examination and investigations.

Perform suction avacuation for molar pregnancy.

Perioperative management of patients undergoing suction evacuation for molar pregnancy.

Appropriate follow-up of patients following a molar pregnancy.

Decide need for and perform hysterectomy in emergency situations.

Diagnose adn stage gestational trophoblastic neoplasia.

Follow - up patients following treatment for gestational trophoblastic neoplasia.

PROFESSIONA SKILLS AND ATTITUDES

Ability to take history and perform appropriate physical examination.

Ability to counsel patients about a diagnosis of molar pregnancy and the subsequent management.

Ability to perform suction evacuation, including preoperative. Intraoperative and postoperative managment.

Ability to counsel patients about a diagnosis of gestational trophoblastic neoplasia.

Ability to carry out appropriate investigations for staging of gestational trophoblastic neoplasia and to classify patients into low - or high - risk groups.

Ability to counsel patients on the possible adverse effects of treatment.

Ability to register patients at supraregional centre for follow up.

TRAINING SUPPORTING

Attend at the national one - day meeting. Discussion with senior medical staff.

Personal study. Attachment to medical oncology unit - part of the modular training.

Review histology with pathologist attendance at multidisciplinary team.

EVIDENCE

Mini - Cex

Case - based discussion

Logbook

GENETIC PREDISPOSITION TO GYNAECOLOGICAL CANCER

Objectives

To diagnose, investigate and manage a patient with a genetic predisposition to gynaecological cancer.

Management of patients with a family history suggesting genetic predisposition to gynaecological cancer.

Understanding of familial ovarian cancer syndromes. BRCA and hereditary nonpolyposis colorectal cancer

Concepts of cancer screening issues surrounding prophylactic surgery.

KNOWLEDGE CRITERIA

Background for a patient with a genetic predisposition to gynaecological cancer.

Epidemiology and aetiology of a genetic predisposition to gynaecological cancer.

molecular biology and behaviour of different genetic predispositions.

Principles of management of different entities for these genetic predispositions.

Principles and pitfalls in the assessment of the molecular biology techniques presently available.

Complexity of counselling and complications of subsequent management of patients with a genetic predisposition to gynaecological cancer.

Role of prophylactic surgery in the management of patients with a genetic predisposition to Gynaecological cancer and the specific problems or follow - up in relation to hormonal psychological and reproductive sequelae.

CLINICAL COMPETENCY

Take an appropriate history.

Determine a patient's pedigree.

Counsel a well patient with a known predisposition to gynaecological cancer.

Perform appropriate clinical examination and investigations.

Perform prophylactic surgery involving laparoscopic techniques as required.

Work with other disciplines to ensure appropriate management.

Liaise with medical genetics department to assess risk of developing cancer.

PROFESSIONALS SKILLS AND ATTITUDES

Ability to take history and perform appropriate physical examination.

Ability to counsel well patients regarding a diagnosis and subsequent management of patients with a genetic predisposition to gynaecological cancer.

Ability to perform preoperative intraoperative and postoperative managements as required.

Ability to counsel patients on hormonal and other medication in relation to outcomes after screening of treatment.

Ability to organise appropriate investigations for screening if conservative approach taken.

Ability to recognise the requirement for failsafe for conservative management.

Ability to counsel patients on the possible adverse effects of treatment.

Ability to manage complications of treatment.

Ability to perform prophylactic surgery for gynaecological cancer.

TRAINING SUPPORT

Observation or assisting and discussion with senior medical staff.

Personal study.

Attachment to cancer genetics unit. supervised surgical training to appropriate competency level by senior.

Appropriate competency level by senior staff. Attendance at cancer genetics clinic.

EVIDENCE

Mini - CEX

Case - based discussion

Logbook of competences and experience.

Syllabus

1. Definitions:

Knowledge : basic understanding of all topics commonly used in the clinical practice of gynaecological oncology.

Detailed knowledge: an understanding of important aspects of topics which may be more comprehensively understood by a specialist in an other discipline, such as a geneticist. Comprehensive knowledge : a complete understanding of topics which are important in the clinical practice of gynaecological oncology.

2. Basic sciences

2.1. Anatomy

Comprehensive knowledge of the regional anatomy of the pelvis, abdomen, thorax, breast, thigh endocrine glands, particularly in relation to surgical procedures undertaken by the gynaecological oncologist.

Detailed knowledge of the gross anatomy and histology of relevant bones, joints, muscles, blood vessels, lymphatics and nerve supply.

Comprehensive knowledge of the histology of the pelvic organs and breast

Knowledge of cell structure.

2.2 Oncology

Comprehensive knowledge of carcinogenesis, invasion and metastasis.

Detailed knowledge of cellular and molecular biology.

2.3 Genetics

Detailed knowledge of cancer genetics included inherited risk factors.

2.4 Pathology

Detailed knowledge of the cytology and histology of gynaecological and breast cancers and pre-cancer states.

2.5 Statistics and epidemiology

Detailed knowledge of statistical analysis and the collection of data in gynaecological oncology.

Detailed knowledge of setting up and interpreting clinical trials.

Detailed knowledge of environmental factors in relation to gynaecological oncology.

2.6 Microbiology

Comprehensive knowledge of the role of infective agents in carcinogenesis.

2.7 Biochemistry

Detailed knowledge of nutrition in relation to gynecological oncology.

2.8 Biophysics

Knowledge of the physical principles and biological effects underlying imaging and therapeutic techniques involving heat, light, sound and electromagnetism.

2.9 Immunology

Knowledge of immune mechanism involved in host defence in cancer.

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2.10 Pharmacology

Comprehensive knowledge of the properties, pharmacodynamics, actions interactions and hazards of pharmacological agents which are used in gynaecological oncology.

3. Clinical Sciences**3.1 Gynaecological Oncology**

Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of gynaecological tumours and their management including primary and secondary prevention.

3.2 Breast Cancer

Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of breast cancer and its management including primary and secondary prevention.

3.3 Imaging

Detailed knowledge of all imaging techniques including computer assisted tomography, ultrasound, magnetic resonance imaging (MRI) used in gynaecological oncology including indications and interpretation.

3.4 Surgical Management

Comprehensive knowledge and skill in all surgical procedures used in gynaecological oncology including breast surgery. (4.5)

Detailed knowledge and skill in all reconstructive surgical procedures, including the breast, used in gynaecological oncology.

Comprehensive knowledge of the complications of surgery in gynaecological oncology and of post-operative care.

Knowledge of the applications, techniques and complications of anaesthesia and intensive care and expertise in the practice of adult resuscitation.

Comprehensive knowledge and experience in preoperative assessment and preparation for surgery.

(4) Only in those countries where this is part of gynaecological practice.

(5) Minimum surgical procedures to be performed by the fellow:

*	Surgery of endometrial, ovarian and tubal cancer	30 cases
*	Radical hysterectomy	15 cases
*	Other pelvic malignancies	5 cases
*	Vulvectomy and groin dissection	5 cases

Non Surgical Management

Detailed knowledge and experience in the use in gynaecological oncology of chemotherapy, hormone therapy, radiotherapy, immunotherapy and gene therapy.

Detailed knowledge of the causes and management (including surgical) of chronic pelvic pain.

3.5 Psychology

Comprehensive knowledge and experience of the psychological management of patients treated for a gynaecological or breast cancer - Detailed knowledge of the principles and management of sexual dysfunction of patients treated for a gynaecological or breast cancer.

3.6 Palliative and Terminal care

Comprehensive knowledge and experience in palliative care and the management of terminal care of patients treated for a gynaecological or breast cancer.

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Breast Cancer

1. Screening Examination
2. Diagnosis of benign & Malignant diseases
3. Biopsy of benign or Malignant diseases
4. Surgery for benign diseases of breast.
5. Follow up of the patient after treatment for cancer
6. Advice on self exam
7. Consulting for hereditary breast cancer.