



*The Hong Kong College of
Obstetricians and Gynaecologists*

*Gynaecologic Oncology Subspecialty
Training and Development*

2016

A. TERMS OF REFERENCE OF GYNAECOLOGIC ONCOLOGY SUBSPECIALTY BOARD

1 The Gynaecological Oncology (GO) Board is

- a. to uphold and improve the standard of GO service in Hong Kong
- b. to improve knowledge, practice, teaching and research in the field of GO
- c. to promote the concentration of specialized expertise and facilities to improve access to care
- d. to establish a close understanding and working relationship with other disciplines
- e. to encourage coordinated management of relevant clinical services throughout the region
- f. to strive for local, regional and international recognition of GO as a subspecialty
- g. to formulate and to establish training guidelines
- h. to assess, to accredit and to monitor training centres, training programmes, trainers and trainees
- i. to coordinate continuous medical education in the field of GO
- j. to organize and to conduct subspecialty examinations with the authorization of the Council of the HKCOG
- k. to recommend to the Council and HKAM candidates for the award and re-certification of GO subspecialists

2 The GO Board is

- a. under the auspices of the Subspecialty Committee and the Council of the HKCOG
- b. to liaise with the Education Committee on issues regarding training and examination of the subspecialty in GO
- c. to liaise with the Manpower Committee/Working Group/Task Force on the training of GO subspecialists
- d. to be composed of 5 to 9 members with a majority being GO subspecialists. The subspecialist members should be elected amongst those subspecialists registered with the HKCOG. There should be at least one general specialist in the Board, who is to be appointed by the HKCOG Council. If possible, at least one member would come from each of the University / Hospital Authority / Private Sectors. The terms of office of Board members would be 3 years.
- e. to be chaired by a chairperson who is to be elected among the Board members every 3 years and endorsed by the Council. The chairperson should be a GO subspecialist and the term of office will be 3 years. The chairperson is eligible for election for a maximum of 3 consecutive terms.

B. GYNAECOLOGIC ONCOLOGY TRAINING PROGRAMME AND ACCREDITATION

1. Objectives

GO subspecialists after completion of the training programmes should have acquired comprehensive knowledge and skill in the subject. They should be capable of managing women with gynaecological malignancies and be involved in the organization of the clinical service, in research, in postgraduate teaching and in providing a consultancy service to other obstetricians and gynaecologists in the area of GO.

2. Curriculum Knowledge and skills

The training of a GO subspecialist should include both knowledge and skill in the following 17 modules:

- Module 1: General Assessment of a Gynaecological Oncology Patient
- Module 2: Pre-, Peri and Postoperative Care
- Module 3: General Surgical Procedures
- Module 4: Ovarian Cancer
- Module 5: Cancer of the Uterus
- Module 6: Cancer of the Cervix
- Module 7: Cancer of the Vulva
- Module 8: Cancer of the Vagina
- Module 9: Medical Oncology
- Module 10: Clinical Oncology
- Module 11: Radiology
- Module 12: Palliative Care
- Module 13: Urology
- Module 14: Colorectal Surgery
- Module 15: Plastic Surgery and Wound Care
- Module 16: Gestational Trophoblastic Disease
- Module 17: Genetic Predisposition to Gynaecological Cancer

2.1 Knowledge – a sufficient understanding of:

- a. Aetiology, epidemiology, screening and prevention of gynaecological malignancies
- b. Indications for and interpretation of – haematological and biochemical tests and radioimmunoassays, cytology, ultrasonogram, CT, lymphangiogram, radioisotope scanning and other imaging techniques
- c. The diagnosis and assessment of gynaecological malignancies, including staging and decisions regarding the most appropriate management methods
- d. Pathology relevant to the subspecialty
- e. Parenteral nutrition and intensive care management
- f. Management of pain and care of terminally ill patients
- g. Indications, principles, methods and technique, and complications of radiation therapy and its management
- h. Clinical pharmacology, practical use and management of toxicities of cancer chemotherapy
- i. The organization of an oncology service and audit of the clinical service.
- j. Research methodology

- 2.2 Skills – should be competent in:
 - a. Colposcopy and management of pre-invasive and microinvasive disease of the female lower genital tract
 - b. Performing radical operations on reproductive organs and lymph node dissection, operations on the intestine and urinary systems as required in the management of gynaecological malignancies, reconstructive surgery to the level of competence specified in the modules

C. GYNAECOLOGIC ONCOLOGY TRAINING CENTRE AND TRAINER

1. Standard Requirements for accreditation of a Gynaecological Oncology training centre

A GO training centre must fulfill the following criteria:

1.1 Workload

- a. A minimum of 150 new invasive gynaecological malignancies per year.
- b. The centre should have a spectrum of gynaecological malignancies including carcinoma of cervix, ovary, uterus, vulva and trophoblastic diseases.
- c. The centre should have performed the following number of operations per year:

- Radical hysterectomy and node dissection	20
- Advanced (Stage 2-4, recurrent) ovarian debulking surgery	20
- Pelvic node dissection (each side)	40
- Para-aortic node dissection	10

1.2 Trainers and Programme Director

- a. A trainer must be a Fellow of HKAM(O&G) and a HKCOG accredited GO subspecialist or equivalent, and should be working in the training centre.
- b. There must be at least 2 trainers per training centre.
- c. One of the trainers must be the training programme director who co-ordinates the training programme, accepts the main responsibility for its supervision and be actively involved in it. The director should have at least 3 years of post-subspecialty experience in GO (with the exception of First Fellow in GO) and is working as a full-time staff in the training centre.
- d. When a training centre comprises more than one physical unit, there should normally be at least one trainer in each unit.

1.3 Service organization

- a. The centre should be a referral and resource centre for the management of gynaecological malignancies
- b. The centre should provide comprehensive gynaecological oncology care including:
 - Surgical treatment
 - Medical treatment
 - Critical care
 - Access to other specialties
- c. Have a close working relationship with other medical disciplines as stated in session 1.5 below

1.4 Facilities

Each centre should have:

- a. A minimum of 10 beds designated for gynaecological malignancies
- b. adequate operative sessions for oncology patients to ensure waiting time for operation not more than 6 weeks
- c. supporting diagnostic services including a biochemical and haematological laboratory, radiology, microbiology and cytopathology
- d. supporting clinical services including general, bowel and urinary surgery, medical oncology, radiation oncology, an intensive care unit, clinical psychology, psychiatry, anaesthesiology and pain management
- e. supporting paramedical services including a nutritional specialist, physiotherapist, social workers, community nurse and continued medical (hospice) care
- f. follow-up clinics
- g. colposcopy clinic
- h. good medical records system
- i. have adequate library, laboratory, internet access, statistic tools and other resources to support subspecialty work, training and research, over and above that required for the recognition of FHKAM(O&G) and higher training posts

1.5 Support from other medical disciplines

A training centre should have close collaboration with the following disciplines with adequate support at specialist level:

- a. a pathologist with an interest in gynaecological pathology
- b. a medical oncologist with an interest in gynaecological malignancies
- c. a radiotherapist with an interest in gynaecological malignancies
- d. gynaecological oncology nurses
- e. a clinical psychologist with an interest in gynaecological malignancies
- f. a medical-social worker with an interest in gynaecological malignancies
- g. adequate library, laboratory and other resources to support subspecialty work, training and research, over and above that required for the recognition of FHKAM(O&G) and higher training posts
- h. established close collaboration with other obstetricians and gynaecologists in the clinical network, including major regional roles in continuing postgraduate education and training, research advice and co-ordination, and auditing activities.

1.6 Activities

Each centre should have:

- a. Cancer register and data collection
- b. Regular tumour board meetings
- c. Regular quality assurance activities related to the subspecialty
- d. Regular review and update of clinical management protocols

- e. A coordinated educational program at subspecialty level
- f. Clinical trials and research related to the subspecialty

2. Composition of a training centre

Usually a training centre comprises a single physical unit. However, two or more units may collaborate to form a training centre that can provide a better training opportunity than when each of them stands alone.

3. Inspection of a training centre

The standards of the training centres and programmes will be reviewed:

- a. every 5 years, or
- b. when the programme director changes, and
- c. from time to time when considered necessary

D. GYNAECOLOGIC ONCOLOGY TRAINING PROGRAMME

1. Normally the training programme lasts for three years with two components: clinical and research

2. The training programme can be

EITHER:

- a. Two years of Clinical training in GO, plus One year of Research related to GO (which can be exempted, see 3a below).

OR

- b. Three years of Combined Clinical and Research training in GO

3. Research component

a. 1 year of research training may be exempted if a trainee has, before starting the subspecialty programme, already:

- a. Completed a research or academic programme that has led to the award of an MD or PhD thesis,

or

- b. Published at least two first-author papers of original research in citable, refereed MEDLINE journals.

- i. The papers do not need to be relevant to the chosen subspecialty of the trainee.
- ii. If one paper has been accepted and the second paper is ready for submission, a grace period of 1 year can be given at the time of the application.
- iii. If the second paper has not been accepted for publication at the end of one year of the subspecialty training, the trainee has to undertake research during the subspecialty training to fulfill the criteria as stated at the completion of a 3-year subspecialty program.
- iv. Case reports and reviews would not normally be considered.

- b. For trainees who go for a research training:
- the research component should be planned at the beginning of the programme and appropriately timetabled and monitored.
 - At completion of the 3-year Subspecialty programme, the candidate should have published one first-author paper of an original research relevant to the chosen subspecialty of the trainee in citable, refereed MEDLINE journal, preferably (but not necessarily) arising from a dedicated period of research lasting at least 1 year, **OR** completion of a research or academic programme resulting in the award of an MD or PhD thesis. Case reports and reviews would not normally be considered.
4. The clinical component should include at least a module(s) of training in colorectal / urological surgery
 5. The trainees should have full time involvement in the subspecialty during normal working hours throughout their training years.
 6. Trainees will be granted a maximum of 70 days for sick leave, maternity or other special leave (excluding standard entitled vacation leave and study leave) during the whole period of training; if the period exceeds 70 days but is less than 90 days, an extension of 3 months of training is required; if the period exceeds 90 days, subsequent action will be determined by the Board.
 7. Trainees are encouraged to have their training in more than one centre with one preferably outside Hong Kong

E. GYNAECOLOGIC ONCOLOGY TRAINEE

1. Opening of a training post

- a. The training centre will advertise for prospective trainees to apply for a training position in the GO Training Programme which leads to certification as a subspecialist in GO.
- b. The centre's trainee-to-trainer ratio should not exceed 2:1 within each centre.

2. Eligibility

Trainees for higher subspecialist training should hold the FHKAM(O&G) or have equivalent qualification.

3. Application

- a. Prospective trainees will apply to the training centre for the post.
- b. Applicants will be asked to forward their curriculum vitae and the names of two referees.
- c. The training centre will organize the selection exercise.
- d. Applicants will be assessed against the following selection criteria:
 - i. Previous experience in the field of GO
 - ii. Previous experience in advanced GO techniques
 - iii. Previous CME activities related to GO
 - iv. Experience in quality assurance activities
 - v. Research experience

- vi. Teaching experience
 - vii. Referee reports
- e. The result of the selection exercise will be submitted to the GO Board for approval before commencement of training.

4. Registration

Following the confirmation of acceptance to the subspecialty training programme, the trainee must register with the HKCOG Subspecialty Board before commencement of training.

5. Prospective approval to continue training

- a. Every year, application to continue GO Training has to be approved by the GO Subspecialty Board before training can proceed.
- b. Approval for continuation of training should be based on satisfactory logging of experience and the trainers' recommendation.

6. Evidence of clinical competence and experience

6.1 Logbook

- a. The trainee has to keep a logbook as required by the Board. The trainee is required to log his or her clinical activities, teaching experience, quality assurance activities, research activities and attendance at conferences, workshops, symposia and lectures and items as stipulated in details in the logbook. The logbook would be checked on the fulfillment of training requirements.
- b. There is no mandatory minimal number of cases or procedures that the trainee is required to log, but the following can serve as a guide to the expected number of cases and procedures expected for each trainee over the period of training:
 - i. 30 radical hysterectomies and nodes
 - ii. 30 radical ovarian operations
 - iii. 100 cancer operations
 - iv. 200 colposcopic assessments of abnormal cytology or pathology, or accreditation as a colposcopist by the college

6.2 Mini Clinical Evaluation Exercise (Mini CEX)

The trainee should go through at least 5 Mini Clinical Evaluation Exercise (Mini CEX) AND 5 Case-Based Discussions (CbDs) every 6 months with his or her supervisor for at least 2 years during his or her training.

6.3 OSATS

The trainee should successfully complete at least three summative OSATS with the Generic Technical Skills Assessment Form for each of the following procedures at the end of the training:

1. Pelvic lymphadenectomy
2. Para-aortic lymphadenectomy
3. Debulking operation
4. Radical hysterectomy
5. Ureteric dissection.

There is no set number on the completion of each formative OSATS.

7. Assessment

7.1 Prospective Assessment

- a. The trainee is assessed by his or her trainer(s) every 6 months by logbooks of competence and experience, objective structured assessment of technical skill on various surgical skills, mini-clinical evaluation exercise and case-based discussion. The logbook should be regularly signed by trainer(s) where appropriate and submitted to the Subspecialty Board for review annually.
- b. The trainee is assessed in the annual assessment review which is conducted by two GO Subspecialist assessors appointed by the Subspecialty Board within one month after the clinical training. The assessor will give feedback to the trainee regarding the adequacy of training as reflected in the logbooks of competence and experience, objective structured assessment of technical skill on various surgical skills, mini-clinical evaluation exercise and case-based discussion.

7.2 Exit Assessment

- a. At the end of the training, the trainee may apply to the Board to sit for the exit assessment. The trainee should submit the log books and the research report at the time of application for exit assessment. Evidence of research that would lead to fulfillment of the requirement as stated in Session D 3b is mandatory.
- b. The exit assessment should be held within 3 months of completion of training.
- c. The exit assessment should include the following:
 - i. There would be 2 GO subspecialist assessors to be appointed by the Subspecialty Board to conduct the Exit Assessment. The 2 assessors should not be subspecialists from the trainee's training centre.
 - ii. The duration of the exit assessment would be at least 30 minutes.
 - iii. The log books and the research report would be checked on the fulfillment of training requirements.
 - iv. Candidates would be asked on questions regarding their log books and other questions related to the syllabus.
 - v. If the candidate failed to pass the Exit Assessment, the Exit Assessment Panel would make recommendations on the subsequent action for consideration by the GO Subspecialty Board and the Subspecialty Committee.

8. Admission of Gynaecologic Oncology subspecialist

A trainee who has completed the training requirements and assessment of the Board satisfactorily may apply to be a GO subspecialist.

F. PROFESSIONAL DEVELOPMENT IN GYNAECOLOGIC ONCOLOGY

1. The Continuing Medical Education (CME)/ Continuing Professional Development (CPD) cycle is 3 years.
2. CME/ CPD activities related to GO:
 - a. Research
 - b. Teaching
 - c. Attending conferences related to GO

3. A minimum of 90 CME/ CPD points (at least 60 points on GO) is required in a 3-year audit cycle. The method of calculating CME/ CPD points is similar to the current CME/ CPD system for general O&G.
4. The College reserves the right to accept or reject the subspecialty CME/ CPD points claimed

G. RE-CERTIFICATION OF GYNAECOLOGIC ONCOLOGY SUBSPECIALISTS

1. A GO subspecialist needs to be re-certified every 3 years.
2. A GO subspecialist who satisfies the continuous professional development requirement in GO may apply to the Board for re-certification.