European Training Requirements for Gynaecological Oncology

European Standards of Postgraduate Medical Specialist Training

the

"CURRICULUM"

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Preamble

The UEMS (Union Européenne des Médecins Spécialistes, or European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists at the European level. With its current membership of 40 national associations and operating through 43 Specialist Sections and their European Boards, 17 Multidisciplinary Joint Committees and 4 Thematic Federations the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the professional consensus on the framework for the highest possible level of their training which will pave the way to the improvement of quality of care for the benefit of all European citizens and beyond.

UEMS and its Postgraduate Medical Specialists Training programmes. In 1994, the UEMS adopted its Charter on Postgraduate Training aiming at providing the recommendations at the European level for high quality training. This Charter set the basis for the European approach in the field of harmonisation of Postgraduate Specialist Medical Training, most importantly with the ongoing dissemination of its periodically updated Chapter 6's, specific to each specialty. After the most recent version of the EU Directive on the recognition of Professional Qualifications was introduced in 2011, the UEMS Specialist Sections and other UEMS Bodies have continued working on developing the documents on European Training Requirement(s) (ETRs). They reflect modern medical practice and current scientific findings in each of the specialty fields and particular competencies covered and being represented within the UEMS. In 2012 the UEMS Council adopted the document Template Structure for ETR.

The linkage between the quality of medical care and quality of training of medical professionals. It is the UEMS' conviction that the quality of medical care and expertise are directly linked to the quality of training, achieved competencies and their continuous update and development provided to the medical professionals. No matter where doctors are trained, they should have the same core competencies. The UEMS ETRs reflect many years (or even decades) of experience on the ground of the UEMS Sections/ Multidisciplinary Joint Committees (MJCs) and Boards developing in close collaboration with the relevant European Scientific Societies training requirements coupled with European Medical Assessments. It is one among the clear aims of the UEMS ETRs to raise standards of training to make sure that European patients find high quality standards of safe specialist care. While professional activity is regulated by national laws in EU Member States, it is the UEMS understanding that it has basically to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

UEMS and European legislation facilitating the mobility of medical professionals. The UEMS Council and its Specialist Sections, first created in 1962, have regularly provided advice and expert opinion to the European Commission. This helped create the framework that informed the drawing up of the Doctors Directives in 1975, which provided for the mutual recognition of medical diplomas and the free movement of doctors throughout the EU. The revised EU Directive on the recognition of Professional Qualifications (2013/55/EU) allows member states to decide on a common set of minimum knowledge, skills and competencies that are needed to pursue a given profession through a Common Training Framework (CTF) which represents the third mechanism that could be used to ensure mobility within the EU. This directive states that "professional qualifications obtained under common training frameworks should automatically be recognised by Member States. Professional organisations which are representative at Union level and, under certain circumstances, national professional organisations or competent authorities should be able to submit suggestions for common training principles to the Commission, in order to allow for an assessment with the national coordinators of the possible consequences of such principles for the national education and training systems, as well as for the national rules governing access to regulated professions". The UEMS supported CTFs since they encompass the key elements developed in modern educational and training models, i.e. knowledge, skills, professionalism. In addition, the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare introduced a strong incentive for harmonisation of

medical training and achieved competencies among EU/EEA Countries through the requirements to assure good and comparable quality of care to increasingly mobile European citizens.

The UEMS ETR documents aim to provide for each specialty the basic training requirements as well as optional elements, and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of these documents reflects the UEMS approach to have a coherent pragmatic document for each individual specialty, not only for medical specialists but also for decision-makers at the national and European level interested in knowing more about medical specialist training. To foster harmonisation of the ETR by adopting more specific guidelines, the CanMEDS competency framework is recommended which defines the entire set of roles of the professionals which are common across both medicine and surgery. UEMS has an agreement to use an abbreviated version of the competencies within those roles.

Importance of making a distinction between Knowledge and Competency in ETR documents. Competency-based education is not oriented towards the period of clinical rotations, but towards trainee, and trainee's progress in the acquisition of competencies. Having a clear distinction within an ETR's contents between competencies and knowledge helps define both how that training should be delivered and how it should be assessed. The UEMS considers that the appropriate use of different methods of assessment of knowledge and acquired skills, emphasising the workplace-based assessment, is an essential component of quality postgraduate training, focused on high standards of specialist medical practice. To improve the methods of assessment it is also recommended to use the so-called Entrustable Professional Activities (EPAs) in all specialties ETRs. In order to recognise common and harmonised standards on the quality assurance in specialist training and specialist practice at a European level some UEMS Specialist Sections and Boards also have, for a long time, organised European examinations (supported and appraised by the UEMS CESMA - Council of European Specialist Medical Assessments).

Overlapping of learning outcomes and competencies. Each of the UEMS ETRs defines a syllabus or knowledge base and describes learning outcomes defined for given competencies. Some of these curricula encompass a whole specialty, other focus on areas within or across specialties and define content of the training requirements for specific areas of expertise. By recognising the potential overlapping it creates the opportunity for those writing ETRs to draft overlapping or common goals for learning outcomes. Similar measurement does not necessarily equate to the same targets. Rather, across different specialties the final goal may differ, i.e. there may be clearly defined individual goals for trainees with different expectations.

UEMS ETRs and national curricula. The UEMS strongly encourages the National Medical Competent Authorities (NMCAs) to adopt such requirements and believes that this is the most efficient way of implementation of good standards in postgraduate training. We clearly respect and support the vital role of the NMCAs in setting high standards of training and care in their respective Countries and checking through robust quality control mechanisms the qualifications of medical specialists moving across Europe. The UEMS ETRs are developed by professionals for professionals and this adds unique value to them. UEMS aim is to indicate the knowledge and competencies that should be achieved by trainees in EU/EEA countries and also competencies and organisation of the training centres. The training environment and results described in UEMS ETRs may be achieved in adapted ways, depending on local traditions, organisation of healthcare system and of medical specialist training. Adaptation of UEMS ETRs to local conditions assures the highest quality of specialist training and each state may include additional requirements, depending on local needs.

Importance of collaboration with other representative European medical bodies. The UEMS always wishes to work with all Colleagues, NMAs, professional and scientific organisations across Europe. In the process of ETRs development, the UEMS recognises the importance of meaningful collaboration with the other European medical representative bodies, the European Junior Doctors (EJD representing doctors in training), the European Union of General Practitioners (UEMO – Union Européenne des Médecins Omnipraticiens), the Standing Committee of European Doctors (CPME - Comité Permanent des Médecins Européens), the Federation of

European Salaried Doctors (FEMS) and the European Association of Senior Hospital Doctors (AEMH - Association Européenne des Médecins Hospitaliers). In addition, UEMS continues to develop closer links with the many European specialist societies. UEMS, in collaboration with its fellow European representative bodies, has constantly been highlighting the importance of coordinated postgraduate specialist medical training programmes always accepting the differing needs of different specialties. In this way quality medical care is delivered by highly qualified medical specialists - essential to ensuring consumer confidence and protection all over Europe.

Conclusions. UEMS is very proud for all the hard work that has been done until now in developing the UEMS ETRs as well as that they are increasingly implemented as national curricula. However, we also recognise the need for constant improvement, and we are always open to further suggestions. The UEMS insists that the medical profession remains the driver in defining its own specialist training and continuous professional development needs. On this basis, we sincerely look forward to working with the key European Union responsible bodies, as well as the national stakeholders in implementing the basic common strategies and requirements outlined with this initiative. We are confident that the priorities detailed in UEMS ETR documents developed for individual specialties (and/or competencies) will become evident in national strategies and programmes, as well as action plans for postgraduate medical education and training.

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Introduction

Some 50% of cancers that affect women are located in the genital organs or in the breast. Gynaecological and breast cancer treatment is interdisciplinary and interprofessional and requires all skills and knowledge in all fields of competences, i.e., good surgical training as well as knowledge about radiotherapy, chemotherapy, hormone therapy, immunotherapy, and genetics and communication.

In Europe, the European Union of Medical Specialists (UEMS) has recognised gynaecological oncology as a subspecialty. It is the responsibility of the national and international societies (and in some countries of the government) to organise and recognise training and certification in order to identify the subspecialists.

In several European countries, breast cancer is not treated by gynaecological oncologists. In these countries, fellows do not have to include this component in their training programme, but it is recommended that they become familiar with the principles and practice of the management of breast diseases and other aspects of women health. The ESGO accreditation and certification programme only evaluates the training in gynaecologic oncology; it does NOT evaluate training in breast cancer management.

In the 2020 revised edition of the first 2010 ESGO Curriculum educational objectives and requirements for training have initially been identified through the Delphi method, involving all recognised training centres and trainees in conjunction with acknowledged experts from ESGO. This 2025 update has been prepared by a team from within and outside the ESGO's Training & Education Committee's Working Group on Fellowship, Curriculum and eLogbook.

Competencies and competences in Gynaecological Oncology are in line with those for general training in Obstetrics and Gynaecology, according to the 2023 revision of the PACT programme by the European Board and College of Obstetricians and Gynaecologists (EBCOG). Certain components of the end-point requirements for Gynaecological Oncological subspecialists may be achieved during an elective year, provided these competencies are acquired following the rules of the Curriculum and documented accordingly in the portfolio (see matrix 3.2).

> *The European Board and College of Obstetrics and Gynaecology (EBCOG) has defined the format and standard for post-graduate training in Obstetrics and Gynaecology in the Project for Achieving Consensus in Training (PACT). This competence based curriculum is meant to be the standard for all training sites in Europe. In this modular curriculum criteria have been defined required for every European gynaecologist (the 'core') as well as criteria for 'electives', which are positioned between the core and the subspecialties. The ESGO Curriculum is thus an extension of this PACT Curriculum, from which elective modules can be used to start training in gynaecological oncology (see also diagram in 3.1.1). The other way around, ESGO has been instrumental in defining learning targets and training criteria for gynaecological oncology within the core and elective parts of the PACT.*
> *As EBCOG is part of the European Union of Medical Specialists (UEMS) the format of the Curriculum as well as that of the ESGO Exam complies with the requirements of that organisation.*

The processes for training centre accreditation and certification with the FESGO-EBCOG Diploma or diploma of Gynaecological Oncologist with Special Interest are voluntary. ESGO will not contact prospective centres or diploma candidates. Centres apply voluntarily. Equally, each candidate for the ESGO subspecialty certification diploma is responsible for registering in the fellowship before starting the process. The fellow will be responsible for the costs for registration, the completion of the eLogbook, taking the exam, and applying for certification. Any related costs are defined by the Financial Committee. The candidate is also responsible for completing the application, submitting all materials to the ESGO office on time, and meeting all deadlines. ESGO will make the final decision concerning the applicant's eligibility for certification with the FESGO-EBCOG Diploma, or diploma of Gynaecological Oncologist with Special Interest, as it does for a centre's eligibility for accreditation as a Training Centre for Gynaecological Oncology.

This guideline describes training up to first certification, upon which the ESGO Diploma or certificate is awarded, but does not describe recertification, as there is not yet a European system to monitor and manage this.

1 Executive summary

1.1 Introduction

The following executive summary presents the main principles of the ESGO Curriculum of gynaecological oncology subspecialty training. This summary provides a succinct overview of the requirements for the training centre and for the diploma candidate that must be met prior to commencing training.

1.2 New Curriculum features

This Curriculum is the second revision of the ESGO curriculum for the gynaecological oncology subspecialty training which replaced the 2020 Curriculum in 2025. The main features are:

- The Curriculum is consensus-based (for a summary of the consensus outcomes, see 8.3),
- It adheres to the principles of competence-based assessment,
- It follows and is partly integrated with the EBCOG PACT curriculum for general training in obstetrics and gynaecology.
- A real-time portfolio is required, for which an on-line logbook is provided.
- Successful completion of the curriculum and a passing mark on the ESGO theoretical examination are mandatory requirements for obtaining the ESGO certification.

New in this revised version:

- In addition to the Curriculum for training in surgical gynaecological oncology, since 2025 there is also the possibility to train in special interest modules for instance in diagnostic and interventional ultrasound in order to obtain a diploma adapted to these non-surgical types of our subspecialty. Learning targets and proficiency requirements have been adapted to each of these subdivisions.
- Satisfactory completion of the Curriculum renders the candidate eligible for the FESGO-EBCOG Diploma leading to the title of Fellow of ESGO-EBCOG (FESGO-EBCOG).
- The executive summary has been minimised in order to be more easily and readily readable.
- The format of this version is adapted to the European Training Requirements (ETR) as defined by the European Union of Medical Specialists (UEMS) in order to gain a European status for the ESGO Curriculum and ESGO Exam.

1.3 Accreditation criteria for a training centre

An institution can be accredited for training ESGO fellows/trainees according to the ESGO Curriculum after an onsite visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled.
For those centres that will (also) train for the non-surgical special interest modules additional criteria have been defined.

1.3.1 Qualitative criteria

- Availability of data managers.
- One (1) designated and qualified Educational Supervisor per trainee.
- One (1) Training Programme Director.
- At least the Training Programme director and/or the Educational Supervisor has participated in a train-the-trainers course at least once in the five (5) years prior to accreditation.
- Radiotherapy is available in the centre or in an affiliated hospital.
- All cancer cases are systematically (and at least once) discussed in a multidisciplinary team.
- Availability of theatres equipped for teaching both open and minimally invasive surgery.
- Availability of specialised oncology nurses.
- A hospital-wide post-graduate teaching programme across all oncological specialties.
- Internal quality control and audit.

- Mortality and morbidity registration and meetings.
- Additional criteria for special interest training in diagnostic and interventional ultrasound are:
    - Access to high-quality ultrasound equipment and software, including probes for all approaches (endocavitary, transabdominal, and percutaneous), and possibly contrast-enhanced ultrasound and fusion ultrasound, to support both diagnostic and interventional procedures.
    - Availability of at least one (1) designated specialist in diagnostic and interventional ultrasound with extensive experience in gynaecological oncology.
    - Demonstrated annual case volume sufficient to provide comprehensive hands-on training in diagnostic and interventional procedures.
    - Opportunities for trainees to actively participate in advanced interventional procedures, such as ultrasound-guided biopsies, drainage, or other therapeutic interventions.
    - Systematic integration of ultrasound findings into the multidisciplinary team discussion and patient management plans.
    - Active involvement of trainees in quality assurance activities, such as audit of ultrasound findings and outcomes.

1.3.2 Quantitative criteria

- Three (3) full-time equivalent gynaecological oncologists, one (1) additional for each additional fellow/trainee.
- At least 150 new genital cancer cases per year.
- At least ten (10) new vulvar cancer cases per year.
- At least a total of 100 radical surgery cases per year per trainee.
- At least 40 cytoreductive procedures per year.
- At least 60% of early endometrial cancers undergo minimally invasive surgery (MIS).
- Additional criteria for special interest training in Diagnostic and Interventional Ultrasound are:
    - Abdominopelvic ultrasound staging in all new gynaecological cancer cases per year (at least 150 new cases per year, of which at least ten (10) new vulvar cancer cases per year)
    - A minimum of 20 ultrasound-guided biopsies per year.
    - A minimum of 30 ultrasound-guided therapeutic interventional procedures per year (drainage of lymphocele/abscess/pleura fluid/ascites and others).

*A **'radical'** case is defined as any surgery that requires the knowledge and expertise of a gynaecological oncologist and is aimed at complete tumour removal according to oncological principles and as defined in the matrix 10.2, these also constitute so-called index procedures:*
- radical hysterectomy (Querleu-Morrow Type B and onwards)
- radical trachelectomy
- (radical) parametrectomy
- pelvic lymph node dissection
- Para-aortic lymph node dissection
- Partial/radical excision of the vulva
- inguino-femoral lymph node dissection
- (radical) colpectomy
- cytoreductive surgery (any surgery of bulky and/or loco-regionally metastasized ovarian or endometrial cancer aimed at maximal reduction of the tumour load including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection). If any of these procedures are combined (e.g. radical hysterectomy and pelvic node dissection) this needs to be counted as one radical procedure within the context of quantitative criteria for accreditation.

1.4 Qualifying criteria for a fellow/trainee

Candidates for gynaecological oncology subspecialty training must:

- Be registered as a gynaecologist or have equivalent national approval (e.g: Surgical oncology in some countries) to start subspecialty training.
- Register with ESGO and in the eLogbook PRIOR to the start of the fellowship.

There is no limit placed on age or nationality.

1.5 Certifying criteria for a fellow/trainee

1.5.1 Qualitative criteria

- Satisfactory completion of the regularly updated portfolio, including formative assessments for all required procedures and skills as well as regular summative assessments.
- Notably, the fellow should have reached at least competence level 4 for at least all index procedures.
- The training programme should have been followed for at least one (1) year in an ESGO-accredited centre.
- The portfolio/logbook must be completed within four (4) years of beginning the training programme.
- A passing mark on the ESGO Exam.

1.5.2 Quantitative criteria

- At least three (3) formative assessments (e.g., OSATS) for each of the **index procedures** defined in the next criterion.
- Surgical volume, i.e. index procedures performed as primary surgeon:
  - Ten (10) r**adical hysterectomies** (Querleu-Morrow Type B and onwards) or radical trachelectomies or parametrectomies.
  - 30 **pelvic lymph node dissections** (including sentinel lymph node procedures).
  - Ten (10) **para-aortic lymph node dissection**.
  - Five (5) **Partial or total excision of vulva**, **including inguino-femoral surgical evaluation**.
  - Five (5) **inguino-femoral total lymph node dissection** with or without sentinel lymph node biopsy.
  - At least 20 **cytoreductive surgeries** (including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection).
  - 30 **minimally invasive procedures** (oncological procedures, excluding simple hysterectomies, simple adnexectomies and diagnostic laparoscopies).
- Research requirements: publish at least two (2) peer-reviewed publications (as any author) during and part of the training OR successfully complete (the equivalent of) an Advanced Professional Module of Clinical Research.
- Additional criteria for special interest training in Diagnostic and Interventional Ultrasound
  - ISUOG intermediate curriculum module on gynaecologic oncology with a certificate
  - 20 ultrasound guided biopsies (core-needle biopsy, fine needle aspiration)
  - 30 ultrasound guided therapeutic interventional procedures (drainage of lymphocele/abscess/pleura fluid/ascites and other therapeutic interventions)
  - 80 diagnostic ultrasound procedures documented by predefined checklists from US staging examinations – 10 vulvar and vaginal cancers, 10 cervical cancers, 20 endometrial cancers, 40 ovarian cancers (in the entire fellowship)

1.6 Validity

1.6.1 Validity of centre accreditation

Accreditation is granted to a centre for five (5) years. In some exceptions, the Training Committee can advise the ESGO Council to grant a conditional (re-)accreditation for a period of less than five years.

After five years, an online tele-visit (see 7.1.1) may suffice to be granted re-accreditation once for a further five years.

Assessment at re-accreditation includes:

- A review of the number and performance of fellows.
- Structured feedback on the centre and the training programme from fellows and trainers.
- Confidential interviews with fellows.
- An up-to-date portfolio from current trainees.

1.6.2 Validity of fellow certification

The diploma documents the fact that the fellow has successfully completed training and has passed the ESGO Exam. There is no system of re-certification once a fellow has been issued the diploma, although it is the responsibility of the respective health authorities to check whether a subspecialist maintains adequate proficiency and knowledge.

2 Principles of competence-based training

2.1 Introduction

The ESGO Curriculum is established on the guiding principles of competence-based training and a medical education competency framework. These principles and the framework together form the blueprint for training and certification of gynaecological oncology fellows.

Ten principles of competence-based training

1. The training is based on the curriculum developed from the competency standards.
2. Learning has a modular structure.
3. Training delivery is individualised and self-paced.
4. Training is based on work that must be performed.
5. Training materials are directly related to the competency standards and the curriculum modules.
6. Learner assessment is based on the collection of evidence of the performance of work to the industry or organisational required standards.
7. Training is based on both on- and off-the-job components.
8. The system allows for recognition of prior/current learning.
9. The training allows learners to enter and exit the program at different times and levels as well as receive recognition for modules (competencies) attained at any point. (This is made possible by the use of a portfolio.)
10. Approved training programs are nationally accredited.

2.2 Competency framework for medical education

There are a number of such frameworks, and two of the best-established frameworks originate from North America. This curriculum uses the Accreditation Council for Graduate Medical Education (ACGME) framework.

ACGME Core Competencies
In 1999, the ACGME selected and endorsed a set of competencies to help define the foundational skills every practicing physician should possess. The ESGO community has chosen not to use another well established framework of competencies, the CanMEDs 2005.

Recently (sub-)specialty specific milestones have been defined as a start towards outcomes-based assessments. Even more recently Entrustable Professional Activities (EPAs) have been introduced as less abstract and better observable activities. For the purpose of this Curriculum milestones or EPAs have not (yet) been defined as such, but knowledge, skills, attitudes and other attributes have been defined for all modules. In the matrices interpersonal and communication skills have been summarised as 'other attributes'.

2.3 Core competencies

The six ACGME Core Competencies are:

1. Practice-based learning and improvement (e.g. appraisal and incorporation of scientific evidence.
2. Patient care and procedural skills.

3. Systems-based practice.
4. Medical knowledge.
5. Interpersonal and communication skills.
6. Professionalism.

2.3.1 Practice-based learning and improvement (PBLI)

Initial certification and recertification are being achieved through a combination of continuing educational opportunities and PBLI activities that investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the practice of medicine.

Related activities and evidence Journal clubs, courses, conferences, self-reflection, auditing and quality improvement projects.

2.3.2 Patient care and procedural skills

This competency highlights the necessity of physicians maintaining a patient-centred approach to care.

Related activities and evidence Case presentation/discussion during MDT/tumour board meeting, advanced communication course, or breaking bad news training. Assessments: OSATS, case-based discussions (CBD), multi-source feedback assessment.

2.3.3 Systems-based practice

This competence focuses on the principles of good medical practice: safety and quality in health care, patient advocacy, health insurance, health care economics, transitions of care, different healthcare systems, patient-centred medical home care, and chronic care.

Related activities and evidence Root-cause analysis of an adverse event, quality improvement project. Multi-source feedback assessment, evidence of management and leadership skills.

2.3.4 Medical knowledge

The fellow must learn the skills and develop the capacity that is required for their continued professional development as a specialist. According to Miller's Pyramid, developed in 1990 the trainee progresses from "Knows" to "Knows How" to "Shows How" to "Does."

Related activities and evidence Journal clubs, case-based discussions, teaching skills, conferences, courses, examinations.

2.3.5 Interpersonal and communication skills

The fellow needs to demonstrate the ability to effectively exchange information with patients, their families, and colleagues.

Related activities and evidence Communication skills course, multi-source feedback assessment, mini-CEX assessment, MDT/tumour board interaction, evidence of local/regional/international engagement in professional activity.

2.3.6 Professionalism

The professionalism domain relates to the professional attitude and behaviour of the fellow.

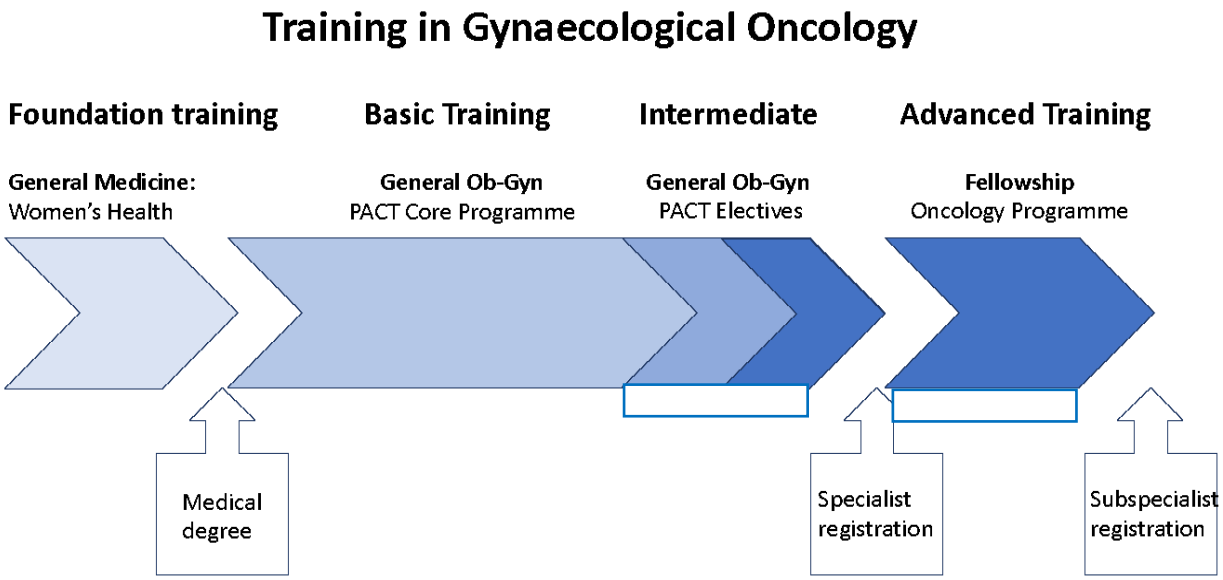
Related activities and evidence Management and leadership experience, and patient advocacy, as evidenced by CBD, MSF assessments, and other activities.

3 Matrices

3.1 Matrix of training years

3.1.1 Diagram of gynaecological oncology training

For details, see matrix 3.2.



3.1.2 Matrix of the gynaecological oncology training programme

Action	Place in timeline	Responsible person
Centre accreditation	At least one year before the end of the fellowship	Head of Department
Choosing the training centre	Before registration of the fellowship	Fellow candidate
Registration of fellowship	Before start of fellowship	Fellow candidate
Registration of portfolio and submitting required personal information	At the start of fellowship	Fellow
Systematic and structured formative assessment of procedures. At least three (3) per radical procedure (of which at least 2 at the required level of competency)	Along the training period.	Fellow
Structured summative assessment: Multiple Source Feedback	At least once a year. Twice yearly is recommended	Fellow
Structured summative assessment: Evaluation by the Educational Supervisor	At least once a year. Twice yearly is recommended	Educational Supervisor
Completion of portfolio	Within 4 years of starting the fellowship	Fellow
Successfully passing ESGO Exam	Within 6 years of starting the fellowship	Fellow
Application for certification with the FESGO-EBCOG Diploma	Within 1 year after portfolio completion or passing the ESGO exam (whichever comes last)	Fellow
Issuing FESGO-EBCOG Diploma	After approval by Members of the WG Fellowship & eLogbook & Curriculum of the ESGO Training & Education committee	ESGO Chair of the Training & Education committee & ESGO Office
Re-certification	Not yet available	

3.2 Matrix of learning objectives

Schematic overview of required competence levels per stage of training

Medical skills		**Competence level** Per stage of training				**Number** If required at levels 4–5
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
ORGAN-SPECIFIC						
Uterine cancer	Diagnostic and therapeutic plan	3	4	4	4	
	Surgery for low-risk cancer	2	3	4	3	
	Radical surgery for high-risk cancer	1	2	4	1	
	Weighing treatment options and morbidity	2	3	4	3	
	Fertility-sparing treatment	1	1	4	3	
Ovarian & tubal cancer	Diagnostic and therapeutic plan	3	4	4	4	
	Systematic use of US and tumour markers	1	3	4	4	
	Surgical radical treatment	1	2	4	1	
	Organising MDT	1	3	4	3	
	Follow-up	2	3	4	4	
Cervical cancer	Knowledge of prevention	3	4	4	*4*	
	Colposcopy	1	4	4	3	
	Diagnostic and therapeutic plan	3	3	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Surgical (radical) treatment	1	2	4	1	
	Ultrasound staging of cervical cancer	1	1	2	4	
Vaginal cancer	Diagnostic and therapeutic plan	1	3	4	4	
	Radical surgical treatment	1	1	4	1	
Vulvar cancer	Diagnostic and therapeutic plan	3	4	4	4	
	Description and drawing of vulvar situation (disease mapping)	2	4	4	4	
	Excision biopsy	3	4	4	4	
	Local excision	1	4	4	1	
	Radical surgery for vulvar cancer	1	2	4	1	
GTD	Recognition and diagnosis of GTD/GTN	3	4	4	4	
	Surgical treatment of GTD	3	4	4	3	
	Medical treatment of GTD	2	4	4	3	
	Treatment plan for GTN	1	3	4	3	
GENERIC						
Gyn.onc. surgery	Gyn-onc anatomical knowledge	2	4	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Recognition and treatment of surgical complications	1	4	4	4	
	Specific surgical skills:					
	- simple hysterectomy for uterine cancer (open/MIS)	3	4	4	2	
	- simple vaginal trachelectomy	1	2	4	2	
	- radical hysterectomy	1	2	4	2	10
	- radical trachelectomy (abdominal/vaginal/MIS)	1	1	3	2	
	- (radical) parametrectomy	1	2	4	2	
	- total pelvic lymph node dissection and sentinel lymph node biopsy (open/laparoscopically)	1	3	4	2	30
	- para-aortic lymph node dissection (open/laparoscopically)	1	1	4	2	10
	- Partial or total excision of vulva (skinning, total or radical vulvectomy), including inguino-femoral surgical evaluation	1	2	4	2	5

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	- inguino-femoral total lymph node dissection with or without sentinel lymph node biopsy	1	2	4	2	5
	- (radical) colpectomy	1	1	4	2	
	- creation neovagina	1	1	3	2	
	- infra + supracolic omentectomy	1	3	4	2	
	- cytoreductive surgery (including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection)	1	2	4	2	20
	- laparoscopic assessment ovarian cancer	1	2	4	2	
	- laparoscopic or percutaneous insertion IP catheter	1	2	4	2	
	- LLETZ/LEEP of cervix	2	4	4	2	
	- enterotomy	1	2	3	2	
	- cytologic biopsy (FNA)	2	3	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	- histologic (core needle/excision) biopsy, including conisation (cold knife/loop excision)	1	3	4	4	
Urologic surgery	urinary deviation	1	1	2	2	
	recognition and dissection of the ureter	2	3	4	3	
	dissection and repair of bladder	2	2	4	2	
	cystoscopy	2	2	4	2	
Reconstr. surgery	Recognising need for plastic surgery	1	3	4	3	
	Treatment of wound complications	1	3	4	2	
Systemic therapy	Pharmacological knowledge of cytostatic and cytotoxic agents and multitreatment combination	1	2	3	3	
	Knowledge of endocrine, targeted therapy and immuno-oncotherapy and ADC	1	2	3	4	
	Knowledge of indications	1	3	4	3	
	Acquaintance with clinical trials and	1	3	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	research methodology					
	Administration of intravenous and oral systemic therapies	1	2	3	2	
	Administration of intraperitoneal	1	2	4	4	
Radiotherapy	Knowledge of radiation principles and treatment related toxicity	1	3	4	4	
Radiology	Basic knowledge of radiological and nuclear physical principles	1	3	4	4	
	Adequate ordering and interpretation of reported imaging findings	1	3	4	4	
Palliative & supportive care	Identification of supportive care needs and monitoring of palliative care	2	4	4	4	
	Prescribing pain medication	1	3	4	3	
	Holistic approach of symptoms and worries of the cancer patient and family	2	4	4	4	
Peri-operative care	Knowledge and application of ERAS principles	1	4	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
Genetics	Knowledge of familial cancer syndromes	3	4	4	4	
	Counselling mutation carriers	2	2	4	4	
	Knowledge of preventive measures and their consequences	2	4	4	4	
	Knowledge of genes involved in oncogenesis	2	4	4	4	
	Knowledge of molecular targets for treatment	1	3	3	4	
Pathology	Knowledge of pathophysiology	2	3	4	4	
	Knowledge of gynaecological tumour classification and staging	2	4	4	4	
Diagnostic and interventional ultrasound	Ultrasound abdominal-pelvic, perineal anatomy	1	2	3	4	80 for US fellows**
	Ultrasound anatomy of peripheral lymph nodes site and VITA criteria (groin, axillary, supraclavicular, latero-cervical, internal mammary chain)	1	2	3	4	
	Ultrasound staging of vulvar cancer	1	1	2	4	
	Ultrasound staging of vaginal cancer	1	1	2	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Ultrasound staging of cervical cancer	1	1	2	4	
	Ultrasound staging endometrial cancer and IETA criteria	1	1	2	4	
	Ultrasound staging of ovarian cancer and IOTA criteria	1	1	2	4	
	Ultrasound evaluation of uterine mesenchymal tumours and MUSA criteria	1	1	2	4	
	Ultrasound staging of breast cancer	n.a.	n.a.	n.a.	3	
	Ultrasound guided diagnostic procedures (core needle and fine needle aspiration)	1	1	3	4	20 for US fellows
	Ultrasound therapeutical procedures (ascites, pleural fluid, lymphoceles or abscesses drainage and other)	1	2	3	4	30 for US fellows
Women's Health	Identification and application of gender-specific aspects in diagnosing and treating gynaecological cancers	2	4	4	4	
	Management of menopausal symptoms and	4	4	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	recommend appropriate hormonal replacement therapy					
	Education of patients on preventive measures, including HPV vaccination, lifestyle modifications, and strategies for health education reducing cardiovascular and osteoporosis risk	4	4	4	4	
	Care addressing psychosocial and sexual health concerns	3	4	4	4	
Research	Peer-reviewed publication	0	2	4	4	2
Domain	***Learning target***					
Practice-based learning and improvement	Identify personal limits	2	3	4	4	
	Set learning goals	2	3	4	4	
	Identify and perform appropriate learning activities	2	3	4	4	
	Incorporate formative evaluation feedback into daily practice	2	3	4	4	
	Adequate use of scientific evidence	2	3	4	4	
	Adequate use of information technology	2	3	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Participation in education	2	3	4	4	
Patient care and procedural skills	Adequate gathering of information	2	3	4	4	
	Adequate synthesis of findings	2	3	4	4	
	Partnership with patients and family	2	3	4	4	
Systems-based practice	Work effectively in health care system	2	3	4	4	
	Consider cost-effectiveness	2	3	4	4	
	Consider quality of care	2	3	4	4	
	Consider and identify patient safety issues, including identifying system errors	2	3	4	4	
Medical Knowledge	Knowledge and application of EBM	2	4	4	4	
	Knowledge about principles of clinical trials	1	3	4	4	
	Knowledge of protocols/guidelines, patient info sheets (being responsible for one of these as end target)	1	4	4	4	
	Papers and/or presentations	0	2	4	4	2
	Successfully attended courses*:					
	- teach-the-teacher course	0	0	1	1	
	- course for leadership/management	0	0	1	1	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Attendance at national conference/meetings*	1	1	1	1	
	Attendance at international meetings*	0	2	1	1	
	Membership of ENYGO/ESGO	no	no	yes	yes	
	Membership of national gyn.onc. society	no	no	advised	advised	
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	1	3	4	4	
	Communication with patients and family	2	4	4	4	
	Discussing bad news/resuscitation	1	3	4	4	
	Work effectively as a member or leader of a team	2	4	4	4	
	Act in a consultative role	2	4	4	4	
	Maintain comprehensive, timely and legible medical record	3	4	4	4	
Professionalism	Handling oncological patients	1	3	4	4	
	Handling grief and emotions	2	3	4	4	
	Recognition of pathological grief	1	3	4	4	
	Handling religious and other convictions	2	4	4	4	

Medical skills		Competence level Per stage of training				Number If required at levels 4–5
	Monitoring and comparing results of clinical care, up to responsible for clinical audit (latter end target)	1	3	4	4	
	Knowledge and use of complication and mortality register	1	4	4	4	
	Self-reflection	2	4	4	4	

* Numbers (not level)

** 10 vulvar and vaginal cancers, 10 cervical cancers, 20 endometrial cancers, 40 ovarian cancers (in the entire fellowship)

Competence level scores

1 = passive assistance/knowledge of
2 = can perform under direct supervision
3 = can perform with some supervision
4 = can perform without supervision
5 = can perform and supervise/teach

4 Section I: Training requirements for trainees

4.1 Content of training and learning outcome

4.1.1 Competences required for a fellow to enter training

Candidates to become a *subspecialty trainee for the FESGO-EBCOG Diploma of Fellow of ESG* or for *special interest training* (in this document commonly referred to as 'fellow', or 'trainee' in short) must:

- be a recognised specialist qualified in Obstetrics and Gynaecology after having completed a structured and approved training programme in Obstetrics and Gynaecology, or an equivalent recognition allowing the start of subspecialty training (e.g: Surgical oncology in some countries),
- have passed basic ultrasound skills training, preferably certified.
- present proof of availability of a recognised training post through approval of registration in the eLogbook by the Educational Programme director and uploading of an individualised personal Training Programme outlining the intended personal training schedule.
- Be a member of ESGO/ENYGO and register the fellowship with ESGO *prior* to the start of training.

It is also recommended that candidates offer proof of adequate training in colposcopy, e.g., by submitting a certificate as proof of having passed a course of colposcopy organised by the European Federation for Colposcopy (EFC) or by national training authorities which meet the EFC criteria.

For special interest training in Diagnostic and Interventional Ultrasound a fellow should have passed basic ultrasound skills training (EBCOC or ISUOG basic training in gynaecological ultrasound or EFSUMB level 1, national basic ultrasound program certificate or declaration of ultrasound basic training by respective educational authorities)

There is no restriction placed on age or nationality. ESGO emphasizes inclusivity and supports applications from fellows across diverse geographical and regional backgrounds, including those from non-European countries. However, candidates from countries outside the European Union (EU) or Associated countries are strongly encouraged to pass the EFOG-EBCOG exam first before undertaking FESGO-EBCOG subspeciality programme unless their general speciality has been recognised in a European Union country or in any EU Associated country. If this is not possible an equivalent basic obstetrics and gynaecology qualification and experience must be approved by ESGO and EBCOG.

Fellows are recommended to be a member of their national gynaecological oncology society.

4.1.2 Theoretical knowledge

Knowledge criteria for training have been defined for each module and are summarised in the chapter on Modules.

A passing mark is received on the ESGO written theoretical examination that is held at least once each year, matching the rules set by the UEMS/CESMA. The candidate can attempt the written exam once the fellowship training has commenced and must have received a passing mark within six (6) years of the fellowship's starting date (please note that 2 extra years are allowed beyond the time limit set for finalisation of the portfolio in order to allow e.g. sitting for repeat attempts).

4.1.3 Practical skills

Practical skills have been defined for each training module and are summarised in the chapter on Modules.

Quantitative criteria for certification of a fellow

- At least three (3) formative assessments (e.g., OSATS) for each of the **index procedures** defined
- Surgical volume, i.e. index procedures performed as primary surgeon (as the primary surgeon for applicants of the FESGO-EBCOG Diploma, as assistant or observer if applying for a certificate of a special interest module):
  - Ten (10) **radical hysterectomies** (Querleu-Morrow Type B and onwards) **or radical trachelectomies** or **parametrectomies.**
  - 30 **pelvic lymph node dissections** (including sentinel lymph node procedures).
  - Ten (10) **para-aortic lymph node dissection**.
  - Five (5) **Partial or total excision of vulva**, **including inguino-femoral surgical evaluation**
  - Five (5) **inguino-femoral total lymph node dissection** with or without sentinel lymph node biopsy.
  - At least 20 **cytoreductive surgeries** (including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection).
  - 30 **minimally invasive procedures** (oncological procedures, excluding simple hysterectomies, simple adnexectomies and diagnostic laparoscopies).

    For the sake of these surgical criteria a radical hysterectomy is defined as any hysterectomy that is more than a simple hysterectomy (type B or C/ II or III) and cytoreductive surgery is defined as any surgery of bulky and/or loco-regionally metastasized ovarian or endometrial cancer aimed at maximal reduction of the tumour load.
- At least two (2) peer-reviewed publications as any author during the time of training or successfully completed (the equivalent of) an Advanced Professional Module of Clinical Research.
- Additional criteria for special interest training in Diagnostic and Interventional Ultrasound
  - ISUOG curriculum module on gynaecologic oncology with a certificate
  - 20 ultrasound guided bioptic procedures (core-needle biopsy, fine-needle aspiration)
  - 30 ultrasound guided therapeutic procedures (drainage of lymphocele/abscess/pleura fluid/ascites and other therapeutic interventions)
  - 80 diagnostic ultrasound procedures documented by predefined checklists from US staging examinations in the entire fellowship – 10 vulvar and vaginal cancers, 10 cervical cancers, 20 endometrial cancers, 40 ovarian cancers

ESGO is committed to supporting fellows from diverse backgrounds, ensuring that certification criteria account for regional variations in available resources. In cases where procedural requirements are challenging to fulfil, the Working Group may consider alternative educational performances to balance any shortfall in quantitative criteria.

4.1.4 Competences

Apart from quantitative criteria in terms of case load and number of procedures and educational activities the fellow needs also to attain sufficient proficiency at the end of the training. Assessments of competencies at multiple time points during the training should monitor progress and offers tools to adjust learning targets.

The *ACGME core competencies* are for the purpose of this Curriculum evaluated and rated at 3 levels. Generally the assessment of these core competencies is done at a summative assessment.
Level 1 no competence
Level 2 some competence
Level 3 full competence.

The *technical (surgical) and non-technical skills* are assessed using a 5-score competence level rating, based on Milestone levels related to stage of education, as defined by the ACGME (The Milestones Guidebook, 2020):

Level 1	Novice fellow	Brand new to the subspecialty	(passive assistance/knowledge of)
Level 2	Advanced beginner fellow	Performs some tasks with limited autonomy	(can perform under direct supervision)
Level 3	Competent fellow	Performs common tasks with autonomy	(can perform with some supervision)
Level 4	Proficient fellow	Target for graduation	(can perform without supervision)
Level 5	Fellow expert	Exceeds peers	(can perform and supervise/teach)

In order to receive certification (the Diploma), the fellow must meet the following qualitative criteria:

- The fellowship is registered with ESGO prior to the start of the fellowship.
- The training programme is completed either in one period at an ESGO-accredited centre or, alternatively, in at least a period of one year in an ESGO-accredited centre with the remaining time spent at a non-European nationally recognised centre in a country in which training in gynaecologic oncology is recognised, and the curriculum is equivalent to the ESGO curriculum.
- The portfolio/logbook must be completed within four (4) years from the start of the fellowship.
- The ESGO exam must be passed within six (6) years from the formal start of training.
- The fellow must apply for certification within a year after completion of the fellowship or passing the ESGO exam, whichever comes last.
- Additional criterion for special interest training in Diagnostic and Interventional Ultrasound is:
  - at least 6 months of training in a centre accredited for special interest training.

4.2 Organisation of training

Schedule of training

Candidates to become a *subspecialty trainee for the FESGO-EBCOG Diploma of Fellow of ESGO-EBCOG (FESGO-EBCOG)* or for *special interest training* must:

- Contact and find a training position in an ESGO accredited centre
- PRIOR to the start of their training register with ESGO through the eLogbook
- Obtain approval of registration in the eLogbook by the Educational Programme director and upload an individualised personal Training Programme outlining the intended personal training schedule

A fellow can be recognised by ESGO as a European Gynaecological Oncologist with the diploma and title of Fellow of ESGO (FESGO-EBCOG) after a final assessment is carried out by the ESGO Training Committee that takes into consideration the skills and knowledge based on the qualitative and quantitative criteria and all documented in the eLogbook.

The ESGO Curriculum has been set up as a guide and means to be fully trained as a subspecialist, covering the entire field of gynaecological oncology. Reaching all the learning targets of this full Curriculum will allow to apply for the FESGO-EBCOG Diploma. In the meantime there has emerged a need to also define learning targets and provide qualifications for those that will not practise the whole field of gynaecological oncology but rather focus on a part of our subspecialty. At this point in time this Curriculum has defined special interest training in diagnostic and interventional ultrasound in gynaecological oncology. End points for these special interest fellows have been redefined and they will receive a diploma of Gynaecological Oncologist with Special Interest in Ultrasound (i.e expert in Gynaecological Oncological Ultrasound).

Duration and timing of training

The training includes *a minimum of two (2) and at the most three (3) clinical years of full-time equivalent (FTE) training* according to a prospectively approved programme in an ESGO-accredited Gynaecological Oncology unit.

Modules of another specialty (e.g., radiotherapy, medical oncology, surgery) may be followed for up to six (6) months within the fellowship programme. Fellows only aiming at full training in a special interest field by an extended special interest module may follow that module for a longer period if it is outside gynaecological oncology and must actually follow such module for at least 6 months.

The portfolio must be completed within four (4) years after the formal start of training. Retrospective fulfilment of the criteria, e.g. completion of the portfolio over years of oncological practice without a registered and defined training programme, is not allowed.
An exception is made for fellows that have been trained in an oncological elective during their general specialisation training or those who have been trained in the year preceding ESGO recognition as a training centre. They will be allowed to add educational activities from a maximum of one year to their portfolio in the eLogbook.

4.2.1 Curriculum of training

Definitions

The **gynaecological oncologist** is a specialist in Obstetrics and Gynaecology or an equivalent recognition allowing the start of subspecialty training (e.g: Surgical oncology in some countries) who, in addition, is able to:

- Provide consultation on and comprehensive management of patients with or at risk for gynaecological cancer.
- Manage the medical and /or surgical treatment of malignant diseases of the female genital tract* that may involve relevant surgery of abdominal organs.
- Practise gynaecological oncology in an institutional setting where all effective forms of cancer therapy are available. This includes comprehensive management of gynaecological cancer, including screening, diagnostic, psycho-oncological care, therapeutic procedures, and follow up.

The **gynaecological oncologist with (only) full training in a special interest area**, is able to:

- Provide consultation and comprehensive management of patients needing the specific care in which the fellow has been trained.
- Understand and integrate medical and/or surgical treatment of malignant diseases of the female genital tract.

- Practise in an institutional setting where all effective forms of cancer therapy are available. This aim of training includes comprehensive management of gynaecological cancer, including screening, diagnostic, psycho-oncological care, therapeutic procedures, and follow up.

* Only in countries where it is part of gynaecological practice will breast cancer treatment also be part of the tasks of the gynaecological oncologist. In the EU, gynaecologists are usually responsible for treating breast diseases, except in (notably) Denmark, Finland, Ireland, the Netherlands, and the UK. However, training in breast cancer care is not part of this Curriculum and will not be reviewed at accreditation or certification .

Aim of the training

To educate gynaecologists so that they can fully provide and improve the care of patients with gynaecological malignancies in collaboration with other care providers.

Objectives of training

To train a **subspecialist** to be capable of:

- consultation, practice, and comprehensive care of women with gynaecological cancer;
- interpretation of scientific data to improve knowledge and to apply these in clinical care, teaching, research, and audit;
- co-ordinating and promoting collaboration in organising the service; and
- providing leadership in development and in research within the subspecialty.

Or to train **a subspecialist in a special interest field** of gynaecological oncology to be capable of:

- consultation, practice, and specific care of women with gynaecological cancer;
- interpretation of scientific data to improve knowledge and to apply these in clinical care, teaching, research, and audit;
- co-ordinating and promoting collaboration in organising the service; and
- providing leadership in development and in research within the specific area of the subspecialty.

Organisation of training

The number of subspecialists should be strictly controlled by the relevant national body in order to provide sufficient expertise.

The training programme must be in an interdisciplinary and interprofessional accredited centre and should be organised by an accredited subspecialist (as outlined in the criteria for centres, see 1.3).

Training follows modules (see chapter 5). The ESGO Curriculum partly follows and incorporates content of the already existing RCOG Gynaecological Oncology Curriculum 2013, to which it is indebted). These may partly be completed outside the defined fellowship training programme in elective European-accredited modules, e.g., as part of the general training.

Starting with this update of the Curriculum, the Curriculum will also allow to train in special interest areas of gynaecological oncology, such as diagnostic and interventional ultrasound. In the future more special interest areas may be defined in this Curriculum. As this specific training will require the fellow to spend relatively more time in the specific area module, i.e. ultrasound, other modules may a) be shortened, and b) be finalised at levels below 4. Fellows training in a special interest area should spend at least half a year in a centre equipped and recognized for such special interest training and accredited by ESGO as part of the accreditation as a Training Centre. Thus such specific training precludes issuing a full FESGO-EBCOG Diploma and the fellow will be eligible to an ESGO certificate of Gynaecological Oncologist with special interest in Ultrasound.

The training centre should use guidelines and protocols finalised by national professional bodies reviewed

at regular intervals. These guidelines will define cases for which it is necessary to refer a patient to a subspecialist.

Means of training

Trainees should participate in all relevant activities of the training unit, such as the care of outpatients and inpatients, on-call duties during both day and night, performing gynaecological oncology operations, and participating in educational activities, including teaching other health professionals. Participation in audit, research (clinical or basic), and patient advocacy activities is equally essential.

Surgical training needs to be systematic, stepwise, and modular, following the deconstruction of procedures (examples on ESGO's website under 'Surgical steps in oncological procedures'), progressively exposing the fellow to the performance of complex procedures. In other words, the trainee should not immediately be expected to perform an entire procedure according to the 'just continue until you get stuck' method. Instead, at each consecutive procedure, the trainee will perform one or more steps more, after which the supervisor takes over, and the trainees continue to assist.

Minimal invasive surgery is part of the armamentarium of the gynaecological oncologist. At the end of training, a gynaecological oncologist should be able to perform independently at least selected radical procedures, e.g., pelvic lymph node dissection.

Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for training in *both* complex *open* and *minimally invasive* procedures. The list of courses in which the fellow participated must be provided in the eLogbook (copies of the certificates of attendance may be uploaded).

4.2.2 Assessment and evaluation

General

Training should be structured with clearly defined targets throughout to be met after specified intervals. An educational plan should be drawn up in consultation with the trainee at the beginning of each new training setting or post, and progress should be monitored regularly by means of the logbook.

The ESGO portfolio of clinical experience in gynaecological oncology, including both formative and summative assessments, is filled in and kept up-to-date throughout the training and submitted within four (4) years of registration. The use of a portfolio implies that the time to acquire the necessary elements may vary between individuals, depending on exposure, skills, personal circumstances, and employment. The portfolio is available as eLogbook, but also on paper by demand.

> *Completion of the eLogbook implies that the required number, types and levels of assessments have been added. The final exit summative assessment should be completed and signed within the last 6 months of training, i.a. in the six months before finishing the fellowship.*

Acknowledging that some reasonable delay in assessments may be necessary, retrospective filing of formative and/or summative assessments at the end of training is unacceptable as proof of having monitored progression of the fellow and will therefore not be considered nor accepted as completion of the eLogbook.

Fellows should have reached the competence levels as defined and required in the Curriculum. This should be documented in skills assessments and proficiency assessments at several time points. Fellows applying for the FESGO-EBCOG Diploma should reach for every index procedure at least competence level 4. Fellows following an extended module and applying for a certificate should reach at least competence levels 4 of that extended modules, but the target levels are lower in each of the other modules.

eLogbook and requirements

Multi-source feedback (MSF), including a self-assessment of the trainee as well as MSF of the training team, is required at least once a year.

Evaluation of the skills and knowledge of the fellow and their compliance with the curriculum is evaluated, taking into account both:

- **Competency-based assessments**

  The domains of core competencies for the purpose of the ESGO curriculum will be defined according to ACGME (6 competence domains). There is at least one (1) summative assessment required per year, but it is recommended to perform the assessment at least once every half year.

  The summative assessment includes not only a qualitative evaluation by the educational supervisor, but also quantitative assessment of proficiency and competence, marked as follows (see also 4.1.4):

  1 passive assistance/knowledge of;
  2 can perform under direct supervision;
  3 can perform with some supervision;
  4 can perform without supervision;
  5 can perform and supervise/teach.

  Also a self-assessment and one or more assessments by any other medical or non-medial member of the oncological team (multi-source feedback) are part of this periodic evaluation.

- OSATS are required for the assessment of surgical skills. Other validated assessment tools may also be used to complete the portfolio (see attached for assessment tools). There should be at least three (3) formative assessments of surgical skills per index procedure with at least two (2) summative assessments confirming that the fellow has achieved the required competence for the specific procedure (the latter will be part of the periodic evaluation by the educational supervisor).

  Skills assessments should be done systematically on a regular basis and structured (hence the tools provided in the eLogbook). For a fair as well as effective assessment of the fellow's skills such assessments should preferably be planned before the start of the procedure/intervention and be conducted shortly afterwards. Retrospective assessment, especially if only done at the end of the training, cannot give an accurate account of how the procedure/intervention has been performed and moreover it does not allow timely adjustment of the training if needed.

  Note that within modular training, the deconstruction of procedures is essential; therefore, assessment can and should not only take place per procedure but also for segments of (the selected) procedures separately (e.g., ureteric tunnel dissection).

- **Volume criteria assessment**

  This assessment is defined for performed surgical cases and other skills (see 1.5.2. Quantitative criteria certifying for a fellow/trainee). Volume criteria may not be universally sustainable; therefore, for certification, training should include a defined number per the limited number of procedures.

  The eLogbook automatically counts all index procedures and provides these data at the time of periodic summative assessment. At these evaluations the surgical

exposure should be evaluated and if these are done regularly and timely measures can and should be taken in order to ensure that at the end of training the fellow complies with the ESGO volume criteria.

- **Additional courses**

- **Research output (publications)**
  All of the above must be documented in the *eLogbook, including the portfolio*, which must be *completed within four (4) years* from the start of training**.**

Final assessment

The final assessment of the fellow is carried out by the ESGO Working Group on Fellowship, Curriculum and eLogbook, which will take into consideration:

- Participation in Gynaecological Oncology courses, particularly those recognised by ESGO.
- Completion of the ESGO logbook of clinical experience in Gynaecological Oncology.
- Peer-reviewed publications in an internationally recognised journal.
- Proof of passing the ESGO written theoretical Exam.

The ESGO Diploma of Fellow of ESGO (FESGO-EBCOG), as proof of successful training in gynaecological oncology, will typically be officially awarded during one of the yearly ESGO Meetings. This also holds for issuing certificates for special interest fellows.

4.2.3 Governance

Training in the context of existing regulations and situation

An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed Educational Supervisor as a tutor for guidance and advice.

The estimated number of training post(s) should reflect the national need for subspecialists in gynaecology oncology as well as the facilities and finances available for specialist training and is limited by the criteria set within this ESGO Curriculum.

Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work, and rights of employees in such matters as sick leave, maternal and paternal leave, and compulsory military service.

Certification in countries with a national training programme

In the past ESGO did not accredit centres separately in a country where a national training programme is in place. In 2023 ESGO Council decided to promote accreditation for all centres that train fellows, irrespective of local or national regulations. Therefore, unless ESGO has delegated certification for gynaecological oncology explicitly through a memorandum of understanding (MoU) to a national body, any training centre can apply for ESGO accreditation.

The application and accreditation process is henceforth exactly the same in countries with or without a national training programme. This also implies that fellows trained in centres that are nationally accredited can no longer apply for an ESGO Certificate, unless the centre has also been accredited by ESGO. In the latter case, they should follow the rules of the ESGO Curriculum.

Notably, they should fulfil the requirement to register the fellowship before its start and to use the eLogbook prospectively, including assessments.
As a consequence and in summary the FESGO-EBCOG Diploma with the title FESGO-EBCOG = Fellow of ESGO and EBCOG will only be issued to fellows who have successfully completed the ESGO fellowship in an ESGO accredited centre in accordance with the full ESGO Curriculum. Equally, certificates after special interest training will only be issued if this has been followed in a centre accredited by ESGO for special interest training.

In centres that elect to prioritise the national training programme and requirements for certification fellows are still invited to use the ESGO eLogbook for their portfolio, provided the supervisors are identified and registered with ESGO. Of course at least one of the supervisors should be an ESGO member and the fellow should be ENYGO or ESGO member. Fellows from these centres should also be made aware that the use of the eLogbook in itself does not entitle them to apply for ESGO certification.

5 Modules

5.1 Organ-specific modules

Clinical training covers the disease-specific areas outlined in the following modules.

5.1.1 Gestational trophoblastic disease (GTD)

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of presumed trophoblastic disease.
- Perform initial assessment and interpretation of investigational results of suspected GTD.
- Plan subsequent management of GTD.
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret investigation results.
- Communicate with the MDT and initiate in a timely manner an appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up including fertility plans.
- Patient-reported outcomes

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology and clinical presentation of GTD Pathology of GTD Clinic-pathological classification of GTD Knowledge of diagnostic work-up including recognising suspicion on basis of results of non-targeted diagnostic procedures. Indication, timing, nature, risks and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Monitoring by means of hCG-follow up and interpretation of these data Diagnosis of trophoblastic neoplasia (GTN) and	Counsel patients and relatives about: - diagnosis and prognosis - treatment options - importance of close monitoring - interpretation of monitoring results Discuss result treatment and consequences for follow-up Perform appropriate surgical treatment Give or organise appropriate and timely chemotherapy Ensure appropriate human Chorionic Gonadotrophin (hCG)-monitoring	Ability to empathetically explain the (suspicion of) diagnosis of GTD Ability to perform adequate imaging and image-guided diagnostic procedures Ability to discuss the diagnosis and treatment options clearly and openly, including the need of timely treatment. Ability to discuss the vital prognosis as well as the prognosis for future fertility Ability to appropriately classify and stage the disease. Ability to choose and give the appropriate treatment	Observation of, assisting and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Postgraduate courses Attend medical oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Chemotherapy module Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
treatment planning and follow-up		Organise and check appropriate oncological follow-up including hCG-monitoring		

Schematic overview of required competence levels per stage of training in the gestational trophoblastic disease module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
GTD	Recognition and diagnosis of GTD/GTN	3	4	4	4	NA
	Surgical treatment of GTD	3	4	4	3	NA
	Medical treatment of GTD	3	4	4	3	NA
	Treatment plan for GTN	1	3	4	3	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.1.2 Ovarian, tubal and primary peritoneal cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with the diagnosis of ovarian, tubal and primary peritoneal cancer
- Perform an initial clinical assessment of the patient and interpretation of imaging modalities and laboratory exams.
- Perform appropriate gynaecological diagnostic procedures, including laparoscopy.
- Plan subsequent management (either surgical staging, primary debulking surgery or neoadjuvant chemotherapy).
- Present the case to the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up in collaboration with the medical oncologists.
- Monitor quality of life, side effects and complications of all treatment modalities (using patient-reported outcome).

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Aetiology, epidemiology and clinical presentation of ovarian, tubal and primary peritoneal cancer Pathology of ovarian, tubal and primary peritoneal cancer Cancer genetics and its impact on treatment Risk reducing surgeries and other preventive strategies Interpretation of tumour markers results Staging of ovarian, tubal and primary peritoneal cancer and STIC Knowledge on fertility sparing treatment Knowledge of diagnostic work-up including laparoscopy for defining the extent of the disease	Counsel patients and relatives about: - diagnosis and prognosis - risk of hereditary breast, ovarian and other familiar hereditary syndromes - treatment options - importance of follow-up regarding recurrences - interpretation of monitoring results Discuss result treatment and consequences for follow-up Perform appropriate surgical assessment & treatment Give or organise appropriate and timely systemic treatment (collaboration with medical oncologists) When to start and stop treatment	Ability to empathetically explain the diagnosis of ovarian, tubal and primary peritoneal cancer Ability to clearly and openly discuss the diagnosis and treatment options as well as the intraoperative and postoperative complications at the time of staging and debulking surgeries including FST Ability to discuss the vital prognosis as well as the prognosis for future fertility Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment Ability to perform and interpret ultrasound examination for	Observation , assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in surgical staging and debulking procedures (upfront or interval debulking) with increasing level of difficulty Attendance of special interest meetings Knowledge about targeted therapies in ovarian, tubal and primary peritoneal cancer Postgraduate courses Present audits	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Indication, timing, nature, risks and alternatives of initial surgical and systemic treatment Multidisciplinary team meeting discussions and management planning Monitoring by means of CT scans, MRI, PET and tumour markers—follow up and interpretation of these data Diagnosis of ovarian, tubal and primary peritoneal cancer and treatment planning Management of Recurrent ovarian cancer Palliative and supportive care specific for ovarian cancer including management of malignant bowel obstruction	Ensure appropriate follow-up	diagnosis and assessment of pelvic and abdominal disease Ability to perform ultrasound-guided paracentesis, US guided tissue biopsy Ability to perform (ultra-)radical surgery Explaining, timing and planning of supportive and palliative treatment and care specific for ovarian cancer symptomS	Attend medical oncology sessions regarding systemic treatment (neoadjuvant, 1st line, 2nd line, etc and maintenance treatment	

Schematic overview of required competence levels per stage of training in ovarian and tubal cancer module

Medical skills		**Competence level** Per stage of training				**Numbers** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Ovarian & tubal cancer	Diagnostic and therapeutic plan	3	4	4	4	NA
	Systematic use of tumour markers	1	3	4	4	NA
	Organise MDT	1	3	4	3	NA
	Follow-up	2	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.1.3 Uterine cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and other attributes in relation to tumour biology and management of patients with the diagnosis of uterine cancer, including Endometrial Carcinoma (EC) and Uterine Sarcoma.
- Perform the initial assessment, plan subsequent diagnostic procedure as indicated and interpret the investigational results of EC and uterine sarcoma.
- Plan subsequent management of EC and uterine sarcoma.
- Communicate with the oncology multidisciplinary team (MDT) and organise appropriate treatment.
- Plan and execute the appropriate individual oncological follow-up
- Monitor quality of life and side effects and complications of all treatment modalities using Patient Reported Outcomes (PRO).
- Knowledge and implementation of lifestyle and diet factors.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Aetiology, epidemiology, molecular pathology, clinical presentation, and risk factors for uterine pathology Knowledge of different pathological subtypes of endometrial carcinomas and uterine sarcomas Clinico-pathological classification of uterine cancer including molecular subtypes and genomic pathways Genetics association and syndrome (i.e., Lynch). Other associated tumours and prevention screening programs (i.e., colo-rectal disease) Knowledge of diagnostic work-up on uterine sarcoma including recognising suspicious masses in the evaluation of fibroid assessment and management of uterine sarcoma	Counsel patients and relatives about: - risk factors - genetic association - diagnosis - treatment options - interpretation of diagnostic results and prognosis Perform adequate clinical exploration, ultrasound, and obtain representative pathological sample Interpret reported imaging findings from ultrasound CT, MRI, and PET-CT and discuss their limitations Discuss diagnostic, pre-treatment staging, first treatment strategy, and adjuvant treatments Perform appropriate surgical treatment by the best possible approach (vaginal, laparotomy, laparoscopy, or robotics) including procedures:	Ability to empathetically explain the (suspicion of) diagnosis of uterine cancer Ability to clearly and openly discuss the diagnosis and treatment options, including fertility and genetic counselling Ability to appropriately classify and stage the disease Ability to discuss the vital prognosis as well as the possibility, symptoms, and location of recurrences Ability to choose the appropriate treatment strategy	Observation and assistance of and discussion with senior staff Attendance and participation in MDT meetings Participation in databases management Attendance and participation in surgical treatments by different approaches Postgraduate courses Attend medical oncology and radiotherapy sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Knowledge of diagnostic work-up of different subtypes of EC (morphological and molecular classification) Indication, timing, nature, risks, and alternatives of initial surgical, radiotherapy and systemic treatment Multidisciplinary team meeting discussions and management planning Appropriate oncologic follow-up by imaging and tumour markes and interpretation of these data Diagnosis and treatment plan for recurrences Short and long-term survivorship Palliative treatment specific for uterine cancer Role of life style and diet factors	- Hysterectomy - Pelvic and aortic lymphadenectomy - Sentinel node detection - Omentectomy - Cytoreduction Appropriately manage surgical staging and histological risk factors Organise appropriate and timely adjuvant treatment (radiotherapy and/or systemic treatment) Appropriately manage surgical and adjuvant treatments complications Review regularly an ongoing survivorship plan and share it with other healthcare providers as indicated Ensure appropriate follow-up schedule and explorations (including imaging) Organise monitoring of quality of life and side effects, manage treatment complications	and surgical approach Organise and check appropriate oncological follow-up including other care providers		

Schematic overview of required competence levels per stage of training in the uterine cancer module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Uterine cancer	Diagnostic and therapeutic plan	3	4	4	4	NA
	Weighing treatment options and morbidity	2	3	4	3	NA
	Fertility-sparing treatment	1	1	4	3	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.1.4 Cervical cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and other attributes in relation to tumour biology and managing patients with a diagnosis of cervical cancer (CC).
- Perform initial assessment and interpretation of investigational results of CC.
- Plan subsequent management of CC (fertility-sparing surgery, radical surgery, chemoradiotherapy, systemic treatment).
- Communicate with the MDT and organise appropriate treatment.
- Organise individual oncological follow-up (eventually with radiation/medical oncologist), including the treatment of recurrence.
- Monitor quality of life and side effects and complications of all treatment modalities (using patient-reported outcome).

Knowledge criteria	Clinical competency	Professional skills and attributes	Training support	Evidence/ assessment
Aetiology, epidemiology, molecular pathology, clinical presentation, and risk factors of CC Clinico-pathological classification of CC and HPV implications Prevention and screening programs (including cervical cytology, colposcopy, biopsy, HPV detection and vaccination) Knowledge of diagnostic work-up on colposcopy and management of cervical premalignant disease Knowledge of diagnostic work-up and presurgical staging (including ultrasound and other imaging tests) Indication, timing, nature, risks, and alternatives of initial surgical and medical treatment Multidisciplinary team meeting discussions and management planning Knowledge of management of occult CC diagnosed from simple hysterectomy, cancer	Counsel patients and relatives about: - risk factors - HPV association and vaccination - diagnosis, screening and prognosis - treatment options - interpretation of diagnostic results Interpret reported imaging findings from ultrasound, CT, MRI and PET-CT or PET-MRI and discuss their limitations Discuss pre-treatment staging including staging surgical procedures, primary and possible adjuvant treatment Discuss possible treatment consequences, including fertility preservation and sexual health Organise appropriate and timely primary treatment to avoid combination of different modalities (chemoradiation vs. surgery)	Ability to empathetically explain the (suspicion of) diagnosis of CC and HPV-related concerns Ability to perform and interpret colposcopy Ability to exclude concomitant HPV-associated lower anogenital squamous intraepithelial lesions (vulva, vagina, anus) Ability to clearly and openly discuss the diagnosis, prognosis, and treatment options, including fertility counselling Ability to appropriately classify and stage the disease Ability to discuss the possibility, symptoms, and	Attendance (in principle before fellowship) of colposcopy course Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in database management Attendance and participation in surgical treatments by different approaches Postgraduate courses Attend medical and radiation oncology sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Systemic therapy module Radiotherapy module Surgical modules Logbook

Knowledge criteria	Clinical competency	Professional skills and attributes	Training support	Evidence/ assessment
in pregnancy and modifications for rare histological subtypes. Appropriate oncologic follow-up by imaging and tumour markers and interpretation of these data Diagnosis and treatment plan for recurrences (including possibility of exenteration) Short and long-term survivorship Palliative and supportive care specific for CC	Perform appropriate surgical treatment by the best possible approach (vaginal, laparotomy, laparoscopy, or robotics) including: - conisation - trachelectomy - radical hysterectomy (different subtypes) - sentinel lymph node detection - pelvic and aortic lymphadenectomy - exenteration Appropriately manage surgical staging and histological risk factors Ensure appropriate follow-up schedule and explorations (including imaging) Review regularly an ongoing survivorship plan and share it with other healthcare providers as indicated Organise monitoring of quality of life and side effects, manage treatment complications Adequate management of databases	location of recurrences Ability to choose the appropriate treatment strategy and surgical approach Ability to counsel the patient about sexual rehabilitations measures and other possible morbidity of the treatment. Organise and check appropriate oncological follow-up Ability to perform diagnostic ultrasound		

Schematic overview of required competence levels per stage of training in the cervical cancer module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Cervical cancer	Knowledge of prevention	3	4	4	4	NA
	Colposcopy	1	4	4	3	NA
	Diagnostic and therapeutic plan	3	3	4	4	NA
	Ultrasound staging of cervical cancer	1	1	2	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.1.5 Vaginal cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and other attributes in relation to managing patients with the diagnosis of vaginal cancer (VaC).
- Perform initial assessment and interpret investigational results of VaC.
- Plan subsequent management of VaC.
- Communicate with the MDT and organise appropriate treatment.
- Organize individual oncological follow-up
- Monitor quality of life and side effects (using patient-reported outcome)

Knowledge criteria	Clinical competency	Professional skills and other attributes	Training support	Evidence/ assessment
Aetiology, epidemiology, clinical presentation, and risk factors of VaC Clinico-pathological classification of VaC including rare tumours as various types of adenocarcinoma and sarcoma, malignant melanoma, neuroendocrine and haematopoetic neoplasms Prevention and screening programs (including HPV detection and vaccination) Knowledge of diagnostic work-up by colposcopy and management of premalignant lower anogenital lesions Knowledge of diagnostic work-up and presurgical staging (including ultrasound and other imaging tests) Knowledge of surgical procedures and options for vagina reconstruction Indication, timing, nature, risks, and alternatives of surgical, radiation and systemic treatment	Counsel patients and relatives about: - risk factors - HPV association and vaccination - diagnosis and prognosis - treatment options, including fertility-sparing possibilities, reconstructive procedures - interpretation of monitoring results Interpret reported imaging findings from ultrasound CT, MRI, and PET-CT Discuss pre-treatment staging, primary and adjuvant treatment Discuss possible treatment consequences, including fertility preservation and sexual health Organise appropriate and timely primary and adjuvant treatment (radio/chemotherapy or surgery) Perform proper surgical treatment by the best possible approach (vulvo-vaginal or abdominal)	Ability to empathetically explain the (suspicion of) diagnosis of VaC and HPV-related concerns or rare histological subtypes Ability to exclude concomitant HPV-associated lower anogenital squamous intraepithelial lesions (vulva, anus, cervix) Ability to appropriately classify and stage the disease Ability to clearly and openly discuss diagnosis, prognosis, and treatment options, including fertility counselling Ability to discuss the possibility, symptoms, and location of recurrences Ability to counsel patient about sexual rehabilitation measures Ability to choose the appropriate treatment strategy with or	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Attendance and participation in surgical treatments by different approaches Postgraduate courses Attend medical oncology and radiotherapy sessions (in- and outpatient)	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Systemic treatment module Radiotherapy module Surgical modules Plastic and reconstructive surgery Logbook

Knowledge criteria	Clinical competency	Professional skills and other attributes	Training support	Evidence/ assessment
Multidisciplinary team meeting discussions and management planning Appropriate oncologic follow-up by imaging and tumour markers and interpretation of these data Short and long term survivorship Diagnosis and treatment plan for recurrences (including the possibility of exenteration) Palliative and supportive care	Appropriately manage surgical staging and histological risk factors Ensure appropriate follow-up schedule and explorations (including imaging) Organize monitoring of quality of life and side effects (using patient-reported outcome)	without surgical approach Organise and check appropriate oncological follow-up Review regularly an ongoing survivorship plan and share it with other healthcare providers as indicated		

Schematic overview of required competence levels per stage of training in the vaginal cancer module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Vaginal cancer	Diagnostic and therapeutic plan	1	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.1.6 Vulvar cancer

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing patients with a diagnosis of vulvar cancer (according to the different histotypes).
- Perform appropriate gynaecological diagnostic procedures.
- Appropriately interpret the investigational results.
- Plan subsequent management including surgery and radiotherapy for the early and advanced stages.
- Plan pharmacological management for metastatic or recurrent vulvar cancer after radiotherapy
- Plan palliative and supportive care
- Plan management for less frequent histotypes, including adenocarcinoma, melanoma, Paget's disease and sarcomas
- Present the case to the MDT and organise appropriate treatment.
- Plan and execute the appropriate monitoring and follow-up.

Knowledge criteria	Clinical competency	Professional skills and other attributes	Training support	Evidence/assessment
Aetiology, epidemiology, and clinical presentation of vulvar cancer Pathology of vulvar cancer Staging of vulvar cancer Knowledge of diagnostic work-up in order to plan on the treatment Indication, timing, nature, risks, and alternatives of initial surgical treatment (including oncoplastic principles) or upfront chemoradiation Knowledge about targeted therapies in vulvar cancer Multidisciplinary team meeting discussions and management planning	Counsel patients and relatives about: - diagnosis and prognosis - treatment options - importance of follow-up regarding recurrences - interpretation of monitoring results Perform appropriate diagnostic procedures Discuss result treatment and consequences for follow-up Perform appropriate surgical treatment (included oncoplastic procedures) Appropriate management of early and late complications Organise, in collaboration with the radiotherapists, appropriate and timely adjuvant radiation treatment according to prognostic factors following surgery	Perform adequate vulval examination, including vulvoscopy. Ultrasound of inguinal lymph nodes Biopsies of lesions/lymph nodes Ability to empathetically explain the diagnosis of vulvar cancer Ability to clearly and openly discuss the diagnosis and treatment options, as well as the intraoperative (and, most importantly) the postoperative complications following surgery Ability to discuss the vital prognosis Ability to appropriately classify and stage the disease Ability to choose the appropriate treatment Ability to perform clinical examination for the diagnosis of enlarged	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in performing SLN procedures, inguinofemoral lymph node dissection, and all the radical procedures for vulvar cancer Attendance of special interest meetings Participation in the reconstruction of the vulva performed by the plastic surgeons following ultraradical surgeries	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and other attributes	Training support	Evidence/assessment
Monitoring including planning of imaging Short- and long-term survivorship	Ensure appropriate follow-up	inguinofemoral lymph nodes Ability to implement partial and total resection of the vulva, exenteration, local flaps, the sentinel lymph node procedure and inguinal lymphadenectomy.		

Schematic overview of required competence levels per stage of training in the vulvar cancer module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	*Learning target*	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Vulvar Cancer	Diagnostic and therapeutic plan	3	4	4	4	NA
	Description and drawing of vulvar situation (disease mapping)	2	4	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2 Generic modules

In addition to covering each of the specific gynaecological oncological diseases and their (surgical) treatment, the fellowship program should include instruction in the areas outlined in the following modules.

5.2.1 Peri-operative care

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitudes in relation to patients undergoing surgery for gynaecological malignancies:
  - prehabilitation/psycho-oncological/rehabilitation needs/holistic concepts;
  - identify surgical and anaesthetic risks;
  - nutritional status assessment and advise on nutrition and total parenteral nutrition (TPN);
  - communicating and liaising with other disciplines and teams in multidisciplinary fashion
  - prepare and select patients for surgery;
  - manage pre-, intra- and postoperative complications;

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Type of surgery appropriate for each gynaecological cancer or preinvasive disease (see separate modules) ASA and performance status classifications for patients preparation and triage fragility scores Fluid and electrolyte balance Elemental feeding and TPN ERAS principles of fast recovery Prehabilitation / rehabitilation needs and basic rehabilitation principles Care of a critically ill patient	Counsel patients regarding diagnosis, management, risks and alternatives of treatment Adequate patients selection and individualization of cancer care Identify age related needs, especially with regard to (multiple) co-morbidity Avoid, recognise and manage intra-/postoperative complications /issues: Intraoperative: - Vascular - Gastrointestinal - Urological - Hepatobiliary - Upper abdomen - Chest - Unexpected findings Postoperative: - Thrombo-embolic events - Local/systemic infection - Bowel obstruction - Vascular	Ability to interpret preoperative investigations and liaise with the anaesthetic department Ability to counsel patients regarding treatment options Ability to identify inoperability / non-resectability Ability to liaise with other disciplines to resolve the complications in a multidisciplinary fashion Ability to counsel patients and relatives regarding the MDT decisions, diagnosis and investigations and discuss treatment options with the advantages and disadvantages of each Ability to identify areas of possible improvement preoperatively through prehabilitation, psychological support, nutrition etc	Direct supervision from senior colleagues Attendance at MDT meetings Attendance at Morbidity & Mortality meetings Ward attendance Supervision in operating theatre Intensive care and high-dependency unit ward rounds	Logbook Multidisciplinary team attendance Course assessment OSATS Mini-CEX Case-based discussions Clinical audits

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Psycho-oncological / holistic support Specific situation and needs that are (older) age related	- Wound dehiscence/necrotising fasciitis - Fistulas / leaks - Pain management / PONV - Post splenectomy protocols Adequately recognize inoperability / non-resectability Inform patient of results Appropriately order and interpret all necessary perioperative investigations			

Schematic overview of required competence levels in peri-operative care per stage of training

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Peri-operative care	Knowledge and application of ERAS principles	1	4	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.2 Gynaecology oncological surgery, including general and colorectal surgery

Learning objectives:

- Achieve surgical skills appropriate for a subspecialist gynaecological oncology surgeon:
  - anatomical knowledge;
  - surgical skills;
  - personal audit.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Anatomy and pathophysiology of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system, intestinal tract and the course of the ureters Principles of surgery , including exposure handling and injury to tissues Indications to perform bowel surgery in a gynaecological oncology setting Principles of resection and repair of intestinal tissues: - primary repair - secondary repair - ileostomy - colostomy Principles of lower urologic tract injury repair Use of radiology in investigation and management of gastrointestinal and urological tract disorders	Surgical diagnosis, staging and management of gynaecological cancers: - Ovary and fallopian tube - endometrium - cervix - vulva - vagina Liaison with surgical colleagues for assistance in complicated cases Counsel patients preoperatively and postoperatively regarding bowel surgery and stoma management, including benefits, risks, and complications Identify abnormalities at laparotomy or laparoscopy throughout the abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas, and large and small bowel Select bowel segment to be resected and	Ability to initiate discussion of management at MDT meeting Ability to organise anterior, posterior, and total exenteration, including leading the surgical procedure Ability to perform cystoscopy and sigmoidoscopy Ability to counsel patient regarding bowel surgery and stoma management, including preoperatively Ability to select and mark stoma site Ability to independently practice exploratory abdominal procedure Ability to perform hysterectomy (open and laparoscopically) Ability to perform radical hysterectomy (open and laparoscopically) 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 peritoneal stripping Ability to perform intraoperatively core-needle biopsy	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 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	Logbook of competences and experience OSATS Mini-CEX Case-based discussions Surgical logbook Audit of complications Testing of surgical skills in controlled scenarios (simulators)

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
	perform primary anastomosis or stoma of small and large bowel Mark stoma site appropriately Order and interpret appropriate investigations preoperatively Select patients preoperatively and intraoperatively who will benefit from bowel and upper abdominal surgery Identify preoperatively and intraoperatively optimal candidates for cytoreduction and/or complete resection	Ability to perform (with the assistance of surgical colleagues if necessary): - exenterative surgery - urinary diversion procedures - ureteric repair - repair of serosal and/or mucosal injury to bowel or bladder - bowel resection - ileostomy/colostomy - Stoma reversal - diaphragmatic resection / mobilisation of the liver - panniculectomy - splenectomy - upper abdominal resections - paracardiac LN and pleura resection Ability to perform partial vaginectomy (vaginal and abdominal approach) and radical excision of the vagina	Attendance with soma therapist	

Schematic overview of required competence levels per stage of training in the gynaecological oncological surgery module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
GENERIC						
Gynaecological oncological surgery	Gynaecological oncological anatomical knowledge	2	4	4	4	NA
	Recognition and treatment of surgical complications	1	4	4	4	NA
	Specific surgical skills:					
	- simple hysterectomies for uterine cancer (open/MIS)	3	4	4	2	NA

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
	- simple vaginal trachelectomy	1	2	4	2	
	- radical hysterectomy* - parametrectomy - radical trachelectomy (abdominal/vaginal/MIS)	1	2	4	2	10
	- total pelvic lymph node dissection and sentinel lymph node biopsy (open/laparoscopically)	1	3	4	2	30
	- para-aortic lymph node dissection (open/laparoscopically)	1	1	4	2	10
	- partial or total excision of vulva (skinning, total or radical vulvectomy), including inguino-femoral surgical evaluation	1	2	4	2	5
	- inguino-femoral total lymph node dissection with or without sentinel lymph node biopsy	1	2	4	2	5
	- (radical) colpectomy	1	1	4	2	NA
	- creation neovagina	1	1	3	2	NA
	- infra+supracolic omentectomy	1	3	4	2	NA
	- cytoreductive surgery* (including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection).	1	2	4	2	20
	- laparoscopic assessment of ovarian cancer	1	2	4	2	NA

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
	- laparoscopic or percutaneous insertion IP catheter	1	2	4	2	NA
	- LLETZ/LEEP of cervix	2	4	4	2	NA
	- percutaneous bladder drainage	1	3	4	4	NA
	- enterostomy	1	2	3	2	NA
	- cytologic biopsy (FNA)	2	3	4	4	NA
	- histologic (core needle/excision) biopsy, including conisation (cold knife/loop excision)	1	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

** For the sake of these criteria a radical hysterectomy is defined as any hysterectomy that is more than a simple hysterectomy (type B or onward) and cytoreductive surgery is defined as any surgery of bulky and/or loco-regionally metastasized ovarian or endometrial cancer aimed at maximal reduction of the tumour load.*

5.2.3 Systemic therapy (including pharmacology)

Learning objectives:

- Have basic knowledge of tumour biology and immunology (kinetics of cell cycle and cancer cell growth).
- Have detailed knowledge of the pharmacological properties of drugs commonly used in gynaecological oncology (chemotherapy, endocrine therapy, targeted therapies, immunotherapy, antibody drug conjugates).
- Have detailed knowledge of different intents, lines, and routes of chemotherapy, immunotherapy, and targeted therapies and their combination with other treatment modalities (surgery, radiotherapy).
- Have appropriate knowledge of indications and adverse effects of chemotherapy and selected targeted treatments in the management of gynaecological cancers (endocrine therapy, targeted therapies, immunotherapy, antibody drug conjugates).
- Communicate with the MDT and select the appropriate systemic treatment for gynaecological cancers, including rare tumours.
- Counsel patients, plan systemic treatments, and interpret responses in gynaecological cancers.
- Have updated knowledge and an appropriate interpretation of clinical trials in gynaecological oncology.
- Participate in the planning and execution of updated algorithms for the systemic treatment of gynaecological cancers.
- Have appropriate knowledge of clinical research methodology in the medical treatment of gynaecological cancers.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Tumour biology: - cell cycle kinetics - kinetics of normal and cancer cell growth - immunology Classes of antineoplastic drugs Pharmacological properties of drugs commonly used in gynaecological oncology (chemotherapy, endocrine therapy, targeted therapies, immunotherapy, ADC) Different intents and lines of systemic treatments: - adjuvant - neo adjuvant - first-line - further lines - maintenance Routes of administration of systemic treatments Dose calculation and scheduling	Collect an appropriate medical history Perform a clinical examination Prescribe and plan a systemic treatment Counsel patients and relatives about: - prognosis - treatment options - basics of a systemic treatment - adverse effects Assess the response to systemic treatments Monitor and manage the potential toxicities of each systemic treatment Modify and change the current	Ability to select the most appropriate systemic treatment for gynaecological cancers according to disease and patient characteristics Ability to discuss in a multidisciplinary team the most appropriate systemic treatment for each patient Ability to counsel patients and relatives regarding the MDT decisions and discuss treatment options with the advantages and disadvantages of each Adequate skills and attitude to manage the administration of systemic treatments and their toxicities	Observation and assistance of and discussion with the Gynaecological Oncology senior staff Specific topic training and supervision Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Personal study Postgraduate courses Training period in a Medical Oncology department Attendance of ESGO educational and training activities	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Combination of systemic treatments with other treatment modalities (surgery, radiotherapy) Indications and adverse effects of chemotherapy, endocrine therapy, targeted therapies, immunotherapy, ADC in the management of gynaecological cancers Response evaluation criteria Principles of phase I, II, and III clinical trials Update on clinical trials in gynaecological oncology Basics of clinical research methodology	systemic treatment according to response and toxicities	Ability to liaise with other disciplines to manage the toxicities in a multidisciplinary fashion Ability to discuss with patients all the aspects of the treatment journey Ability to identify the need of nutritional, psychological and social support Ability to interact with general practitioners and the palliative team for continuum care -Ability to counsel patients about clinical trials Ability to participate in planning and execute updated algorithms for the systemic treatment of gynaecological cancers		

Schematic overview of required competence levels per stage of training in the systemic therapy module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Systemic therapy	Pharmacological knowledge of cytostatic agents and multitreatment combination	1	2	3	3	NA
	Knowledge of endocrine, targeted and immuno-therapy and ADC	1	2	3	3	NA
	Knowledge of indications	1	3	4	4	NA
	Acquaintance with clinical trials and research methodology	1	3	4	4	NA
	Formulation of therapy schemes and dosages	1	2	3	2	NA
	Administration of intravenous and oral systemic therapies	1	2	3	2	NA
	Administration of intraperitoneal treatment	1	2	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.4 Urologic surgery

Learning objectives:

- Understand the impact of gynaecological cancer and its treatment in the renal tract.
- Have an awareness of possible urological complications.
- Identify and manage urological complications.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Anatomy and physiology of kidney, ureter, bladder, and urethra Effects of gynaecological malignancy upon the urinary tract Effects of treatment for gynaecological malignancy on urinary tract, e.g. radical surgery, radiotherapy Knowledge of techniques of repair of injuries/operations to bladder, urethra and ureter, including reimplantation and conduits. Pre- and postoperative care of patients undergoing urology procedure	Ability to appropriately investigate and diagnose disorders of the urinary tract in a gynaecological cancer setting and plan further management in liaison with urology team Interpretation of investigations of diseases of the urinary tract Communication with patients and family about the effects of gynaecological malignancy and treatments on urinary system Selection of patients who would benefit from intervention surgery involving the urinary tract	Ability to independently practice the following surgical procedures: - insertion of suprapubic catheter - cystoscopy - surgical repair of bladder injury - straightforward repair of minor ureteric damage Have experience of the following (independent practice is not essential and limits of practice will depend upon the support available and experience): - Cystoscopy - Repair of bladder - Dissection and repair of ureter - Ureteric reimplantation - primary anastomosis of ureter - Cystectomy - Ileal conduit - Continent urinary diversion - Insertion of ureteric stent - Dissection of renal vasculature - Nefrostomy	Work under senior supervision Complete a joint clinics Radiotherapy module (side effects) Attendance at urodynamic clinic Attend both gynaecology and urology MDT Complete a Urology module	Logbook Mini-CEX Case-based discussions

Schematic overview of required competence levels per stage of training in the urologic surgery module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Urologic surgery	- urinary deviation	1	1	2	2	NA
	- recognition and dissection of the ureter - dissection and repair of bladder - cystoscopy	2	3	4	3	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.5 Palliative care and supportive care

Learning objectives:

- Understand and demonstrate appropriate knowledge, skills, and attitude in relation to managing symptoms and specific needs of patients with gynaecological cancer within a holistic approach.
- Be able to clinically assess and evaluate the condition and needs of the patient (comorbidities, social conditions).
- Identification of supportive care needs (early in the journey of the patient care) and plan subsequent appropriate supportive care.
- Appropriately interpret the patient's symptoms including pain and have knowledge of the means to decrease it.

Knowledge criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence/ assessment
Cause of the patient's condition Knowledge of diagnostic work-up in order to decide of appropriate supportive and palliative treatment Knowledge of monitoring tools Knowledge of supportive tools Knowledge of signs of the "end of life" stage	Early start of supportive care in patient's cancer journey Direct patients to patient's advocacy group Ability to break bad news Identification of supportive care needs and monitoring of palliative care Discuss supportive and palliative care options with patients and relatives Being flexible to reflect the actual patients wishes and to take personal patient's events in consideration Multidisciplinary team meeting discussions and management planning Perform appropriate supportive measures including stoma or gastrostomy Counsel patients and relatives about: - end-of-life issues - treatment options - interpretation of monitoring results Organise, in collaboration with the end-of-life nursing	Ability to choose the appropriate supportive care Ability to empathetically explain the options available to a patient with terminal disease Ability to clearly and openly discuss the dismal prognosis and possible treatment options Ability to provide pain management Ability to perform paracentesis Ability to perform a clinical examination to decide if the patient would benefit from stoma (indication and technical feasibility) Ability to try to assess the expected end of life (within days or longer)	Observation and assistance of and discussion with senior staff Attendance and participation in multidisciplinary meetings Participation in decisions regarding patients at a terminal stage of disease Knowledge about when to stop administering chemotherapy Attendance of advocacy group meetings	OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence/ assessment
	staff, the appropriate set up for the patient Ensure that the patient receives the appropriate pain control (epidural, opioids) Discuss the choice of place for the end of life (e.g. home, hospital, hospice care and others)			

Schematic overview of required competence levels per stage of training in the palliative and supportive care module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Palliative & supportive care	Identification of supportive care needs and monitoring of palliative care	2	4	4	4	NA
	Prescribing pain medication	1	3	4	3	NA
	Holistic approach of symptoms and worries of the cancer patient and family	2	4	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.6 Clinical cancer genetics

Learning objectives:

- Be able to identify patients with familial cancer risks, refer them for genetic counselling, and manage patients with a genetic predisposition to gynaecological cancer and their families, alongside clinical genetics and other relevant specialty services.
- Knowledge of genetic etiology of cancer, specifically with regard to targetable genes

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Familial cancer syndromes: aetiology, risks, clinical features, behaviour Knowledge of the basic genes involved in oncogenesis of relevant gynaecological cancers Knowledge of variant classification, including an understanding of the importance of VUS (variants of uncertain significance) Ethical and diagnostic issues involved in counselling for genetic testing at cancer diagnosis The principles and options of risk management, including screening and preventive measures (such as risk reducing surgery), and their consequences Implications of results in relation to prognosis and treatment, including indication for targeted therapies	Counselling gynaecologic cancer patients with a possible predisposition Counsel a patient with a known predisposition to gynaecological cancer Recommend appropriate investigations for screening and early detection purpose Ability to follow up and manage healthy woman carrying a hereditary cancer risk of gynaecological cancer, including reproductive choices Cooperate with other disciplines to ensure appropriate management	Take a three-generation family history Ability to identify patients at high risk of a gynaecological cancer Perform appropriate investigations for screening and early detection purpose Prescribe medical prevention Perform any risk reducing surgery involving laparoscopic techniques as required	Apprenticeship with specialist clinic managing high-risk women and a clinical genetics unit	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions eLogbook Course attendance certificates

Schematic overview of required competence levels per stage of training in the genetics module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Genetics	Knowledge of familial cancer syndromes	3	4	4	4	NA
	Counselling mutation carriers	2	2	4	4	NA
	Knowledge of preventive measures and their consequences	2	4	4	4	NA
	Knowledge of the genes involved in oncogenesis	2	4	4	4	NA
	Knowledge of molecular targets for treatment	1	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.7 Pathology (including immunology)

Learning objectives:

- Be able to execute appropriate sampling with appropriate identification and appropriate clinical requests.
- Have a basic knowledge of the methods for the cyto- and histological diagnosis.
- Understand the principles of ancillary tests in Pathology (i.e. cyto- and histochemistry or immunocytochemistry exams and molecular pathology techniques).
- Interpret cyto- and histopathologic and molecular reports.
- Investigate clinical and familial implications in the context of a pathological diagnosis.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
The principles of cancerogenesis, pathogenesis, behaviour, and identification of malignant and benign gynaecological cancers Concepts of pre-malignant lesion and condition and clinical implications Knowledge of the International classification of tumours (last WHO classification for tumours of the female genital tract) and staging systems (AJCC/UICC and FIGO) The methods for the evaluation of biomarkers in terms of the principals involved, sensitivity, specificity. Properties and generation of monoclonal antibodies and their application to serodiagnosis and tumour localisation	Provide all clinical relevant information for pathological diagnosis Understand the principles underpinning the identification, both from direct visual and microscopic evaluation, of lesions that are premalignant or malignant and distinguish them from benign disorders Choose the correct transportation medium for cytological and histopathological samples Interpret a biomarker and describe the requirements of a biomarker evaluation useful for individualized treatment	Ability to obtain an appropriate sample for diagnosis Select appropriate transportation of specimens: - use of formaldehyde - dry specimen for frozen section - radioactive specimen during sentinel node mapping Accurate documentation during mapping procedures to facilitate staging and decision-making Ability to highlight / discuss special features of cases within regular MDT Ability to interpret pathology reports, including immunohistochemistry results and genetic mutation analyses Ability to include the pathological report to achieve the final tumour staging after discussion in MDT	Attendance at tumour board meetings Attendance at a course, e.g., ESGO-ENYGO Masterclass Pathology laboratory visits, including a short rotation (to observe on handling of specimens, macroscopic register of surgical specimens and fine needle aspiration biopsy clinic) including intraoperative consultation (frozen section)	Case-based discussions Certificate of appropriate course attendance

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
and the targeted killing of tumour cells The essential components and functions of the immune system and their relationship to oncology (including therapeutic applications) Knowledge of immuno-histochemistry technique and the principles of molecular pathology in the diagnosis, treatment and prognostic evaluation				

Schematic overview of required competence levels per stage of training in the pathology module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Pathology	Knowledge of tumour biology and tumour pathology	2	3	4	4	NA
	Knowledge of gynaecological tumour classification and staging	2	4	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.8 Radiotherapy

Learning objectives:

- Have a basic knowledge of radiation physics, radiation biology, and the different radiotherapy modalities.
- Have a detailed knowledge of indications, acute and late toxicities of radiotherapy in the management of gynaecological cancers.
- Have a detailed knowledge of the use of chemotherapy or other drugs in combination with radiotherapy.
- Communicate with the MDT and select the appropriate radiotherapy for gynaecological cancers.
- Demonstrate adequate skills and attitude to counsel patients and plan radiotherapy treatment for gynaecological cancers.
- Investigate, recognise, and manage early and long-term complications of radiotherapy.
- Plan and execute the appropriate monitoring after radiotherapy with the management of recurrences.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Radiation physics: - different types of radiation - electron and photon interaction - radioactivity Principles of radiation protection Principles of External Beam Radiotherapy Principles of brachytherapy, including interstitial brachytherapy Radiation biology: - interaction of radiation with tissue and DNA damage - factors modifying radiation response Recovery and repair of tissues Radiation delivery - Linear accelerator - Stereotactic radiotherapy / radiosurgery Target volumes, organs at risk and dose fractionation Modern techniques of radiotherapy (IMRT/VMAT, IGRT, adaptive radiotherapy, intraoperative radiotherapy)	Understand principles of radiotherapy Understand indications and limitations of radiotherapy in gynaecological oncology Understand treatment intent (curative or palliative) Select patients for radiotherapy Understand treatment planning Counsel patients and relatives about: - radiotherapy - treatment indications - complications –disease prognosis given the type of treatment Understand the principles of management of early and long-term complications of radiotherapy Recognise and manage recurrent disease after radiotherapy	Ability to discuss in a multidisciplinary team the indications of radiotherapy for each patient Ability to discuss the results of radiotherapy with patients Ability to investigate, recognise, and manage adverse effects of radiotherapy in the multidisciplinary setting	Observation and assistance of radiation oncologists and discussion with senior staff Attendance and participation in multidisciplinary meetings Meeting with psychosexual counsellors	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Indications of radiotherapy in the management of gynaecological cancers The use of chemotherapy or other drugs in combination with radiotherapy in gynaecological oncology Acute and late toxicities of radiotherapy in its different modalities and combination with different agents	Prevent, recognize, discuss and treat sexual dysfunctions as a result of radiotherapy			

Schematic overview of required competence levels per stage of training in the radiotherapy module

Medical skills		**Competence level** Per stage of training 'for up to a total of 6 months'				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Radiotherapy	Knowledge of radiation principles and treatment related toxicity	1	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.9 Plastic and reconstructive surgery and wound care

(optional)

Learning objectives:

- Have a basic knowledge of the anatomy of abdominal-pelvic organs and wounds.
- Have a basic knowledge of the devices involved in reconstructive surgery and new surgical materials or strategies.
- Have appropriate knowledge of indications of reconstructive or plastic surgery appropriate for the surgical defect due to previous debulking surgery.
- Have appropriate knowledge of the indication of different surgeries adequately to the tumour prognostic and general status of the patient (including frailty and psycho-emotional consequences).
- Have a basic understanding of the possible reconstructive techniques
- Communicate with the MDT and select the most appropriate reconstructive treatment together with plastic and reconstructive surgeon.
- Demonstrate adequate skills and attitude to counsel patients about and plan reconstructive treatments and their sequelae while simultaneously assessing cancer prognosis and the possibility of new recurrences.
- Have a basic understanding of secondary lymphedema of the lower limbs, including its clinical presentation, first-line diagnostic tests, and needs for rehabilitative, medical, and surgical treatment options and referral to relevant medical specialties if needed.
- Have updated knowledge and appropriately interpret clinical trials in plastic and reconstructive surgery related to gynaecological oncology.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Surgical anatomy and biology of : - wound healing - Plastic surgery Surgical devices involved in reconstructive or plastic surgery: - mesh and sutures - ureteral and vascular catheters - staples for bowel reconstruction - negative pressure devices - others Indications, consequences, and sequelae of different procedures Possible reconstructive techniques: Grafts, Traditional flaps, perforator flaps	Perform a clinical examination and imaging assessment of (possible) anatomic defects (such as fascia dehiscence) Prescribe and plan together with the plastic and reconstructive surgeons the most appropriate plastic or reconstructive procedure, including: - abdominal wall reconstruction with or without mesh (i.e., evisceration or hernia) - plastic reconstruction of vulvo-perineal excisions and defects - neovagina Counsel patients and relatives about possible reconstructive procedures and its implications	Appropriate selection of procedure depending on tumour location and prognosis as well as the patient's general situation (physical and psychological) Ability to discuss in a multidisciplinary team the most appropriate reconstructive surgery for each patient Monitor and manage post-surgery recovery, complications, and potential sequelae General management of wound (simple, vacuum wound care) Ability to discuss with patients the results	Observation and assistance of plastic surgeon and discussion with senior staff Participation in wound care team Attendance and participation in multidisciplinary meetings	Direct observation of clinical practice by trainers OSATS Mini-CEX Case-based discussions Surgical modules Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Instructions to follow, tailored to the specific reconstructive method used. Up-to-date information on clinical trials in gynaecological oncology surgery techniques and related devices		and expectations about plastic or reconstructive treatment		

Schematic overview of required competence levels per stage of training in plastic and reconstructive surgery and wound care module (optional)

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Reconstructive surgery	Recognising the need for plastic surgery and seeking appropriate expert advice	1	3	4	3	NA
	Treatment of wound complications together with the plastic and reconstructive surgeon where appropriate	1	3	4	2	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.10 Radiology (including nuclear medicine)

(optional)

Learning objectives:

- Have a basic knowledge of radiological and nuclear medicine principles.
- Be able to adequately refer to and interpret reported imaging findings from diagnostic imaging.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Principles of different imaging techniques, including nuclear medicine Knowledge of limitations and risks of various imaging techniques Basic knowledge of radiation physics pertinent to radiology and nuclear medicine Basic knowledge of contrast media, radiopharmacology, and radionuclides	Correct and targeted referrals to radiological diagnostics Give clinical feedback to diagnostic imaging experts Cooperation in diagnostic interventions	Communication with imaging experts Interpretation of reported imaging findings from CT, MRI, and PET scans Application and interpretation of sentinel lymph node imaging (SPECT)	Observation and assistance of and discussion with senior staff Discussions at MDT Interactive app	Direct observation of clinical practice by trainers Case-based discussions Logbook

Schematic overview of required competence levels per stage of training in the radiology and nuclear medicine module (optional)

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Radiology & nuclear medicine	Basic knowledge of radiological and nuclear physical principles	1	3	4	4	NA
	Adequate ordering and interpretation of reported imaging findings	1	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.11 Gynaecological oncological ultrasound

Learning objectives:

- Have knowledge of ultrasound principles
- Achieve a strong knowledge of anatomy
- Acquire and apply a standardized ultrasound terminology
- Assessing normal and abnormal ultrasound findings of observed structures
- Ultrasound guided procedures (diagnostic and therapeutic)
- Interpret and compare findings in ultrasound with findings in other imaging modalities
- Provide information and advice regarding the diagnosis

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Principles of ultrasound techniques (including 2D, 3D, fusion, and contrast-enhanced methods) Ultrasound anatomy: - Pelvic, intrabdominal and retroperitoneal and superior diaphragmatic structures - Perineum - Peripheral lymph nodes Knowledge of standardised terms and definitions used to describe ultrasound gynaecological findings based on international consensus (IOTA, IETA, MUSA, VITA, and others) Knowledge of common ultrasound findings in different gynaecological cancers Knowledge of different ultrasound approaches based on the area to be examined Comparison of common pelvic and abdominal ultrasound findings with other imaging modalities Knowledge of indications and risks for	Correct ultrasound examination of all relevant regions Correct ultrasound guidance of invasive procedures Identify and describe the common ultrasound features of different gynecological cancers Differentiate between benign and malignant findings Promote and apply the use of appropriate standardised terminology in ultrasound reports Proper use of additional certified diagnostic algorithms and tools (e.g IOTA Easy descriptors, Simple Rules, ADNEX and others) Provide ultrasound preoperative loco-regional staging Choice of appropriate	Technical use of ultrasound technologies Ability to investigate and interpret ultrasound findings in gynecological oncology patients Ability to discuss ultrasound findings and their value in a multidisciplinary team Communication with other imaging specialists and comparison of ultrasound findings with other imaging modalities Ability to provide a structured report presenting a preoperative picture of the extension and spread of the disease Counsel patients about the ultrasound diagnostic and invasive procedures and significance of ultrasound findings Perform safely ultrasound guided procedures (ascites	Observation, assistance and discussion with senior staff Specific topic training and supervision Attendance and participation in multidisciplinary meetings Attendance of special interest meetings Personal study Postgraduate courses	Case-based discussions Certificate of appropriate course attendance Direct observation of clinical practice by trainers Logbook

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
different imaging modalities Knowledge of indications and risks of ultrasound guided procedures	ultrasound approach Identify and select cases candidates to ultrasound guided procedures Recognise complications after ultrasound guided procedures	drainage, core needle biopsy/ fine needle aspiration) Manage complications after ultrasound guided procedures		

Schematic overview of required competence levels per stage of training in the gynaecological oncological ultrasound module (optional)

Medical skills		**Competence level** Per stage of training				**Number** for fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Ultrasound	Ultrasound abdominal-pelvic, perineal anatomy	1	2	3	4	80 (US fellows) **
	Ultrasound anatomy of peripheral lymph nodes site and VITA criteria (groin, axillary, supraclavicular, latero-cervical, internal mammary chain)	1	2	3	4	
	Ultrasound staging of vulvar cancer	1	1	2	4	
	Ultrasound staging of vaginal cancer	1	1	2	4	
	Ultrasound staging of cervical cancer	1	1	2	4	
	Ultrasound staging of endometrial cancer and IETA criteria	1	1	2	4	
	Ultrasound staging of ovarian cancer and IOTA criteria	1	1	2	4	

Medical skills		**Competence level** Per stage of training				**Number** for fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
	Ultrasound evaluation of uterine mesenchymal tumours and MUSA criteria	1	1	2	4	
	Ultrasound staging of breast cancer	n.a.	n.a.	n.a.	3	
	Ultrasound guided diagnostic procedures (core needle and fine needle aspiration)	1	1	3	4	20
	Ultrasound guided therapeutical procedures (ascites*, pleural fluid, lymphoceles or abscesses drainage)	1	2	3	4*	30***

* Proficiency score is referring to paracentesis

** 10 vulvar and vaginal cancers, 10 cervical cancers, 20 endometrial cancers, 40 ovarian cancers (for the entire fellowship)

*** Ultrasound guided therapeutic interventions (drainage of lymphocele/abscess/pleura fluid/ascites and other therapeutic interventions)

5.2.12 Research

Learning objectives:

- Focus on clinical research
- Understand and demonstrate appropriate knowledge, skills, and attitudes in relation to undertaking research relevant to the subspecialty of gynaecological oncology.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Awareness of basic/translational research Clinical research methodology Medical statistics for clinical research (e.g., descriptive statistics, parametric and non-parametric tests, tests for continuous and categorical variables, chi-square and t-tests, correlation and regression analysis, survival analysis) Understand principles of sampling, sample size, and power calculations Knowledge of epidemiological methods in medical research Understanding of trial design methodology Knowledge to perform a literature review Knowledge of evidence-based medicine and hierarchy of strength of evidence Knowledge of ethical committee regulations and requirements Knowledge of research legislation, research governance procedures and requirements Understanding of the roles and responsibilities of the different individual and organisations and PROMS in the research environment Knowledge of basics of a good lecture	Develop a hypothesis Design an experiment or research study Define sample size Undertake a statistical analysis Draw appropriate conclusions from results Create an oral or poster presentation Write and publish a peer-reviewed research paper Write or contribute to protocols and grant applications Manage data bases effectively and ethically	Ability to develop a hypothesis, design and conduct a scientific experiment or scientific research Ability to undertake a critical review of a research topic/idea Ability to critically appraise a scientific paper Ability to understand the statistical design and interpret the results Ability to present a piece of scientific research (oral or poster presentation) Ability to write up research evidenced by at least two international peer-reviewed gynaecological oncology PubMed citable publication (A research thesis like MD or PhD is desirable but not an essential part of the research component for this training) Ability to take informed consent	Appropriate post-graduate research skill development courses Optional visit of basic/translational lab is advised Statistical courses Information governance course Attending scientific meetings Access to scientific journals Discussion with senior staff (clinicians, scientists, statisticians) Mentoring and supervision by senior staff	Good Clinical Practice Research certification Record of certificate of attendance at appropriate course(s) Submission of research for ethics approval Study consent form Patient information leaflet Data collection form Devise/critically appraise a protocol for research through local/regional R&D offices Peer-reviewed, PubMed-citable publication Poster or oral presentation at a national or international conference MD or PhD degree

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Criteria to write a good paper, protocol and grant application Writing research protocols and contribute to grant application writing peer-reviewed papers Knowledge on good clinical practice (GCP) The principles of and how to take informed consent and the roles and responsibilities of those involved in it Information governance, data management, and General Data Protection Regulation (GDPR) Working with patients and advocated as co-scientists Research integrity: understanding issues around misconduct, scientific fraud, plagiarism, and the reporting of such Adverse events and reporting of suspected unexpected serious adverse reaction (SUSAR)		and recruit patients to research studies Ability to submit a research proposal for ethics approval Ability to participate as an investigator in clinical research studies		Research Grant

Schematic overview of required competence levels per stage of training in research module.

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Research	Peer reviewed publication	0	2	4	4	2*

***** The fellow can also complete (the equivalent of) an Advanced Professional Module of Clinical Research or a Master in Clinical Research instead of producing a publication. Examples:

https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/apm/

https://web.uniroma1.it/masterricercaclinica

http://www.usc.es/en/centros/ciedus/edi/titulacions.html?plan=15544&estudio=15545&codEstudio=15019&valor=9&orde=true

5.2.13 Women's Health in the Context of Gynaecological Oncology

Learning Objectives:

- Understand gender-specific differences and impacts in the prevention, diagnosis, and treatment of gynaecological oncological diseases.
- Explore the relationship between gender-specific health and oncological therapies.
- Develop competencies to provide holistic care, including addressing psychosocial and sexual health aspects.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
General Women's Health: – Understanding gender-specific differences in medicine, including pharmacodynamics and pharmacokinetics. – The influence of hormonal changes on health and oncological disease – The role of gender-sensitive approaches in drug development and clinical trials. Oncological Diseases and Women's Health: – Epidemiology and risk factors for gynaecological cancers. – Preventive strategies for gynaecological and related cancers. Prevention and Health Promotion: – The role of HPV vaccination and other preventive measures – The impact of lifestyle interventions, including nutrition and exercise – Strategies for preventing cardiovascular diseases and osteoporosis Supportive Care: – Menopausal symptoms and understanding hormone replacement therapy. – Sexual health and intimacy challenges during and after cancer treatment.	Integration of gender-specific factors in the prevention, diagnosis, and treatment. Manage menopausal symptoms. Counsel patients on preventive strategies Address psychosocial and sexual health challenges To give interdisciplinary, interprofessional, holistic care Demonstrate cultural competence in addressing the unique needs of women from diverse backgrounds.	Communication ensuring gender-sensitive and empathetic interactions. Deliver supportive care.	Observation and mentorship from faculty and staff. Workshops Case discussion.	Supervisor's report on clinical and interpersonal performance. Multisource feedback. Self-assessment evaluative

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
– Means of psychosocial support. – Age related needs Interdisciplinary Collaboration: – The importance of gender-sensitive interprofessional communication – Patient education. – Collaborating across specialties to provide holistic care.				

Schematic overview of required competence levels per stage of training in the women's health module

Medical skills		**Competence level** Per stage of training				**Number** for Fellows
Module	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Women's Health	Identification and application of gender-specific aspects in diagnosing and treating gynaecological cancers	2	4	4	4	NA
	Management of menopausal symptoms and recommend appropriate hormonal replacement therapy	4	4	4	4	NA
	Education of patients on preventive measures, including HPV vaccination, lifestyle modifications, and strategies for health education reducing cardiovascular and osteoporosis risk	4	4	4	4	NA
	Care addressing psychosocial and sexual health concerns	3	4	4	4	NA

5.2.14 Communication, collaboration, leadership, and management

Learning objectives:

- Demonstrate active listening, along with verbal, nonverbal, and written communication with patients, team members, and those in supervisory roles.
- Utilize communication strategies to address difficult conversations, including conflict resolution, and delivering unsettling news to patients and families.
- Cultivate a culture of teamwork by valuing diverse skills and the perspectives from team members
- Identify clear vision and goals to guide a team effectively
- Demonstrate proficiency in time management, resource allocation, and setting priorities in different settings
- Learn to accept feedback from peers, mentors, and patients

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
Communication: Preparation for optimal communication: - Ensure privacy - Minimize interruptions - Be empathetic - Prioritize patient concerns - Consider the patient's cultural background Know how to structure a patient interview: - identify concerns and priorities - set expectations - understanding and acceptance - provide reassurance - encourage questions - recap discussion Breaking bad news - Choosing an appropriate setting - Preparing emotionally - Gathering support (social worker and/or spiritual guide) -Gauging patient's understanding -Responding to emotional reactions -Providing information and support -Outlining future steps and actions -Scheduling follow up **Team working:** Roles and responsibilities of team members Factors that influence and inhibit team development Ways of improving team working including: - Establishing clear goals	Counsel patients regarding diagnosis, management, and risks of treatment Communicate with the team about operational and administrative strategies Inform patient of results in timely manner Liaise with nutritional and other support team Contribution of mentoring and supervision -Clear communication and expectations - Knowledge in the field - Experience in research - Fostering of continuous learning **Leadership:** Qualities and behaviour	Ability to communicate effectively with: - colleagues - patients and relatives Ability to deliver bad news appropriately and to support distress Ability to work effectively within a subspecialty team Ability to lead a clinical team Ability to respect and validate others' opinions Ability to deal with difficult interprofessional relations	Observation, assistance, and discussion with faculty involved in mentoring and supervision	Supervisor's report Multisource feedback form Clinical performance evaluation under real-world patient care Self-assessment evaluation at least yearly Non-technical skill assessments

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
- Defining roles and responsibilities - Promoting psychological safety - Using effective tools of communication - Foster cross-disciplinary work - Establishing accountability - Recognizing contributions Styles Implementing change and change management	- Provide a clear vision - Foster trust - Engage with team members - Implement strategies for promotion - Encourage diversity - Provide an environment of safety			

Schematic overview of required competence levels per stage of training in the communication, team working, leadership and management domains

Medical Core Competencies (cf. ACGME)		**Competence level** Per stage of training				**Number** for Fellows
Domain	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Interpersonal and communicative skills	Communication with other care providers and health-related agencies	1	3	4	4	NA
	Communication with patients and family	2	4	4	4	NA
	Discussing bad news/resuscitation	1	3	4	4	NA
	Work effectively as a member or leader of a team	2	4	4	4	NA
	Act in a consultative role	2	4	4	4	NA
	Maintain comprehensive, timely and legible medical record	3	4	4	4	NA
	Participation in education	2	3	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

5.2.15 Good medical practice, clinical governance, and management

Learning objectives:

- Acquire the attitude, knowledge and skills to act in a professional manner at all times.
- Understand and demonstrate appropriate knowledge and skills in relation to good medical practice, clinical governance, and risk management.
- Inculcate the habit of lifelong learning and continued professional development.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ assessment
The importance of continued professional development The doctor-patient relationship, ethical principles, informed consent, confidentiality, and data protection Interdisciplinary and interprofessional communication The principles of clinical governance The principles, structure, and steps of assessment of quality of care (an audit cycle) The principles of risk management, incident and near-miss reporting, complaint management The importance of protocols, guidelines, and integrated care pathways Integration of patients perspectives and expectations (including PROMs)	Practice evidence-based medicine Develop and implement a clinical protocol and/or guidelines Develop Patient Information Sheets Participate in risk management Undertake a clinical audit Perform appraisals (organizing morbidity and mortality conferences)	Ability to communicate interprofesionally Ability to investigate and report a critical incident and suspected unexpected serious adverse reaction (SUSAR) Ability to respond to a complaint in a constructive and objective manner Ability to recognise ethical issues related to the sub-specialty Ability to recognise and use learning opportunities Ability to recognise one's own limitations and seek advice appropriately Ability to deal appropriately with challenging behaviour	Observation of and structured discussion with medical staff and/or the clinical governance team Attendance at risk-management meetings Dialogues with advocate groups Participation of morbidity and mortality conferences	eLogbook Supervisor reports Attendance certificate of appropriate course(s) and meeting(s) Audit reports

Schematic overview of required competence levels per stage of training in the Good medical practice domains

Medical Core Competencies (cf. ACGME)		**Competence level** Per stage of training				**Number** for Fellows
Domain	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Practice-based learning and improvement	Identify personal limits	2	3	4	4	NA
	Set learning goals	2	3	4	4	NA
	Identify and perform appropriate learning activities	2	3	4	4	NA
	Incorporate formative evaluation feedback into daily practice	2	3	4	4	NA
	Adequate use of scientific evidence	2	3	4	4	NA
	Adequate use of information technology	2	3	4	4	NA
	Participation in education	2	3	4	4	NA
Patient care and procedural skills	Adequate gathering of information	2	3	4	4	NA
	Adequate synthesis of findings	2	3	4	4	NA
	Partnership with patients and family	2	3	4	4	NA
Systems-based practice	Work effectively in health care system	2	3	4	4	NA
	Consider cost-effectiveness	2	3	4	4	NA
	Consider quality of care	2	3	4	4	NA
	Consider and identify patient safety issues, including identifying system errors	2	3	4	4	NA

Medical Core Competencies (cf. ACGME)		**Competence level** Per stage of training				**Number** for Fellows
Domain	***Learning target***	*Core*	*Elective*	*Fellowship Surgery*	*Fellowship US*	
Medical knowledge	Knowledge and application of EBM	2	4	4	4	NA
	Knowledge about principles of clinical trials	1	3	4	4	NA
	Knowledge of protocols/guidelines/patient info sheets (being responsible for one of these as end target)	1	4	4	4	NA
	- teach-the-teacher course	0	0	3	3	NA
	- course for leadership/ management	0	0	3	3	NA
	Attendance of national conferences/meetings	2	4	4	4	NA
	Attendance of international meetings	1	2	4	4	NA
	Membership of ENYGO/ESGO	no	no	yes	yes	NA
	Membership of national gynaecologic oncology society	no	no	advised	advised	NA
Professionalism	Handling oncological patients	1	3	4	4	NA
	Monitoring and comparing results of clinical care, up to responsible for clinical audit (latter end target)	1	3	4	4	NA
	Knowledge and use of complication and mortality register	1	4	4	4	NA
	Self-reflection	2	4	4	4	NA

NA: not applicable as minimal numbers have only been defined for index procedures

*numbers, not levels

5.2.16 Training objectives covered during general training

Training objectives that may be covered during an elective as defined across Europe for general training (expected level of competence 4 'can manage/perform independently') are:

1. General assessment of an oncological patient.
2. Peri-operative care.
3. Diagnostic laparoscopy.
4. Ovarian cystectomy.
5. Hysteroscopy.
6. Small vulvar procedures.
7. Colposcopy, including loop excision/conisation of the cervix.
8. Hysterectomy for early-stage endometrial cancer.
10. Histological sampling (Tru-cut biopsy/incisional biopsy).
11. Assessing and planning management of gynaecological tumours.
12. Knowledge of cancer genetics.
13. Knowledge of palliative care.
14. General knowledge of oncological pathology.
15. Basic diagnostic ultrasound

6 Section II: Training requirements for Trainers

6.1 Process for recognition as trainer

The Training Programme Director and the Educational Supervisor(s) should be faculty members with a permanent contract and recognized as gynaecological oncologist who treat pelvico-abdominal cancer. Recognition preferably by ESGO. See below for further details on their respective roles.

The Training Programme Director and Educational Supervisor(s) should be members of ESGO.

At least the Training Programme director and/or the Educational Supervisor have participated in a train-the-trainers course at least once in the five years prior to accreditation (or an equivalent supervision course aimed at improving skills to teach others).

6.2 Quality management for trainers

In addition to the requirements for centres, there should be adequate, structured, and continuous supervision for the fellow(s) by dedicated officers:

The *Training Programme Director* co-ordinates and is actively involved in the training programme, accepts the main responsibility for its supervision, and maintains the standards according to ESGO (and EUMS). The responsibilities of the Training Programme Director include securing ESGO accreditation, appointing a suitable fellow to the programme, and overall management of the programme.

If the programme director changes the programme that will affect the requirements of this curriculum, the training centre has to be reassessed.

The *Educational Supervisor* is a core faculty member who is qualified and available to be responsible for the overall supervision and management of a specific trainee's educational progress during her/his fellowship. This role may be performed by the Training Programme Director or a deputy.

Educational Supervisor responsibilities include:

- Personal and professional development of the trainee during the fellowship. The educational supervisor facilitates learning for fellows in accordance with adult learning principles and needs to ensure that patient safety and clinical governance are respected. The educational supervisor also safeguards a safe and encouraging training environment.
- Appreciating the learning opportunities intrinsic to all elements of clinical care. The educational supervisor provides regular, appropriate appraisal and feedback that is appropriate to the fellow's progression through the ESGO curriculum.
- Trainee assessment using workplace-based assessment tools.
- Ensuring that both medical and non-medical staff involved in clinical training understand the curricular requirements.
- Guaranteeing that the logbook and documents sent to ESGO office after completed training are consistent with the onsite training.
- Monitoring the moral and ethical behaviour of the fellow.

7 Section III: Training requirements for Training Centres

7.1 Process for recognition as training centre

7.1.1 Application for Accreditation

In all European countries, approval of training and trainers should be the responsibility of a national or regional authority that has the power to withdraw recognition if necessary.

An institution can be accredited for training ESGO fellows according to the ESGO Curriculum after an onsite visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled.

Centres can request ESGO accreditation using the Standard Operational Procedures (SOPs).

Recognition of an institution as a subspecialist training centre in gynaecological oncology is based on approval by the ESGO Council, as advised by its Working Group on Fellowship, Curriculum and eLogbook based on qualitative and quantitative criteria.

ESGO seeks to ensure equitable access to accreditation for training by proactively reaching out to underrepresented regions or centres that may have fewer resources or may encounter impairments due to their local situation but still potentially meet the necessary training standards.

Validity of Accreditation for centres

ESGO accreditation may be granted for five (5) years. The ESGO Council can decide to grant conditional accreditation (e.g., if recommendations are being made that should be fulfilled within the normal period of validation) for a period less than the normal period of validation. The conditions for such conditional accreditation should be defined each time for each individual case.

Accreditation visiting team

Accreditation visits will be conducted by at least:

- One (1) senior gynaecological oncologist = ESGO member of good standing
- One (1) junior gynaecological oncologist = ENYGO member

The visit report is presented to the ESGO Working Group on Accreditation for Training for approval. The ESGO Council is also informed via a visit report.

Application for re-accreditation

Re-accreditation will be considered after five (5) years following the first accreditation. The re-accreditation assessment will usually be done according to an online tele-visit, but ESGO may decide to hold an onsite visit on the basis of previous recommendations.

In principle, re-application follows the same procedures as the first application. In addition to standard requirements, the centre should specify actions taken to fulfil recommendations and improvements since the last accreditation visit and review the number and performance of fellows in the past period, including structured feedback from the fellows and trainers about the training programme and the centre, and including an up-to-date portfolio of the current fellow(s).

Accredited centres may apply for re-accreditation six (6) months before the original accreditation expires and, at the latest, six (6) months after expiration. The ESGO office will send a reminder.

Validity of re-accreditation

After another five (5) years (i.e., 10 years after initial accreditation) re-accreditation require another in-person onsite visit. At the discretion of the ESGO Council, in certain cases, the Training Committee can waive this requirement and allow the second re-accreditation to be by tele-visit.

Withdrawal of accreditation

The ESGO Working Group on Accreditation in Training can decide to advise ESGO Council to withdraw accreditation due to exceptional circumstances before the normal expiration date of the accreditation.
Failure to meet the requirements laid down in this Curriculum could constitute such exceptional circumstances. Examples are: having more fellows than allowed according to the accreditation, inadequate or insufficient exposure of the fellows to procedures and skills in which they are supposed to be trained, unprofessional conduct of members of the training team towards the fellow.

7.1.2 Requirement on staff and clinical activities

The accreditation process will take into account the different resource levels. To ensure that lower-resource environments will not be disadvantaged, compensatory solutions may be acceptable.

For centres ESGO accredited for Training as well as for training in special interest areas (currently diagnostic and interventional ultrasound) additional criteria have been defined, which will be evaluated in the regular accreditation process. As these criteria are not yet operational as from this update in 2025, centres will until January 1st 2027 be allowed to train diagnostic and interventional ultrasound if (only) there is an experienced faculty (e.g. EFSUMB level II-III) in ultrasound.

Qualitative accreditation criteria for centres

- In addition to organised teaching sessions on a departmental level, there is a hospital-wide postgraduate teaching programme (this could encompass general oncological items, such as oncogenetics, oncogeriatrics, intensive care, palliative care, etc., but also even more general items such as epidemiology, statistics, and ethics, to name a few)

- A multidisciplinary team (MDT) is available with the following characteristics:
  - The team includes at least a gynaecological oncologist, a radiologist, a pathologist, and a physician certified to deliver chemotherapy (a gynaecologic oncologist in countries where the subspecialty is structured and/or a medical oncologist with special interest in gynaecologic oncology)
  - an MDT meeting is held regularly (i.e., at least weekly)
  - all cancer cases are systematically (and at least once) discussed at an MDT meeting
  - all decisions for any major therapeutic intervention are discussed at the MDT meeting
  - the MDT has a role in the quality control of treatment (protocols)
  - the fellow has a defined role within the MDT, e.g., presentation of cases.
  - Specialised or at least dedicated oncology nurses

- The centre services and plans for the referral and transfer of patients who would benefit from subspecialty facilities, expertise, and experience.

- There is established close collaboration with related disciplines to provide the highest degree of teamwork and concentration of resources for the intensive investigation and management of such patients.

- There is established close collaboration with other obstetricians and gynaecologists and related specialists within and outside of the centre, including major regional roles in continuing postgraduate education and training, research advice, and co-ordination and audit.

- Additional qualitative criteria for centres offering special interest training in diagnostic and interventional ultrasound:
    - Availability of at least one (1) designated specialist in diagnostic and interventional ultrasound with extensive experience in gynaecological oncology (e.g. EFSUMB level II-III).
    - Demonstrated annual case volume sufficient to provide comprehensive hands-on training in diagnostic ultrasound and interventional ultrasound-guided procedures.
    - Opportunities for trainees to actively participate in advanced interventional procedures, such as ultrasound-guided biopsies, drainage, or therapeutic interventions.
    - Systematic integration of ultrasound findings into the multidisciplinary team discussion and patient management plans.
    - Active involvement of trainees in quality assurance activities, such as audit of ultrasound findings and outcomes.

Quantitative accreditation criteria for centres

Volume is important to ensure the fellow has sufficient exposure to cases and, therefore, the following quantitative requirements must be met by each training centre.

- Adequate medical faculty staffing of at least three (3) gynaecological oncological consultants (i.e., full-time equivalent positions who consult on pelvic and gynaecological malignancies excluding breast cancer) for the first fellow.

- At least one (1) additional consultant for each additional fellow, in order to enable the trainee to be engaged in his/her subspecialty field on a full-time basis (or in the case of a part-time trainee, during all of his/her normal working hours).

- Departmental scientific activity in gynaecologic oncology by the publication of a minimum of one original research or review article per year in peer-reviewed journals within the past five years.

- At least 150 new gynaecological cancer cases per year, of which
    - at least ten (10) new vulvar cancer cases per year.

- At least 100 radical surgery cases per year (all cancers), of which
    - at least one (1) type of radical procedure performed by a minimally invasive approach, and
    - at least 40 cytoreductive procedures per year.

*A **'radical'** case is defined as any surgery that requires the knowledge and expertise of a gynaecological oncologist and is aimed at complete tumour removal according to oncological principles and as defined in the matrix 3.2 these also constitute so-called index procedures:*
- radical hysterectomy (Querleu-Morrow Type B and onwards) – or radical trachelectomy or radical parametrectomy
- pelvic lymph node dissection
- Para-aortic lymph node dissection
- Partial/radical excision of the vulva
- inguino-femoral lymph node dissection
- (radical) colpectomy
- cytoreductive surgery (any surgery of bulky and/or loco-regionally metastasized ovarian or endometrial cancer aimed at maximal reduction of the tumour load including either exenterations, bowel resection or upper abdominal procedures or bulky lymph node resection).

If any of these procedures are combined (e.g. radical hysterectomy and pelvic node dissection) this needs to be counted as one radical procedure within the context of quantitative criteria for accreditation.

The minimum number of radical procedures includes both open and laparoscopic cases for at least all pelvic procedures. In order to guarantee adequate exposure of the fellow and as a sign of advanced treatment, at least 60% of all (non-radical and radical) surgery for early, stage I or II, endometrial cancer should be performed by minimally invasive surgery.

For each additional fellow, the centre will need an additional 100 radical surgery cases and an equivalent number of extra cases of cytoreductive procedures per year as stipulated for the training of one fellow. Fellows who only aim at full training (i.e. up to competence level of at least 4) in a special interest module may be supernumerary.

There should be an adequate workload providing a full range of experience in the subspecialty; alternatively, two or more centres may combine to provide a programme with all the required experience. In this case, both centres should be visited and assessed, and together comply with the requirements.

o Additional criteria for special interest training in Diagnostic and Interventional Ultrasound are:

- Abdominopelvic ultrasound staging in all new gynaecological cancer cases per year (at least 150 new cases per year, of which at least ten (10) new vulvar cancer cases per year)
- A minimum of 20 ultrasound-guided biopsies per year (core-needle biopsy, fine-needle aspiration).
- A minimum of 30 ultrasound-guided therapeutic interventional procedures per year (drainage of lymphocele/abscess/pleural fluid/ascites and other therapeutic interventions).

7.1.3 Requirement on equipment, accommodation

- Institutional access to electronic resources, including major medical journals, laboratory, and other resources to support subspecialty work, training, and research is available.

- Resources for a research programme related to the subspecialty are available.

- Theatres equipped for teaching both open and minimally invasive surgery

- Necessary services to provide and evaluate oncological treatment are available:
  - Radiotherapy unit (should be available in the hospital or in an affiliated hospital)
  - Systemic therapy unit (should be available in the hospital of which the centre is part)
  - Cytopathology unit

- Psycho-oncological care
- Radiology (provided with CT, MRI, US and all equipment for interventional procedures=

- There is an adequate workload providing a full range of experience in the subspecialty; alternatively, two or more centres may combine to provide a programme with all the required experience. In this case, both centres should be visited and assessed, and together comply with the requirements.

Additional qualitative criteria for centres offering special interest training in Diagnostic and Interventional Ultrasound:

- High-quality ultrasound equipment and software, including probes for all approaches (endocavitary, transabdominal, and percutaneous), and possibly contrast-enhanced ultrasound and fusion ultrasound, to support both diagnostic and interventional procedures.
- Equipment for fine-needle aspiration and core-needle biopsy

7.2 Quality management within the training centre

- The centre has an internal quality control and audit system, which at least monitors and provides details of mortality and complications of all treated patients.

- An established formal training programme is in place, according to the requirements of national bodies. Whether or not a national training programme exists, the centre should follow the European standards as defined in ESGO Subspecialty Training Programme and Logbook. Thus in any case, the training programme should be adapted to the local situation and provided (in English) together with the application for accreditation.

- The formal established curriculum programme should cover at least two, and at the most three, years of the equivalent of the full-time training.

- There is an established formal tutorship. The Training Programme Director and Educational Supervisors must be identified. The Training Programme Director and Educational Supervisors will be consultants with special experience in the relevant subspecialty field.

- Mortality and morbidity meetings (existence of a structured prospective regular reporting of postoperative complications. The data to be recorded are reoperations, interventional radiology, readmissions, secondary transfers to intermediate or intensive care units, and deaths.) Optimally, 100% of complications are prospectively recorded, i.e., they have been continuously recorded, but at least selected cases should be discussed at morbidity and mortality conferences to be held at least once a year.
- Data manager(s), i.e., functionaries who file and process patient data for quality control and/or clinical trials. The aim of this requirement is to prevent the fellow from being responsible for these tasks, including, e.g., filling and filing patient/case report forms

- Annual statistics with at least the data required to assess quantitative criteria for a centre.

8 Addenda

8.1 Abbreviations

ABOG	The American Board of Obstetrics and Gynaecology
ACGM	Accreditation Council for Graduate Medical Education: Six core competencies: 1. Practice-Based Learning and Improvement, 2. Patient Care and Procedural Skills, 3. Systems-Based Practice, 4. Medical Knowledge, 5. Interpersonal and Communication Skills, 6. Professionalism
APSS	Assessment of Procedural and Surgical Skills
CanMEDS	Canadian College of Physicians score: Core competencies in seven roles: 1. Medical Expert (the integrating role), 2. Communicator, 3. Collaborator, 4. Leader, 5. Health Advocate, 6. Scholar, 7. Professional
CBD	Clinically Based Discussion
EBCOG	European Board & College of Obstetrics and Gynaecology
EBM	Evidence-Based Medicine
EFC	European Federation of Colposcopy
ENYGO	European Network of Young Gynaecological Oncologists
ERAS	Enhanced Recovery After Surgery
ESGO	European Society of Gynaecological Oncology
FNA	Fine-needle aspiration
GRITS	Global Rating Index for Technical Skills (Doyle, Am J Surg 2007)
GTD	Gestational Trophoblastic Disease
GTN	Gestational Trophoblastic Neoplasm
IP	Intra-peritoneal
LMIC	Low- and middle-income countries (according to the World Bank)
LND	Lymph node dissection
LN(N)	Lymph node(s)
MDT	Multidisciplinary Team
Mini-CEX	Mini-Clinical Evaluation Exercise
NVOG	Nederlandse Vereniging voor Obstetrie en Gynaecologie
OSATS	Objective Structured Assessment of Technical Skill (Martin e.a., Br J Surg 1997)
PACT	Project for Achieving Consensus in Training
PBLI	Practice-based learning and improvement
RANZOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RCOG	The Royal College of Obstetricians and Gynaecologists
SOP	Standard Operational Procedure
STSAF	Structured Technical Skills Assessment Form (Winckel e.a., Am J Surg 1994)
TPN	Total Parenteral Nutrition

8.2 Delphi questions

To start the new Curriculum development, Delphi rounds of questionnaires were held among the existing training centres. Questions were based on the existing curriculum and on the basis of other available national curricula (the abbreviations behind the answers refer to the curricula where these alternatives constituted a consensus).

The results of their answers formed the basis for the new curriculum. Briefly, an 80% consensus amongst the centres was necessary for a consensus in yes/no questions. Where more alternatives were possible, those chosen in at least 60% of answers were deemed to constitute a consensus. Questions where no consensus was reached during the first round were sent again.

QUESTION 1
Next to teaching on each of the specific gynaecological oncological diseases and their (surgical) treatment, the fellowship program should instruct in at least the areas of
1. (General and colorectal) surgery [RCOG, RANZOG, ABOG]
2. Urologic surgery [RCOG, RANZOG, ABOG]
3. Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]
4. Radiotherapy [RCOG, RANZOG, ABOG]
5. Palliative care [RCOG]
6. Clinical cancer genetics [RCOG]
7. Pathology (including immunology) [RANZOG]

QUESTION 2
Although instruction in many fields adjacent to gynaecological oncology may take place during and as part of the training in gynaecological oncology, modules of a maximal three (3) months [RANZOG] are COMPULSORAY for (more than one answer possible):
- (General and colorectal) surgery [RCOG, RANZOG, ABOG]
- Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]

QUESTION 3
Duration of modules in adjacent subspecialties should be:
- At least a total of six (6) months for the total of the electives

QUESTION 4
Although instruction in many fields adjacent to gynaecological oncology may take place during and as part of the training in gynaecological oncology, electives of a maximal three (3) months [RANZOG] are OPTIMAL [RANZOG] for (more than one answer possible):
1. General/generic surgery [RCOG, RANZOG, ABOG]
2. Colorectal surgery [RCOG, RANZOG, ABOG]
3. Vascular surgery [ABOG]
4. Urologic surgery [RCOG, RANZOG, ABOG]
5. Plastic surgery and wound care [RCOG]
5. Medical oncology (including pharmacology) [RCOG, RANZOG, ABOG]
6. Radiotherapy [RCOG, RANZOG, ABOG]
7. Radiology [(including nuclear medicine) RCOG]
8. Palliative care [RCOG]
9. Clinical cancer genetics [RCOG]
10. Pathology (including immunology) [RANZOG]
11. Management and leadership
12. None

QUESTION 5
Within modular training deconstruction of procedures is essential; therefore, assessment should not only take place per procedure, but also for segments of (selected) procedures separately (e.g., ureteric tunnel dissection) [RANZOG]
- Yes, modules should be defined, described and assessed within selected complex procedures separately (details t.b.d.).

QUESTION 6
The portfolio system implies that parts of the training program may take place outside the period of formal fellowship, e.g., as part of an elective within the general training. [EBCOG-PACT], as long as those parts have been followed inside an accredited facility.
- Yes, modules that may be passed before the actual start of a fellowship (but within an oncological elective) will be defined

QUESTION 7
In order to be eligible for recognized training (i.e., obtain the ESGO-EBCOG Certificate), the training programme should be followed:
- For at least a period of one (1) year in an ESGO-accredited centre [ESGO] and the remainder in either another European ESGO-recognised centre or an otherwise nationally recognised accredited centre outside Europe

QUESTION 8
All assessment should be competence-based, i.e., on competency roles or domains (e.g., CanMEDS/ACGME) and on competence levels (1–3/5) [RCOG].
- Yes

QUESTION 9
The domains of core competencies for the purpose of the ESGO curriculum will be defined according to:
- ACGME (Accreditation Council for Graduate Medical Education)
    i.e., six (6) core competencies
    1. Practice-based learning and improvement
    2. Patient care and procedural skills
    3. Systems-based practice
    4. Medical knowledge
    5. Interpersonal and communication skills
    6. Professionalism

QUESTION 10
Competence levels for the purpose of the ESGO Curriculum should be divided into:
- five (5) levels, i.e.,
    - 1 (passive assistance/knowledge of)
    - 2 (perform under direct supervision)
    - 3 (perform with some supervision)
    - 4 (perform without supervision)
    - 5 (perform and supervise/teach)

QUESTION 11
OSATS are required for assessment of surgical skills [RCOG]?
- Yes, but other validated assessment tools may also be used to complete the portfolio (e.g., APSS [RANZOG], GRITS, STSAF)

QUESTION 12
A minimal total number of formal assessments of surgical skills (such as OSATS) on complex procedures should be required. [RCOG]. This minimal number should be per:
- Any type of radical/complex procedure (t.b.d.), with at least two (2) assessments on the required end-level (summative assessment) for each of these procedures
(Q: index procedures should be defined and we should consider whether there is also a spatial/time limit within which assessments should be accomplished (see also Q. 14) and finally reached the end-level)

QUESTION 13
The minimum number of (formative) assessments required per year is:
- At least three (3) formative assessments for each of the procedure-defined modules

QUESTION 14
The minimum number of assessments required per (selected) procedure is:
-At least two (2) summative assessments should be made for all procedures by two (2) assessors

QUESTION 15
A multi-source feedback (MSF), including a self-assessment of the trainee, is required at least once a year [RANZOG]
- Yes

QUESTION 16
A multi-source feedback (MSF) of the training team is required at least once a year.
- Yes

QUESTION 17
The curriculum describes the clinical training [RANZOG, RCOG] (as opposed to research training [ABOG])
-Yes

QUESTION 18
The formal established curriculum program should cover at least two (2) years of training and at the most:
- Three (3) years of full-time equivalent training

QUESTION 19
The use of a portfolio implies that the time to acquire the necessary elements may vary between individuals, depending on exposure, skills, personal circumstances and employment.
The portfolio/training of an individual trainee should be completed within:
- Four (4) years

QUESTION 20
Research should be part of the training programme to the extent of at least one (1) peer-reviewed paper as first or senior author.
- Yes

QUESTION 21
Modules/issues that may be covered (expected level of competence 'can manage/perform independently') during an elective as European-wide defined for general training [EBCOG-PACT] are [NVOG]:
1. General assessment of an oncological patient
2. Peri-operative care
3. Diagnostic laparoscopy

4. Ovarian cystectomy
5. Hysteroscopy
6. Small vulvar procedures
7. Loop excision/conisation of the cervix
8. Hysterectomy for early stage endometrial cancer
10. Histological sampling (Tru-cut biopsy/incisional biopsy)
11. Assessing and planning management of gynaecological tumours
12. Knowledge of cancer genetics
13. Knowledge of palliative care
14. General knowledge of oncological pathology

QUESTION 22
Minimal invasive surgery is part of the armamentarium of the gynaecological oncologist. At the end of training, a gynaecological oncologist should be able to perform independently.
-In principle only selected radical procedures, i.e., pelvic lymph node dissection (t.b.d.)

QUESTION 23
Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for training in complex laparoscopic procedures.
- Yes

QUESTION 24
Simulation training (virtual, animal model, cadaver) should also form part of surgical training for open procedures (as it is for laparoscopic procedures).
- Yes

QUESTION 25
A written exam, i.e., the ESGO Exam, is part of the Curriculum and should be:
- Compulsory

QUESTION 26
An oral exam is part of the Curriculum and should be:
- Not required

QUESTION 27
Next to competence-based assessment, volume criteria need to be defined.
- For both surgical and other skills

QUESTION 28
If volume criteria are important, they should be defined for (more than one answer possible):
- Selected specific procedures (e.g., debulking, radical hysterectomy, etc.)

QUESTION 29
Volume criteria may not be universally sustainable, therefore:
- For certification, training should include a defined number per a limited number of procedures.

QUESTION 30
Pre-malignancies should be part of the training spectrum of a gynaecological oncologist and is not compulsory for general gynaecological training.
- Yes

QUESTION 31
During the fellowship, a real time portfolio (i.e., not completed only at the end of the training, but after completion of each element/procedure) must be kept of modules followed and cases performed together with the assessments. The portfolio should preferably be accessible online.
- Yes

QUESTION 32
The logbook should contain documentation of levels of proficiency/competency (see question 9) at least once a year.
- Yes

QUESTION 33
Criteria for training centres should be defined on basis of the curriculum and ensure adequate exposure by also defining a minimal number of trainers and procedures.
- Yes

QUESTION 34
Volume criteria for centres should include a minimal case load:
- Of at least 150 new patients with a gynaecological cancer diagnosis per year [ESGO-EBCOG]

QUESTION 35
Volume criteria for centres should include a minimal number of radical procedures:
- Of at least 100 per year [ESGO-EBCOG]

QUESTION 36
If a centre cannot fulfil the criteria, specified procedures or skills may be learned in an affiliated hospital (which then needs also to be assessed):
- Yes

QUESTION 37
The minimal number of radical procedures should include both open and laparoscopic cases for at least all pelvic procedures.
- Yes

QUESTION 38
Qualitative criteria for accreditation should include:
1. Availability of data-managers
2. All staff has at least once in the five (5) years prior to accreditation participated in a train-the-trainers course
3. Radiotherapy should be available in the hospital
4. Radiotherapy should be available in the or in a affiliated hospital
5. All new cases should be discussed in a multidisciplinary team
6. Availability of theatres equipped for teaching both open and minimal invasive surgery.
7. Specialized oncology nurses should be part of the clinical (ward) as well as out-patient team.
8. The hospital should have a post-graduate teaching programme across all oncological specialties.

QUESTION 39
Accreditation of a centre should be valid for:
- Five (5) years (ESGO-EBCOG)

QUESTION 40
Re-accreditation of a centre can be on paper (without an onsite visit):

- Twice, each time after five (5) years (ESGO)

QUESTION 41
Assessment at re-accreditation of a centre should include:
1. Review of the number and performance of fellows in the past period
2. Structured feedback on paper from the fellows and trainers (details t.b.d.)

QUESTION 42
The accreditation committee can decide to grant conditional accreditation (e.g., if recommendations are being made that should be fulfilled within the normal period of validation) for a period less than the normal period of validation:
- Yes

QUESTION 43
Re-accreditation may take place
- After review of an on-paper application

QUESTION 44
The accreditation committee can decide to advise the Council to withdraw accreditation due to exceptional circumstances before the normal expiration date of the accreditation
- Yes

9 Recommended resources

Aim: To list resources which will be useful to the trainee during his/her fellowship

Societies	E-learning	Journals	Textbook
ENYGO European Network of Young Gynae Oncologists (ENYGO) https://enygo.esgo.org/	ESGO eAcademy https://www.esgo.org/explore/eacademy/ LiFE report on literature https://enygo.esgo.org/discover/publications/		ESGO Textbook of Gynaecological Oncology https://www.esgo.org/textbook-platinum-edition/
ESGO www.esgo.org	ESGO Masterclass	International Journal of Gynaecological Cancer https://www.international-journal-of-gynecological-cancer.com/	
	ESGO Webinars and lectures		
	ESGO Guidelines		
ESMO European Society of Medical Oncology www.esmo.org	ESMO Guidelines		
BGCS British Gynaecological Cancer Society www.bgcs.org.uk	BGCS Webinars		
IGCS International Gynaecologic Cancer Society www.igcs.org			
SGO Society of Gynaecologic Cancer www.sgo.org		Gynaecologic Oncology	
SERGS Society Of European Robotic Gynaecological Surgery www.sergs.org			
	Braat NG & Veldhuis WB. Gynaecologic Cancer, Staging Atlas. (application)		Bereck J & Hacker N, Textbook – Practical Gynaecological Oncology
		Journal of Gynaecologic Oncology	
		Journal of Clinical Oncology	
		JAMA Oncology	
		Lancet	
		New England Journal of Medicine	
		British Medical Journal	
		British Journal of Obstetrics & Gynaecology	
		American Journal of Obstetrics & Gynaecology	
		European Journal of Gynaecological Oncology	